

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 202

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fiori, Janice, M, Ms, R.Ph

Mailing Address Lilly Corporate Center

City
Indianapolis

State
IN

Zip Code
46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Consultant-SEND Program Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : PR372813954481

Amount of Each Receipt this Period

54.54

☐ Memo Item

P/R Deduction (\$54.54 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bryant, Henry, U, Dr, Ph.D.

Mailing Address Lilly Corporate Center

City
Indianapolis

State
IN

Zip Code
46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Distinguished Research Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2022.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : PR372817754481

Amount of Each Receipt this Period

412.80

☐ Memo Item

P/R Deduction (\$412.80 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Richards, Julia, Kay, Ms,

Mailing Address Lilly Corporate Center

City
Indianapolis

State
IN

Zip Code
46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Sr Exec Sls Rep-INDIANAPOLIS NIN D

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : PR372819254481

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

517.34