

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. McGraw, Elizabeth, A, Mrs,**

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 Director-Asst General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.70

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2019

**Transaction ID : PR373282254481**

Amount of Each Receipt this Period

54.40

☐ Memo Item

P/R Deduction (\$54.40 Monthly)

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

**B. Garnett, Timothy, , Dr.,**

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 VP-MDU-LRL & Chief Med Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2019

**Transaction ID : PR373311854481**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**C. Hill, Christine, M, 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 Director-Cx Strategy & Measurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

323.76

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2019

**Transaction ID : PR373350154481**

Amount of Each Receipt this Period

54.76

☐ Memo Item

P/R Deduction (\$54.76 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

209.16