

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

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

FOR LINE NUMBER: PAGE 11 OF 155

(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. Roby, Alena, , 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)

Manager-Global Patient Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2017

Transaction ID : PR1386924945939

Amount of Each Receipt this Period

50.64

☐ Memo Item

P/R Deduction (\$50.64 Monthly)

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

B. Hall, David, Gregory, 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 Research Advisor-Pathology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2017

Transaction ID : PR1457755245939

Amount of Each Receipt this Period

43.54

☐ Memo Item

P/R Deduction (\$43.54 Monthly)

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

C. Davis, William, Charles, Mr,

Mailing Address 3 Surrey Drive

City  
Hurricane

State  
WV

Zip Code  
25526-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Exec Sales Rep-RICHWOOD WV DIAB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2017

Transaction ID : PR1481385145939

Amount of Each Receipt this Period

103.20

☐ Memo Item

P/R Deduction (\$103.20 Monthly)

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

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

197.38