

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) **LILLY CORPORATE CENTER**  
Check if different than previously reported. (ACC) **INDIANAPOLIS IN 46285**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00082792** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2018 through  /  /  2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **Wiggins Payne, Kelly, , ,**

Signature of Treasurer **Wiggins Payne, Kelly, , ,** [Electronically Filed] Date  /  /  2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		311227.44
(b) Cash on Hand at Beginning of Reporting Period.....	285921.59	
(c) Total Receipts (from Line 19) .....	69492.37	224186.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	355413.96	535413.96
7. Total Disbursements (from Line 31).....	106900.00	286900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	248513.96	248513.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2018 To: M M / D D / Y Y Y Y 03 / 31 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27479.78	66471.20
(ii) Unitemized .....	42012.59	157497.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	69492.37	223968.46
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	69492.37	223968.46
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	218.06
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	69492.37	224186.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	69492.37	224186.52

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	150.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	150.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44000.00	194000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	62900.00	92750.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	106900.00	286900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	106900.00	286900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	69492.37	223968.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69492.37	223968.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	150.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	150.00

**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)	PAGE 6 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Bishop, Grady, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Dir-MA Sci Aff Consum/Food Chain  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1003724849447**  
 Amount of Each Receipt this Period 83.36  
 Memo Item  
 P/R Deduction (\$85.44 Monthly)

**B. Blacha, Francis, , Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-QA-IDM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 332.52

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1019143449447**  
 Amount of Each Receipt this Period 110.84  
 Memo Item  
 P/R Deduction (\$112.37 Monthly)

**C. Coleman, Sabrina, Quarles, Ms, MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18300 W. Lake Desire Dr. SE  
 City Renton State WA Zip Code 98058-9568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Market Manager-Seattle 4 IH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 356.58

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1104049249447**  
 Amount of Each Receipt this Period 118.86  
 Memo Item  
 P/R Deduction (\$122.20 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	313.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 7 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Elling, Sonya, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8412 Riverside Road  
 City Alexandria State VA Zip Code 22308-1545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Advisor-Federal Gov't Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 618.12

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1247942449447**  
 Amount of Each Receipt this Period 206.04  
 Memo Item  
 P/R Deduction (\$209.13 Monthly)

**B. Ayres, John, D., Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Med Fellow-Product Safety Assessm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 463.98

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1247946149447**  
 Amount of Each Receipt this Period 154.66  
 Memo Item  
 P/R Deduction (\$154.66 Monthly)

**C. Hern, Kevin, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-LRL Finance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 259.74

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1386910549447**  
 Amount of Each Receipt this Period 86.58  
 Memo Item  
 P/R Deduction (\$89.07 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	447.28
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 8 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Davis, William, Charles, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Surrey Drive

City Hurricane	State WV	Zip Code 25526-1627
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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
309.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR1481385149447**

Amount of Each Receipt this Period  
103.20

Memo Item

P/R Deduction (\$104.23 Monthly)

**B. Gadus, Jerome, Edward, , Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 194 Mockernut Circle

City Aiken	State SC	Zip Code 29803-2708
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Sls Rep-AIKEN SC DIAB PC1
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR1600922549447**

Amount of Each Receipt this Period  
87.50

Memo Item

P/R Deduction (\$88.81 Monthly)

**C. Van Scoik, Kurt, , Dr., Ph.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Research Fellow-SMDD
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
274.26

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR1645838049447**

Amount of Each Receipt this Period  
91.42

Memo Item

P/R Deduction (\$92.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	282.12
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 9 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Riesner, William, F., , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Prod Brand Dir-Diabetes NPP Payer & I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 553.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : PR171733049447**  
 Amount of Each Receipt this Period 184.66  
 Memo Item  
 P/R Deduction (\$189.23 Monthly)

**B. Anderson, Benjamin, A., , Ph.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Springhouse Court  
 City Lebanon State NJ Zip Code 08833-3039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Platform Team Leader-Thoracic Produc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : PR1717427949447**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 P/R Deduction (\$90.00 Monthly)

**C. Scroggins, Jennifer, Lyn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Advisor-Global Corporate Reputation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 363.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : PR1717433749447**  
 Amount of Each Receipt this Period 121.02  
 Memo Item  
 P/R Deduction (\$123.14 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	395.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 10 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Brown, Valerie, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Cnslt- Customer Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.50

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1736848149447**  
 Amount of Each Receipt this Period 108.50  
 Memo Item  
 P/R Deduction (\$108.50 Monthly)

**B. Martin, Sherry, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) VP-Medical Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1814697149447**  
 Amount of Each Receipt this Period 475.00  
 Memo Item  
 P/R Deduction (\$475.00 Monthly)

**C. Price, Jesse, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 S ST NW  
 City Washington State DC Zip Code 20001-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Advisor-Federal Gov't Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 551.40

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1821841949447**  
 Amount of Each Receipt this Period 183.80  
 Memo Item  
 P/R Deduction (\$183.80 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	767.30
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 11 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. St. Louis, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Vice President-Finance-General Auditor  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 375.96

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR1916179549447**  
 Amount of Each Receipt this Period 125.32  
 Memo Item  
 P/R Deduction (\$125.95 Monthly)

**B. Rumschlag, Anthony, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Dir-Technical Consulting-CABU 1  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 216.96

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR1928099149447**  
 Amount of Each Receipt this Period 72.32  
 Memo Item  
 P/R Deduction (\$73.41 Monthly)

**C. Guba, Susan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Medical Fellow  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 324.18

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR2203236649447**  
 Amount of Each Receipt this Period 108.06  
 Memo Item  
 P/R Deduction (\$109.68 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	305.70
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 12 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Sevcik, Jesse, Jonathan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 124 Grafton Street  
 City Chevy Chase State MD Zip Code 20815-3426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Senior Advisor  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 284.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : PR236942249447**  
 Amount of Each Receipt this Period 94.90  
 Memo Item  
 P/R Deduction (\$96.09 Monthly)

**B. Stokes, Christopher, Jon, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Director-PRA Strategy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 224.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : PR2378843649447**  
 Amount of Each Receipt this Period 74.74  
 Memo Item  
 P/R Deduction (\$79.32 Monthly)

**C. Ricks, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : PR2430399949447**  
 Amount of Each Receipt this Period 416.00  
 Memo Item  
 P/R Deduction (\$416.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	585.64
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 13 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. O'Connor, Michael, Bernard, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Advisor-State Government Affairs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
582.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**Transaction ID : PR2485319149447**

Amount of Each Receipt this Period  
194.12

Memo Item

P/R Deduction (\$197.03 Monthly)

**B. Plowman, Gregory, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1212 5th Ave Apt 9B

City New York	State NY	Zip Code 10029-5217
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) VP-Onco Research & SVP Lilly NY Res
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
282.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**Transaction ID : PR2543989849447**

Amount of Each Receipt this Period  
94.14

Memo Item

P/R Deduction (\$95.32 Monthly)

**C. Hake, Ann, Marie, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Medical Advisor
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
569.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**Transaction ID : PR2566384949447**

Amount of Each Receipt this Period  
189.74

Memo Item

P/R Deduction (\$194.01 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	478.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 14 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Skovronsky, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-Clinical and Product Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR2597749149447**  
 Amount of Each Receipt this Period 416.00  
 Memo Item  
 P/R Deduction (\$416.00 Monthly)

**B. Goldblum, Orin, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Medical Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.82

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR2615970549447**  
 Amount of Each Receipt this Period 116.94  
 Memo Item  
 P/R Deduction (\$117.82 Monthly)

**C. Hinckley, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3113 44th Street NW  
 City Washington State DC Zip Code 20016-3552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Advisor-International Gov Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 497.40

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR2623467749447**  
 Amount of Each Receipt this Period 165.80  
 Memo Item  
 P/R Deduction (\$171.63 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	698.74
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 15 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Lawless, Julie, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-Corporate Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.62

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR2623479549447**  
 Amount of Each Receipt this Period 92.54  
 Memo Item  
 P/R Deduction (\$94.62 Monthly)

**B. Nirula, Ajay, , , M.D. Ph.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5171 Meadows Del Mar  
 City San Diego State CA Zip Code 92130-4855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) VP-Immunology Clinical Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.42

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR2635554749447**  
 Amount of Each Receipt this Period 161.14  
 Memo Item  
 P/R Deduction (\$168.91 Monthly)

**C. Schiller, Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Kirkland Circle  
 City Wellesley State MA Zip Code 02481-4811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) VP-Site Head-Lilly Innovation Center  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR2636817149447**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$80.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	333.68
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 16 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Mintun, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1404 Mt Pleasant Road  
 City Villanova State PA Zip Code 19085-2111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) President&CMO-Avid Radiopharmaceut  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1099.98

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR2640507649447**  
 Amount of Each Receipt this Period 366.66  
 Memo Item  
 P/R Deduction (\$373.08 Monthly)

**B. MCKEE, KELLY, Johnston, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 863 Sagebrush Lane  
 City Collegeville State PA Zip Code 19426-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Advisor-Clinical Innovation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR2641882649447**  
 Amount of Each Receipt this Period 66.68  
 Memo Item  
 P/R Deduction (\$66.68 Monthly)

**C. Romans, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 N Garfield Street Apt. 507  
 City Arlington State VA Zip Code 22201-6821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Advisor-Federal Gov't Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR2645247349447**  
 Amount of Each Receipt this Period 205.00  
 Memo Item  
 P/R Deduction (\$208.08 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	638.34
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 17 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Kelley, Joseph, B, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1817 Horseback Trail

City Vienna	State VA	Zip Code 22182-1813
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) VP-Global Government Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR371907549447**

Amount of Each Receipt this Period  
416.00

Memo Item

P/R Deduction (\$416.00 Monthly)

**B. Bilotas, Katherine, Andrews, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Beechwood Road

City Braintree	State MA	Zip Code 02184-3711
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Advisor-State Government Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR371907849447**

Amount of Each Receipt this Period  
78.48

Memo Item

P/R Deduction (\$79.07 Monthly)

**C. Malone, James, K, Dr, M.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Medical Director-Connected Care
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
741.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR371922149447**

Amount of Each Receipt this Period  
247.14

Memo Item

P/R Deduction (\$247.14 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	741.62
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 18 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Sweeney, James, M, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 Van Buren St

City Massapequa Park	State NY	Zip Code 11762-2442
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Dist Sls Mgr-Long Island NY Diab PC
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR371954549447**

Amount of Each Receipt this Period  
72.72

Memo Item

P/R Deduction (\$73.72 Monthly)

**B. Onyia, Jude, E, Dr, Ph.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7463 Collins Ranch Terrace

City San Diego	State CA	Zip Code 92130-5574
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) VP-Biotechnology Research
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
233.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR371970249447**

Amount of Each Receipt this Period  
77.74

Memo Item

P/R Deduction (\$78.91 Monthly)

**C. Easley, Stuart, F, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Adv-Novartis Integration
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
544.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR371980449447**

Amount of Each Receipt this Period  
181.62

Memo Item

P/R Deduction (\$185.25 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	332.08
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 19 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Argentine, Mark, D, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-SMDD  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.48

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR372000949447**  
 Amount of Each Receipt this Period 83.16  
 Memo Item  
 P/R Deduction (\$84.00 Monthly)

**B. Becker, Deborah, K, Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-HR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.24

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR372002949447**  
 Amount of Each Receipt this Period 100.08  
 Memo Item  
 P/R Deduction (\$102.16 Monthly)

**C. Jackson, Andrew, M, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10839 Manor Stone Drive  
 City Highlands Ranch State CO Zip Code 80126-5719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Director-Diabetes-Mountain West Are  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.54

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR372005349447**  
 Amount of Each Receipt this Period 83.18  
 Memo Item  
 P/R Deduction (\$85.06 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.42
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 20 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Carroll, Darren, John, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr VP - Corporate Business Developme
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1720.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372008049447**

Amount of Each Receipt this Period  
573.64

Memo Item

P/R Deduction (\$573.64 Monthly)

**B. Mathew, Reni, , Mr, R.Ph**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 83 Bardonia Road

City Bardonia	State NY	Zip Code 10954-2101
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Dist Sls Mgr-New York NY Diab Spe
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372011049447**

Amount of Each Receipt this Period  
72.70

Memo Item

P/R Deduction (\$73.90 Monthly)

**C. Murray, David, C, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Adv-NPP-Musculoskeletal
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372012949447**

Amount of Each Receipt this Period  
75.00

Memo Item

P/R Deduction (\$75.56 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	721.34
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 21 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Norton, Johna, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) VP-Global QA API Manufacturing/PR&E
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372015649447**

Amount of Each Receipt this Period  
420.00

Memo Item

P/R Deduction (\$420.00 Monthly)

**B. Cunningham, Frank, D, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) VP-Managed Hlthcare Svcs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1002.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372029149447**

Amount of Each Receipt this Period  
334.00

Memo Item

P/R Deduction (\$334.00 Monthly)

**C. Simmons, Jeffrey, N, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 and Pres-Elanco Animal Health
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
860.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372048749447**

Amount of Each Receipt this Period  
286.72

Memo Item

P/R Deduction (\$286.72 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1040.72
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 22 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Anttonen, Eric, T, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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-IT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372119349447**

Amount of Each Receipt this Period  
77.38

Memo Item

P/R Deduction (\$81.52 Monthly)

**B. Migliorini, Angelo, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 272 Running Water Court

City Maple Glen	State PA	Zip Code 19002-1175
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Dist Sls Mgr-Phil N PA Diab Spec
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372124449447**

Amount of Each Receipt this Period  
77.36

Memo Item

P/R Deduction (\$78.40 Monthly)

**C. Bott, Martin, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) VP-Corp Finance & Investment Banking
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
430.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372146449447**

Amount of Each Receipt this Period  
143.50

Memo Item

P/R Deduction (\$144.94 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	298.24
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 23 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Steinour, Jessica, A, Miss,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14259 Amajess Lane

City Midlothian	State VA	Zip Code 23113-6428
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Exec Sales Rep-Richmond Oncology
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372183449447**

Amount of Each Receipt this Period  
80.00

Memo Item

P/R Deduction (\$80.00 Monthly)

**B. Johns, Keith, B, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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-Brand Marketing Dulaglutid
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
612.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372195149447**

Amount of Each Receipt this Period  
204.22

Memo Item

P/R Deduction (\$220.24 Monthly)

**C. Koustenis, Andrew, G, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Senior Research Advisor
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
215.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372213549447**

Amount of Each Receipt this Period  
71.72

Memo Item

P/R Deduction (\$73.87 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	355.94
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 24 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Lakshmanan, Mark, C, Dr, M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Medical Fellow  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 328.62

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR372221649447**  
 Amount of Each Receipt this Period 109.54  
 Memo Item  
 P/R Deduction (\$110.91 Monthly)

**B. White, Albert, S, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Advisor-Corp Responsibility & Comm R  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 205.86

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR372229249447**  
 Amount of Each Receipt this Period 68.62  
 Memo Item  
 P/R Deduction (\$69.48 Monthly)

**C. Zulueta, Alfonso, G, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 and Pres-Lilly International  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1248.00

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR372232349447**  
 Amount of Each Receipt this Period 416.00  
 Memo Item  
 P/R Deduction (\$416.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	594.16
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 25 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Kiger, James, Barrett, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2705 Sandy Cross Road

City Nashville	State NC	Zip Code 27856-8632
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Exec Sales Rep-Raleigh NC RHU
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.18

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**Transaction ID : PR372260949447**

Amount of Each Receipt this Period  
115.06

Memo Item

P/R Deduction (\$117.94 Monthly)

**B. Krause, Kenneth, A, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Hi-Bridge Court

City Raleigh	State NC	Zip Code 27615-1451
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Market Consultant-Raleigh IH
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**Transaction ID : PR372333549447**

Amount of Each Receipt this Period  
69.80

Memo Item

P/R Deduction (\$69.80 Monthly)

**C. Kendrick, Joelle, L, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 221 Squires Pointe Rd

City Paris	State KY	Zip Code 40361-9073
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Assoc Cnslt-Alzheimers Area Trainer
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
289.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**Transaction ID : PR372337249447**

Amount of Each Receipt this Period  
96.54

Memo Item

P/R Deduction (\$101.19 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	281.40
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 26 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Overdorf, Michael, Dennis, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) VP-Corp Strategy & Bus Transformation
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1221.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372361749447**

Amount of Each Receipt this Period  
407.02

Memo Item

P/R Deduction (\$413.12 Monthly)

**B. Nagy, Mark, James, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372442949447**

Amount of Each Receipt this Period  
291.84

Memo Item

P/R Deduction (\$307.18 Monthly)

**C. McGill, James, Michael, Dr, M.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 MedFellow-TmLdr-Immun
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1283.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372449549447**

Amount of Each Receipt this Period  
427.92

Memo Item

P/R Deduction (\$427.92 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1126.78
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 27 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Lyons, Terrence, M, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) VP-Finance-CFO Lilly Diabetes
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372471349447**

Amount of Each Receipt this Period  
69.00

Memo Item

P/R Deduction (\$70.21 Monthly)

**B. Urbanek, David, A, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) VP-Animal Health Manufacturing
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
712.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372474649447**

Amount of Each Receipt this Period  
237.64

Memo Item

P/R Deduction (\$278.34 Monthly)

**C. Ward, James, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) VP-Finance-CFO Lilly International
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
510.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372478549447**

Amount of Each Receipt this Period  
170.02

Memo Item

P/R Deduction (\$170.02 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	476.66
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 28 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Conterno, Enrique, A, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr VP & Pres-Lilly Diab & Pres-Lilly U
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372480249447**

Amount of Each Receipt this Period  
416.00

Memo Item

P/R Deduction (\$416.00 Monthly)

**B. Dozier, Eric, D, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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-Alzheimers Business Unit
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372494449447**

Amount of Each Receipt this Period  
117.00

Memo Item

P/R Deduction (\$130.17 Monthly)

**C. Christian, R, Bruce, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7020 Sedgehill Court

City Plano	State TX	Zip Code 75024-2172
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Regional Market Dir-South Central I
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
242.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372529549447**

Amount of Each Receipt this Period  
80.68

Memo Item

P/R Deduction (\$82.25 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	613.68
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 29 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Burns, Aeron, P, Mr, R.Ph**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7825 Chanticleer Circle NW  
 City North Canton State OH Zip Code 44720-8821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Acct Mgr-Oncology Key Accts-Midwe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.26

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR372544549447**  
 Amount of Each Receipt this Period 84.42  
 Memo Item  
 P/R Deduction (\$85.57 Monthly)

**B. Fry, Stephen, F, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-Human Resources and Diversity  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR372626449447**  
 Amount of Each Receipt this Period 416.00  
 Memo Item  
 P/R Deduction (\$416.00 Monthly)

**C. Brown, Robert, B, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Vice President-Marketing and CMO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR372709249447**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 P/R Deduction (\$350.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.42
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 30 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Russo, Michael, S, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Director-HR-Global Security
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372709949447**

Amount of Each Receipt this Period  
69.34

Memo Item

P/R Deduction (\$69.98 Monthly)

**B. Pugh, David, R, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Advisor-Corporate Strategic Planning
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
214.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372748449447**

Amount of Each Receipt this Period  
71.52

Memo Item

P/R Deduction (\$72.70 Monthly)

**C. Ross, Tamra, Ann Pettigrew, Ms, B.Sc.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Director-Legal Operations
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372752049447**

Amount of Each Receipt this Period  
68.60

Memo Item

P/R Deduction (\$69.28 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	209.46
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 31 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Readnour, Robin, S, Dr, Ph.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-Product Tech Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 319.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : PR372802049447**  
 Amount of Each Receipt this Period 106.46  
 Memo Item  
 P/R Deduction (\$107.26 Monthly)

**B. Bryant, Henry, U, Dr, Ph.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 774.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : PR372817749447**  
 Amount of Each Receipt this Period 258.14  
 Memo Item  
 P/R Deduction (\$262.01 Monthly)

**C. Freyberger, Brian, J, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Advisor-HR-Program Lead Employee Pc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 231.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : PR372824849447**  
 Amount of Each Receipt this Period 77.22  
 Memo Item  
 P/R Deduction (\$77.99 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	441.82
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 32 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Wood, Danny, L, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Assistant General Patent Counsel
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
531.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372831049447**

Amount of Each Receipt this Period  
177.00

Memo Item

P/R Deduction (\$179.56 Monthly)

**B. Morrison, Anita, K, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Director-CSQA
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372932949447**

Amount of Each Receipt this Period  
75.50

Memo Item

P/R Deduction (\$75.50 Monthly)

**C. Barnes, Melissa, Stapleton, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr VP-ERM & Chief Ethics and Compl C
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
517.26

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR372956049447**

Amount of Each Receipt this Period  
172.42

Memo Item

P/R Deduction (\$175.79 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	424.92
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 33 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Waite, Peter, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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-Global Health Safety and
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**Transaction ID : PR372973349447**

Amount of Each Receipt this Period  
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

**B. Oleksiw, Jennifer, L, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President & Information Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1263.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**Transaction ID : PR373073749447**

Amount of Each Receipt this Period  
421.20

Memo Item

P/R Deduction (\$421.20 Monthly)

**C. Klotz, Alan, V., Dr, Ph.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Res Advisor-Biosciences
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**Transaction ID : PR373107549447**

Amount of Each Receipt this Period  
73.50

Memo Item

P/R Deduction (\$74.60 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	664.70
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 34 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Traina, Samuel, B, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Director-Regulatory
--	--

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
03		31		2018

**Transaction ID : PR373146649447**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**B. Weems, Alonzo, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President-Deputy General Counse
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
921.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373178649447**

Amount of Each Receipt this Period  
307.30

Memo Item

P/R Deduction (\$312.68 Monthly)

**C. Hickman, Leanne, E, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 - MS&T - IAPI
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
331.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373264349447**

Amount of Each Receipt this Period  
110.50

Memo Item

P/R Deduction (\$112.71 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	517.80
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 35 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Smith, Robert, L, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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-Corporate Responsibility
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
278.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373284349447**

Amount of Each Receipt this Period  
92.96

Memo Item

P/R Deduction (\$94.52 Monthly)

**B. Garnett, Timothy, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373311849447**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**C. Moody, Winton, Darin, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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-Global API & Dry Prod MFG/Cont
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1220.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373361949447**

Amount of Each Receipt this Period  
406.84

Memo Item

P/R Deduction (\$414.46 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	599.80
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 36 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Asay, Derek, L, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 71 Butternut Lane

City Basking Ridge	State NJ	Zip Code 07920-3303
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Adv-Govt Strategy-Fed Accts-Quality
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
278.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373378249447**

Amount of Each Receipt this Period  
92.84

Memo Item

P/R Deduction (\$94.11 Monthly)

**B. Lewis, David, P, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Vice President-Finance-Corporate Tax
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1541.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373450949447**

Amount of Each Receipt this Period  
513.94

Memo Item

P/R Deduction (\$513.94 Monthly)

**C. Chamberlin, Tracy, Gill, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Consultant-HR Workforce Services
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
283.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373556049447**

Amount of Each Receipt this Period  
94.50

Memo Item

P/R Deduction (\$95.45 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	701.28
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 37 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Caltrider, Steven, P, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Vice President-Deputy General Patent C
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373574349447**

Amount of Each Receipt this Period  
68.70

Memo Item

P/R Deduction (\$69.73 Monthly)

**B. Bradley, Jeffrey, L, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Associate Engineering Advisor
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373578149447**

Amount of Each Receipt this Period  
70.08

Memo Item

P/R Deduction (\$71.13 Monthly)

**C. Bearby, Elizabeth, Claire, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Director-Project Mgmt-Research/Dev
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
293.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373590949447**

Amount of Each Receipt this Period  
97.92

Memo Item

P/R Deduction (\$99.88 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	236.70
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 38 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Holaday, Stephen, Kent, Mr, Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-GSM  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 259.68

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR373770049447**  
 Amount of Each Receipt this Period 86.56  
 Memo Item  
 P/R Deduction (\$88.72 Monthly)

**B. Garcia-Meneses, Claudia, Marcela, Mrs,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-Glbl Marketing-Food Anima  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 288.72

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR373799849447**  
 Amount of Each Receipt this Period 96.24  
 Memo Item  
 P/R Deduction (\$97.68 Monthly)

**C. Mason, Michael, B, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) VP-US Diabetes Business Unit  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR373872849447**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	282.80
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 39 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Mahony, Susan, , Dr, Ph.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 and Pres-Lilly Oncology
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR373922749447**

Amount of Each Receipt this Period  
416.00

Memo Item

P/R Deduction (\$416.00 Monthly)

**B. NOESGES, DAVID, Thomas, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) VP-Sales-US Diabetes
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1177.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374108749447**

Amount of Each Receipt this Period  
392.48

Memo Item

P/R Deduction (\$397.39 Monthly)

**C. Huntington, Erin, B, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) VP-International Corp Affairs
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1211.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374115849447**

Amount of Each Receipt this Period  
403.72

Memo Item

P/R Deduction (\$403.72 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1212.20
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 40 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Chase, Veronica, A, Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) VP-Marketing-Global Oncology Brands  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 709.02

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR374117049447**  
 Amount of Each Receipt this Period 236.34  
 Memo Item  
 P/R Deduction (\$240.48 Monthly)

**B. Mochel, Mary, L, Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2118 Watermark Dr. SE  
 City Grand Rapids State MI Zip Code 49546-9021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Dist Sales Mgr-Michigan OSTEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 208.50

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR374129749447**  
 Amount of Each Receipt this Period 69.50  
 Memo Item  
 P/R Deduction (\$70.89 Monthly)

**C. Brooks, Matthew, J, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Summitpointe Drive  
 City Holliston State MA Zip Code 01746-1767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Dir-Patient Reimbursement-Northeast  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 224.76

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR374140749447**  
 Amount of Each Receipt this Period 74.92  
 Memo Item  
 P/R Deduction (\$75.67 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	380.76
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 41 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Johnson, Philip, L, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President-Finance-Investor Relati
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374142449447**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**B. Shaw, Christi, L, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sale Rep
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374154049447**

Amount of Each Receipt this Period  
200.00

Memo Item

P/R Deduction (\$200.00 Monthly)

**C. Assalley, Thomas, J, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Dir-National Managed Care
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
304.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374166049447**

Amount of Each Receipt this Period  
101.62

Memo Item

P/R Deduction (\$102.63 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	551.62
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 42 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Harrington, Michael, J, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Vice President-General Counsel
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374178649447**

Amount of Each Receipt this Period  
416.00

Memo Item

P/R Deduction (\$416.00 Monthly)

**B. Shelley, Stephanie, L, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Prd Brand Dir-HCP Mktg-Strattera
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
847.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374179149447**

Amount of Each Receipt this Period  
282.34

Memo Item

P/R Deduction (\$287.98 Monthly)

**C. Schacht, Aaron, L, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Vice Pres-R&D and Regulatory
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1078.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374184149447**

Amount of Each Receipt this Period  
359.50

Memo Item

P/R Deduction (\$363.99 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1057.84
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 43 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Oldani, Jamie, JoAnne, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 630 N. State Street  
1708

City Chicago	State IL	Zip Code 60654-7574
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Advisor-State Government Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
456.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374281049447**

Amount of Each Receipt this Period  
152.16

Memo Item

P/R Deduction (\$154.25 Monthly)

**B. Tumminello, Dominic, C, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Director - External MFG Procurement
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374328049447**

Amount of Each Receipt this Period  
74.72

Memo Item

P/R Deduction (\$75.14 Monthly)

**C. Payne, Kelly, Wiggins, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Dir & Leader-GBS Centers-Americas
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
518.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374342649447**

Amount of Each Receipt this Period  
172.84

Memo Item

P/R Deduction (\$200.81 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	399.72
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 44 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. White, Anne, E, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) VP-Next Generation Dev & Proj Mgmt
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374356849447**

Amount of Each Receipt this Period  
183.34

Memo Item

P/R Deduction (\$186.46 Monthly)

**B. Milton, Terence, W K, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Dir-Pt Reimbursement Field Team East
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374366949447**

Amount of Each Receipt this Period  
76.10

Memo Item

P/R Deduction (\$76.86 Monthly)

**C. Shope, Shelly, H, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Adv-HSE-Novartis Integration
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
211.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374367249447**

Amount of Each Receipt this Period  
70.62

Memo Item

P/R Deduction (\$72.03 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.06
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 45 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Churgay, Lisa, , Mrs, B.Sc.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-Regulatory  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.02

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR374379449447**  
 Amount of Each Receipt this Period 103.34  
 Memo Item  
 P/R Deduction (\$104.64 Monthly)

**B. Curtiss, Thomas, L, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 Round Hollow Lane  
 City Southlake State TX Zip Code 76092-2219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Dir-Diabetes-South Central Diab Are  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.38

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR374382749447**  
 Amount of Each Receipt this Period 92.46  
 Memo Item  
 P/R Deduction (\$93.23 Monthly)

**C. Scholl, Joseph, J, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12979 S. Outback Ct.  
 City Traverse City State MI Zip Code 49684-6864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Dist Sis Mgr-Great Lakes Dermatolog  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 208.74

Date of Receipt **03 / 31 / 2018**  
**Transaction ID : PR374384949447**  
 Amount of Each Receipt this Period 69.58  
 Memo Item  
 P/R Deduction (\$70.98 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	265.38
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 46 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Reid, William, S, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Director-Global Public Policy
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
569.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374405149447**

Amount of Each Receipt this Period  
189.92

Memo Item

P/R Deduction (\$193.67 Monthly)

**B. Angell, Reginald, S, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2030 Knoxville Rd

City Dry Ridge	State KY	Zip Code 41035-8322
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Exec Sales Rep-Cincinnati Oncology
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
354.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374429949447**

Amount of Each Receipt this Period  
118.30

Memo Item

P/R Deduction (\$120.52 Monthly)

**C. Swint, Laura, M, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Black Belt-Six Sigma
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
201.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374525349447**

Amount of Each Receipt this Period  
67.16

Memo Item

P/R Deduction (\$73.84 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.38
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 47 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Garner, Carlos, O, Dr, Ph.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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-Global Regulatory-BioMeds
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1042.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374526449447**

Amount of Each Receipt this Period  
347.54

Memo Item

P/R Deduction (\$352.75 Monthly)

**B. Mc Millian, Carl, L, Dr, Ph.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) VP-Toxicology/Drug Disposition/PK/PD
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
376.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374534349447**

Amount of Each Receipt this Period  
125.50

Memo Item

P/R Deduction (\$128.01 Monthly)

**C. Matzke, Marianne, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1730 Tidwell Road

City Weatherford	State TX	Zip Code 76087-8198
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Dist Sis Mgr-S Cntrl Dermatology (J
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
215.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374647649447**

Amount of Each Receipt this Period  
71.80

Memo Item

P/R Deduction (\$72.88 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	544.84
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 48 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. McGruder, Edward, D, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Advisor-Chief Medical Officer
--	--

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
03		31		2018

**Transaction ID : PR374671449447**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**B. Mielke, Wayne, R, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2647 Mystere Court

City Las Vegas	State NV	Zip Code 89117-7627
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Dist Sls Mgr-San Fran CA Diab Spe
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374680049447**

Amount of Each Receipt this Period  
76.40

Memo Item

P/R Deduction (\$77.55 Monthly)

**C. Melemed, Allen, S, Dr, M.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Dist Med Fellow & Sr Dir N Amer Reg-O
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374681549447**

Amount of Each Receipt this Period  
70.32

Memo Item

P/R Deduction (\$71.18 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	246.72
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 49 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Miles, Nathaniel, R, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4552 130th Place S.E.

City Bellevue	State WA	Zip Code 98006-2051
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Advisor-State Government Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374703449447**

Amount of Each Receipt this Period  
179.64

Memo Item

P/R Deduction (\$181.44 Monthly)

**B. Lu, Jirong, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
328.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374722149447**

Amount of Each Receipt this Period  
109.44

Memo Item

P/R Deduction (\$113.61 Monthly)

**C. Grant, Terri, L, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President-Human Resources
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1388.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374791449447**

Amount of Each Receipt this Period  
462.88

Memo Item

P/R Deduction (\$462.88 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	751.96
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 50 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Ferrell, Phyllis, Barkman, Mrs,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Platform Team Leader-Alzheimers
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1058.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374803649447**

Amount of Each Receipt this Period  
352.84

Memo Item

P/R Deduction (\$358.13 Monthly)

**B. Mantlo, Bronwen, L, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) VP-Deputy Gen Counsel & Corp Secre
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374825749447**

Amount of Each Receipt this Period  
80.00

Memo Item

P/R Deduction (\$80.00 Monthly)

**C. Herrin, David, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Advisor-Alliance Management
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374833349447**

Amount of Each Receipt this Period  
66.84

Memo Item

P/R Deduction (\$67.51 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	499.68
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 51 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Smiley, Joshua, L, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Vice President-Finance-Treasurer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1727.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374850149447**

Amount of Each Receipt this Period  
575.74

Memo Item

P/R Deduction (\$575.74 Monthly)

**B. Shah, Aarti, S, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Vice President-IT-CIO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
542.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374860049447**

Amount of Each Receipt this Period  
180.68

Memo Item

P/R Deduction (\$188.26 Monthly)

**C. Krishnan, Venkatesh, , Dr, Ph.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Ext Innovation Lead-Endocrine Discover
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
332.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374875749447**

Amount of Each Receipt this Period  
110.92

Memo Item

P/R Deduction (\$110.92 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	867.34
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 52 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Wettig, Thane, E, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) VP-Global Marketing & Alliance Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 384.96

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR374924449447**  
 Amount of Each Receipt this Period 128.32  
 Memo Item  
 P/R Deduction (\$130.25 Monthly)

**B. Sellner, Joanne, C, Mrs,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11234 Vandemen Way  
 City San Diego State CA Zip Code 92131-2962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Advisor-National Accounts-United  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 286.56

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR374974049447**  
 Amount of Each Receipt this Period 95.52  
 Memo Item  
 P/R Deduction (\$96.95 Monthly)

**C. Fitzgerald, Francis, M, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15277 Club Course Drive  
 City Bath State MI Zip Code 48808-8799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Advisor-State Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 508.26

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR374987549447**  
 Amount of Each Receipt this Period 169.42  
 Memo Item  
 P/R Deduction (\$171.96 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	393.26
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 53 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Beals, John, M, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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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 ▼  
740.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374992349447**

Amount of Each Receipt this Period  
246.92

Memo Item

P/R Deduction (\$251.12 Monthly)

**B. Solem, Joan, G, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 443 Golden Lane

City Longmont	State CO	Zip Code 80504-1315
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Advisor-State Government Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR374998149447**

Amount of Each Receipt this Period  
77.36

Memo Item

P/R Deduction (\$78.14 Monthly)

**C. Dunshee, Brice, H, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Director-Commercial Analytics
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
298.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR375008349447**

Amount of Each Receipt this Period  
99.62

Memo Item

P/R Deduction (\$101.12 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.90
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 54 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Allen, Albert, J, Dr, M.D. Ph.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Medical Fellow
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
376.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR375012549447**

Amount of Each Receipt this Period  
125.40

Memo Item

P/R Deduction (\$126.97 Monthly)

**B. Soenksen, Neal, F, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10423 Hager Road

City Fife Lake	State MI	Zip Code 49633-9312
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Dist Sls Mgr-TRAVERSE CITY MI D
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR375017349447**

Amount of Each Receipt this Period  
66.70

Memo Item

P/R Deduction (\$67.11 Monthly)

**C. Larew, Jacqueline, S-A, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Research Fellow
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
583.38

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR375022049447**

Amount of Each Receipt this Period  
194.46

Memo Item

P/R Deduction (\$195.43 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	386.56
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 55 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Wahby, Daniel, J, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 385 Royal Tern Road South

City Ponte Vedra Beach	State FL	Zip Code 32082-6209
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Advisor-State Government Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
589.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR375031249447**

Amount of Each Receipt this Period  
196.34

Memo Item

P/R Deduction (\$203.75 Monthly)

**B. Diaz-Granados, Ashley, , Miss,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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-Integrated Health East
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
559.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR375047949447**

Amount of Each Receipt this Period  
186.56

Memo Item

P/R Deduction (\$191.23 Monthly)

**C. Broughton, Michael, L, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Director-Global Logistics
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
231.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR375052949447**

Amount of Each Receipt this Period  
77.30

Memo Item

P/R Deduction (\$77.68 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	460.20
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 56 OF 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Kinard, David, S, Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Vice President-Human Resources
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR375082649447**

Amount of Each Receipt this Period  
170.10

Memo Item

P/R Deduction (\$172.60 Monthly)

**B. Murray, Nathan, J., Mr, MBA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Advisor-Global PRA Autoimmune
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR484468049447**

Amount of Each Receipt this Period  
73.48

Memo Item

P/R Deduction (\$74.55 Monthly)

**C. Metcalf, Robert, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) VP- Reg Affairs-NA & Clinical Quality
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1063.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : PR484479149447**

Amount of Each Receipt this Period  
354.40

Memo Item

P/R Deduction (\$360.65 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	597.98
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 57 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Landwehr Marshall, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4241 Basswood Road  
 City Minneapolis State MN Zip Code 55416-3848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Advisor-State Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.60

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR850980449447**  
 Amount of Each Receipt this Period 160.20  
 Memo Item  
 P/R Deduction (\$162.41 Monthly)

**B. O'Neill, Myles, , Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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-Global Parenteral Drug Prod/DD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 714.00

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR912187349447**  
 Amount of Each Receipt this Period 416.00  
 Memo Item  
 P/R Deduction (\$416.00 Monthly)

**C. Oxtoby, Andrew, Anthony, Mr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) VP-Sales-US Diabetes  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 401.70

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR922228649447**  
 Amount of Each Receipt this Period 133.90  
 Memo Item  
 P/R Deduction (\$135.58 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	710.10
<b>TOTAL</b> This Period (last page this line number only).....▶	27479.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. People For Patty Murray</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 3662		FEC Identification Number C00257642 <b>Transaction ID : 41996804</b>
City Seattle	State WA	Zip Code 98124
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Murray, Patty, , Sen.,</b>		Amount of Each Disbursement this Period 2000.00 Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District:	

Full Name (Last, First, Middle Initial) <b>B. Menendez For Senate</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 32248		FEC Identification Number C00264564 <b>Transaction ID : 41996805</b>
City Newark	State NJ	Zip Code 07102
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Menendez, Robert, , Sen.,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District:	

Full Name (Last, First, Middle Initial) <b>C. Ben Sasse For Us Senate Inc</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 700 R St Unit 83978		FEC Identification Number C00547976 <b>Transaction ID : 41996809</b>
City Lincoln	State NE	Zip Code 68501
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Sasse, Ben, , Sen.,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Hoosiers First PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 115 W Washington St., Suite 1165

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement Contribution

Candidate Name **Hoosiers First PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C00492082  
**Transaction ID : 41996810**

Amount of Each Disbursement this Period: 1000.00

Contribution

Memo Item

**B. Friends Of Neal Dunn**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16088

City Panama City State FL Zip Code 32406

Purpose of Disbursement Contribution

Candidate Name **Dunn, Neal, , MD FACS**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District: 02

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C00582304  
**Transaction ID : 41996811**

Amount of Each Disbursement this Period: 2500.00

Contribution

Memo Item

**C. LaHood For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement Contribution

Candidate Name **LaHood, Darin, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IL District: 18

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C00575050  
**Transaction ID : 41996813**

Amount of Each Disbursement this Period: 1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Katherine Clark For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 159		FEC Identification Number C00541888 <b>Transaction ID : 41996824</b>
City Belmont	State MA	Zip Code 02478
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Clark, Katherine, M, Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 05	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Moulton For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 2013		FEC Identification Number C00547240 <b>Transaction ID : 41996825</b>
City Salem	State MA	Zip Code 01970
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Moulton, Seth, , ,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 06	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Tom Reed For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 10847		FEC Identification Number C00464032 <b>Transaction ID : 41996826</b>
City Rochester	State NY	Zip Code 14610
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1500.00 Contribution
Candidate Name <b>Reed, Tom, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 23	Category/Type 011	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Tom Reed For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 10847		FEC Identification Number C00464032 <b>Transaction ID : 41996921</b>
City Rochester	State NY	Zip Code 14610
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Reed, Tom, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 23	

Full Name (Last, First, Middle Initial) <b>B. Collins For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 386		FEC Identification Number C00520379 <b>Transaction ID : 41997136</b>
City Clarence	State NY	Zip Code 14031
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Collins, Christopher, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 27	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Jim Clyburn</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address Post Office Box 12567		FEC Identification Number C00255562 <b>Transaction ID : 41997561</b>
City Columbia	State SC	Zip Code 29211
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Clyburn, James, E., Rep.,</b>		Amount of Each Disbursement this Period 5000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SC	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Brady For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 8277		FEC Identification Number C00311043 <b>Transaction ID : 41997562</b>
City The Woodlands	State TX	Zip Code 77387
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Brady, Kevin, Patrick, Rep.,</b>		Amount of Each Disbursement this Period 5000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 08	

Full Name (Last, First, Middle Initial) <b>B. Stivers For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address 4679 Winterset Dr		FEC Identification Number C00441352 <b>Transaction ID : 42044469</b>
City Columbus	State OH	Zip Code 43220
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Stivers, Steve, , Rep.,</b>		Amount of Each Disbursement this Period 5000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OH	District: 15	

Full Name (Last, First, Middle Initial) <b>C. PHRMA PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address 950 F Street NW Suite 300		FEC Identification Number C00021972 <b>Transaction ID : 42044470</b>
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>PHRMA PAC</b>		Amount of Each Disbursement this Period 5000.00 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Making America Prosperous - MAP PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Contribution

Candidate Name Making America Prosperous - MAP PAC

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2018

FEC Identification Number: C 000445379

Transaction ID : 42044471

Amount of Each Disbursement this Period: 5000.00

Contribution

Memo Item

**B. Majority Committee PAC - MC PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement Contribution

Candidate Name Majority Committee PAC - MC PAC

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2018

FEC Identification Number: C 000428052

Transaction ID : 42044472

Amount of Each Disbursement this Period: 5000.00

Contribution

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Contribution

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	44000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mendelson for Chairman 2018</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2018
Mailing Address 1239 E Street, SE		FEC Identification Number C [ ] <b>Transaction ID : 41997563</b>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Phil Mendelson, COUNCIL CHAIRPERSON DC		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>Mendelson, Phil, , ,</b>		Memo Item <input type="checkbox"/> Phil Mendelson, COUNCIL CHAIRPERSON DC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Mat Pitsch for Senate Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 11215 Vista Ridge Court		FEC Identification Number C [ ] <b>Transaction ID : 41997721</b>
City Fort Smith	State AR	Zip Code 72916
Purpose of Disbursement Mathew Pitsch, STATE SENATE 8th AR		Amount of Each Disbursement this Period [ ] 250.00
Candidate Name <b>Pitsch, Mathew, , AR Rep.,</b>		Memo Item <input type="checkbox"/> Mathew Pitsch, STATE SENATE 8th AR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Ragland for State Representative Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 70		FEC Identification Number C [ ] <b>Transaction ID : 41997734</b>
City Marshall	State AR	Zip Code 72650
Purpose of Disbursement Donald Ragland, STATE HOUSE 83rd AR		Amount of Each Disbursement this Period [ ] 250.00
Candidate Name <b>Ragland, Donald, , ,</b>		Memo Item <input type="checkbox"/> Donald Ragland, STATE HOUSE 83rd AR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Campaign to Re-Elect Carlton Wing**

Full Name (Last, First, Middle Initial)  
Mailing Address 17 Dove Creek Circle

City North Little Rock State AR Zip Code 72116

Purpose of Disbursement  
Carlton Wing, STATE HOUSE 38th AR

Candidate Name  
**Wing, Carlton, , AR Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
C  
Transaction ID : 41997735  
Amount of Each Disbursement this Period  
250.00

Carlton Wing, STATE HOUSE 38th AR  
 Memo Item AR

**B. Jeff Williams for State Representative**

Full Name (Last, First, Middle Initial)  
Mailing Address 2103 Hummingbird Drive

City Springdale State AR Zip Code 72764

Purpose of Disbursement  
Jeff Williams, STATE HOUSE 89th AR

Candidate Name  
**Williams, Jeff, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
C  
Transaction ID : 41997740  
Amount of Each Disbursement this Period  
250.00

Jeff Williams, STATE HOUSE 89th AR  
 Memo Item AR

**C. Watson for State Representative Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 413 E. 16th Street

City Hope State AR Zip Code 71801

Purpose of Disbursement  
Danny Watson, STATE HOUSE 3rd AR

Candidate Name  
**Watson, Danny, , AR Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
C  
Transaction ID : 41997743  
Amount of Each Disbursement this Period  
250.00

Danny Watson, STATE HOUSE 3rd AR  
 Memo Item AR

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 750.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Warren for State Representative**

Mailing Address PO Box 22900

City Hot Springs State AR Zip Code 71903

Purpose of Disbursement  
Les Warren, STATE HOUSE 25th AR

Category/  
Type

Candidate Name  
**Warren, Les, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
  
**Transaction ID : 41997744**  
Amount of Each Disbursement this Period  
  
Les Warren, STATE HOUSE 25th AR  
 Memo Item AR

Full Name (Last, First, Middle Initial)

**B. DeAnn Vaught for State Representative**

Mailing Address 266 Dairy Road

City Horatio State AR Zip Code 71842

Purpose of Disbursement  
DeAnn Vaught, STATE HOUSE 4th AR

Category/  
Type

Candidate Name  
**Vaught, DeAnn, , AR Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
  
**Transaction ID : 41997747**  
Amount of Each Disbursement this Period  
  
DeAnn Vaught, STATE HOUSE 4th AR  
 Memo Item AR

Full Name (Last, First, Middle Initial)

**C. Johnny Rye for State Representative**

Mailing Address 1405 Easy Street

City Trumann State AR Zip Code 72472

Purpose of Disbursement  
Johnny Rye, STATE HOUSE 54th AR

Category/  
Type

Candidate Name  
**Rye, Johnny, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
  
**Transaction ID : 41997748**  
Amount of Each Disbursement this Period  
  
Johnny Rye, STATE HOUSE 54th AR  
 Memo Item AR

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Pilkington for State Representative**

Full Name (Last, First, Middle Initial)  
Mailing Address 200 Hilltop Drive

City: Clarksville State: AR Zip Code: 72830

Purpose of Disbursement: Aaron Pilkington, STATE HOUSE 69th AR

Candidate Name: Pilkington, Aaron, , AR Rep.,

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 41998108  
Amount of Each Disbursement this Period: 250.00

Memo Item Aaron Pilkington, STATE HOUSE 69th AR

**B. McCollum for Arkansas**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1372

City: Bentonville State: AR Zip Code: 72712

Purpose of Disbursement: Austin McCollum, STATE HOUSE 95th AR

Candidate Name: McCollum, Austin, , ,

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 41998708  
Amount of Each Disbursement this Period: 250.00

Memo Item Austin McCollum, STATE HOUSE 95th AR

**C. Maddox for State Representative**

Full Name (Last, First, Middle Initial)  
Mailing Address 520 Church Avenue

City: Mena State: AR Zip Code: 71953

Purpose of Disbursement: John Maddox, STATE HOUSE 20th AR

Candidate Name: Maddox, John, , AR Rep.,

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 41998715  
Amount of Each Disbursement this Period: 250.00

Memo Item John Maddox, STATE HOUSE 20th AR

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 750.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Grant Hodges for State House**

Full Name (Last, First, Middle Initial)  
Grant Hodges for State House

Mailing Address 511 S. 2nd Street

City Rogers State AR Zip Code 72756

Purpose of Disbursement  
Grant Hodges, STATE HOUSE 96th AR

Candidate Name  
**Hodges, Grant, , AR Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 41998722

Amount of Each Disbursement this Period: 250.00

Memo Item Grant Hodges, STATE HOUSE 96th AR

**B. Andy Davis for State Representative**

Full Name (Last, First, Middle Initial)  
Andy Davis for State Representative

Mailing Address PO Box 30248

City Little Rock State AR Zip Code 72260

Purpose of Disbursement  
Andy Davis, STATE HOUSE 31st AR

Candidate Name  
**Davis, Andy, , AR Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 41998729

Amount of Each Disbursement this Period: 250.00

Memo Item Andy Davis, STATE HOUSE 31st AR

**C. Campaign to Re-Elect Justin Boyd**

Full Name (Last, First, Middle Initial)  
Campaign to Re-Elect Justin Boyd

Mailing Address 1509 S. 37th Street

City Fort Smith State AR Zip Code 72903

Purpose of Disbursement  
Justin Boyd, STATE HOUSE 77th AR

Candidate Name  
**Boyd, Justin, , AR Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 41998731

Amount of Each Disbursement this Period: 250.00

Memo Item Justin Boyd, STATE HOUSE 77th AR

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 750.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Stan Berry for State Representative**

Date of Disbursement: 03 / 13 / 2018

Mailing Address: PO Box 64

City: Dover State: AR Zip Code: 72837

Purpose of Disbursement: Stan Berry, STATE HOUSE 68th AR

Candidate Name: **Berry, Stan, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: **C**

Transaction ID: **41998736**

Amount of Each Disbursement this Period: 250.00

Memo Item AR Stan Berry, STATE HOUSE 68th

Full Name (Last, First, Middle Initial)  
**B. Friends of Michael Bernskoetter**

Date of Disbursement: 03 / 13 / 2018

Mailing Address: 429 West Miller

City: Jefferson City State: MO Zip Code: 65101

Purpose of Disbursement: Mike Bernskoetter, STATE SENATE 6th MO

Candidate Name: **Bernskoetter, Mike, , MO Rep.,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: **C**

Transaction ID: **41998756**

Amount of Each Disbursement this Period: 500.00

Memo Item Mike Bernskoetter, STATE SENATE 6th MO

Full Name (Last, First, Middle Initial)  
**C. Romine for Statewide Committee**

Date of Disbursement: 03 / 13 / 2018

Mailing Address: 322 E. Karsch Blvd.

City: Farmington State: MO Zip Code: 63640

Purpose of Disbursement: Gary Romine, STATEWIDE MO

Candidate Name: **Romine, Gary, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: **C**

Transaction ID: **41998762**

Amount of Each Disbursement this Period: 1000.00

Memo Item Gary Romine, STATEWIDE MO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1750.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Eigel for Missouri**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 39

City St. Peters State MO Zip Code 63376

Purpose of Disbursement  
Bill Eigel, STATE SENATE 23rd MO

Candidate Name  
**Eigel, Bill, , MO Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
C  
**Transaction ID : 41998765**  
Amount of Each Disbursement this Period  
500.00

Memo Item Bill Eigel, STATE SENATE 23rd MO

**B. Friends of Caleb Rowden**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7088

City Columbia State MO Zip Code 65205-7088

Purpose of Disbursement  
Caleb Rowden, STATE SENATE 19th MO

Candidate Name  
**Rowden, Caleb, , MO Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
C  
**Transaction ID : 41998859**  
Amount of Each Disbursement this Period  
1000.00

Memo Item Caleb Rowden, STATE SENATE 19th MO

**C. Scott Sifton for Missouri**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 4396

City St. Louis State MO Zip Code 63123

Purpose of Disbursement  
Scott Sifton, STATEWIDE MO

Candidate Name  
**Sifton, Scott, , MO Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
C  
**Transaction ID : 41998861**  
Amount of Each Disbursement this Period  
500.00

Memo Item Scott Sifton, STATEWIDE MO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Rizzo for Missouri</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 1629 South Drumm Avenue		FEC Identification Number C [ ] <b>Transaction ID : 41998864</b>
City Kansas City	State MO	Zip Code 64055
Purpose of Disbursement John Rizzo, STATE SENATE 11th MO		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Rizzo, John, , MO Sen.,</b>		Memo Item <input type="checkbox"/> John Rizzo, STATE SENATE 11th MO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Friends of Lincoln Hough</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 121		FEC Identification Number C [ ] <b>Transaction ID : 41998868</b>
City Springfield	State MO	Zip Code 65801
Purpose of Disbursement Lincoln Hough, STATE SENATE 30th MO		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Hough, Lincoln, , ,</b>		Memo Item <input type="checkbox"/> Lincoln Hough, STATE SENATE 30th MO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Friends of Sandy Crawford</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 332		FEC Identification Number C [ ] <b>Transaction ID : 41998893</b>
City Buffalo	State MO	Zip Code 65622
Purpose of Disbursement Sandy Crawford, STATE SENATE 28th MO		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Crawford, Sandy, , MO Sen.,</b>		Memo Item <input type="checkbox"/> Sandy Crawford, STATE SENATE 28th MO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Missourians for Mike Cierpiot</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 214 NE Landings Circle		FEC Identification Number C [REDACTED] <b>Transaction ID : 41998898</b>
City Lees Summit	State MO	Zip Code 64064
Purpose of Disbursement Mike Cierpiot, STATE SENATE 8th MO		Amount of Each Disbursement this Period [REDACTED] 500.00
Candidate Name <b>Cierpiot, Mike, , MO Sen.,</b>		Memo Item <input type="checkbox"/> Mike Cierpiot, STATE SENATE 8th MO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Shalonn 'KiKi' Curls</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 4609 Paseo Blvd., Suite 107		FEC Identification Number C [REDACTED] <b>Transaction ID : 41998914</b>
City Kansas City	State MO	Zip Code 64110
Purpose of Disbursement Shalonn Curls, STATEWIDE MO		Amount of Each Disbursement this Period [REDACTED] 1000.00
Candidate Name <b>Curls, Shalonn, , ,</b>		Memo Item <input type="checkbox"/> Shalonn Curls, STATEWIDE MO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Sater for Senate</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 1735 Cedar		FEC Identification Number C [REDACTED] <b>Transaction ID : 41998919</b>
City Cassville	State MO	Zip Code 65625
Purpose of Disbursement David Sater, STATEWIDE MO		Amount of Each Disbursement this Period [REDACTED] 500.00
Candidate Name <b>Sater, David, , ,</b>		Memo Item <input type="checkbox"/> David Sater, STATEWIDE MO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 2000.00
[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Wieland Now**

Mailing Address 1015 Castleman Drive

City Imperial State MO Zip Code 63052

Purpose of Disbursement Paul Wieland, STATE SENATE 22nd MO

Category/Type

Candidate Name  
**Wieland, Paul, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
**C**  
Transaction ID : **41998930**  
Amount of Each Disbursement this Period  
1000.00  
Paul Wieland, STATE SENATE  
 Memo Item 22nd MO

Full Name (Last, First, Middle Initial)

**B. Friends of Elijah Haahr**

Mailing Address PO Box 14506

City Springfield State MO Zip Code 65814

Purpose of Disbursement Elijah Haahr, STATE HOUSE 134th MO

Category/Type

Candidate Name  
**Haahr, Elijah, , MO Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
**C**  
Transaction ID : **41998933**  
Amount of Each Disbursement this Period  
1000.00  
Elijah Haahr, STATE HOUSE 134th MO  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Robert Cornejo**

Mailing Address PO Box 346

City St. Peters State MO Zip Code 63376

Purpose of Disbursement Robert Cornejo, STATE HOUSE 64th MO

Category/Type

Candidate Name  
**Cornejo, Robert, , MO Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
**C**  
Transaction ID : **41998937**  
Amount of Each Disbursement this Period  
500.00  
Robert Cornejo, STATE HOUSE 64th MO  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Plocher for Missouri</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address P.O.Box 16065		FEC Identification Number C [REDACTED] <b>Transaction ID : 41998942</b>
City Clayton	State MO	Zip Code 63105
Purpose of Disbursement Dean Plocher, STATE HOUSE 89th MO		Amount of Each Disbursement this Period [REDACTED] 500.00
Candidate Name <b>Plocher, Dean, , MO Rep.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	Dean Plocher, STATE HOUSE 89th MO

Full Name (Last, First, Middle Initial) <b>B. Citizens to Elect Bruce DeGroot</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 16814 Crystal Springs Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : 41998944</b>
City Chesterfield	State MO	Zip Code 63005
Purpose of Disbursement Bruce DeGroot, STATE HOUSE 101st MO		Amount of Each Disbursement this Period [REDACTED] 500.00
Candidate Name <b>DeGroot, Bruce, , MO Rep.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	Bruce DeGroot, STATE HOUSE 101st MO

Full Name (Last, First, Middle Initial) <b>C. Citizens for Kevin Corlew</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 28443		FEC Identification Number C [REDACTED] <b>Transaction ID : 41998948</b>
City Kansas City	State MO	Zip Code 64188
Purpose of Disbursement Kevin Corlew, STATE HOUSE 14th MO		Amount of Each Disbursement this Period [REDACTED] 500.00
Candidate Name <b>Corlew, Kevin, , MO Rep.,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	Kevin Corlew, STATE HOUSE 14th MO

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Bondon for Missouri**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 203

City Belton State MO Zip Code 64012

Purpose of Disbursement  
Jack Bondon, STATE HOUSE 56th MO

Candidate Name  
**Bondon, Jack, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
**Transaction ID : 41999004**  
Amount of Each Disbursement this Period: 500.00

Memo Item Jack Bondon, STATE HOUSE 56th MO

**B. Citizens for Wiemann**

Full Name (Last, First, Middle Initial)  
Mailing Address 92 Myrtle Wood Court

City O'Fallon State MO Zip Code 63368

Purpose of Disbursement  
John Wiemann, STATE HOUSE 103rd MO

Candidate Name  
**Wiemann, John, , MO Rep.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
**Transaction ID : 41999254**  
Amount of Each Disbursement this Period: 500.00

Memo Item John Wiemann, STATE HOUSE 103rd MO

**C. Alferman for Missouri**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 84

City Washington State MO Zip Code 63090

Purpose of Disbursement  
Justin Alferman, STATE HOUSE 61st MO

Candidate Name  
**Alferman, Justin, , MO Rep.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
**Transaction ID : 41999568**  
Amount of Each Disbursement this Period: 1000.00

Memo Item Justin Alferman, STATE HOUSE 61st MO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Friends of Daron McGee</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 6305 East 102nd Street		FEC Identification Number C [REDACTED] <b>Transaction ID : 41999801</b>
City Kansas City	State MO	Zip Code 64134
Purpose of Disbursement DaRon McGee, STATE HOUSE 36th MO		Amount of Each Disbursement this Period [REDACTED] 500.00
Candidate Name <b>McGee, DaRon, , MO Rep.,</b>		Memo Item <input type="checkbox"/> DaRon McGee, STATE HOUSE 36th MO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Friends of Rob Vescovo</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 2731 Riebold Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : 42000230</b>
City Arnold	State MO	Zip Code 63010
Purpose of Disbursement Robert Vescovo, STATE HOUSE 112th MO		Amount of Each Disbursement this Period [REDACTED] 1000.00
Candidate Name <b>Vescovo, Robert, , MO Rep.,</b>		Memo Item <input type="checkbox"/> Robert Vescovo, STATE HOUSE 112th MO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Friends of Kip Kendrick</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 1400 Forum Blvd. Suite 7A #243		FEC Identification Number C [REDACTED] <b>Transaction ID : 42000509</b>
City Columbia	State MO	Zip Code 65203
Purpose of Disbursement Kip Kendrick, STATE HOUSE 45th MO		Amount of Each Disbursement this Period [REDACTED] 500.00
Candidate Name <b>Kendrick, Kip, , MO Rep.,</b>		Memo Item <input type="checkbox"/> Kip Kendrick, STATE HOUSE 45th MO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Team Justin Brown</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 934		FEC Identification Number C [ ] <b>Transaction ID : 42002459</b>
City Rolla	State MO	Zip Code 65402
Purpose of Disbursement Justin Brown, STATE SENATE 16th MO		Category/ Type 011
Candidate Name <b>Brown, Justin, Dan, ,</b>		Amount of Each Disbursement this Period [ ] 400.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Justin Brown, STATE SENATE 16th MO
State: [ ]	District: [ ]	

Full Name (Last, First, Middle Initial) <b>B. Citizens for Schatz</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 92		FEC Identification Number C [ ] <b>Transaction ID : 42002900</b>
City Sullivan	State MO	Zip Code 63080
Purpose of Disbursement Dave Schatz, STATE SENATE 26th MO		Category/ Type 011
Candidate Name <b>Schatz, Dave, , MO Sen.,</b>		Amount of Each Disbursement this Period [ ] 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Dave Schatz, STATE SENATE 26th MO
State: [ ]	District: [ ]	

Full Name (Last, First, Middle Initial) <b>C. Missourians for Cody Smith</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 1012 Euclid Blvd.		FEC Identification Number C [ ] <b>Transaction ID : 42003714</b>
City Carthage	State MO	Zip Code 64836
Purpose of Disbursement Cody Smith, STATE HOUSE 163rd MO		Category/ Type 011
Candidate Name <b>Smith, Cody, , MO Rep.,</b>		Amount of Each Disbursement this Period [ ] 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Cody Smith, STATE HOUSE 163rd MO
State: [ ]	District: [ ]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Washington4mo23**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 270152

City: Kansas City State: MO Zip Code: 64127

Purpose of Disbursement: Barbara Washington, STATE HOUSE 23rd MO

Candidate Name: Washington, Barbara, , MO Rep.,

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 42004437  
Amount of Each Disbursement this Period: 500.00

Memo Item Barbara Washington, STATE HOUSE 23rd MO

**B. Joshua Peters for the 76th District**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 142818

City: St. Louis State: MO Zip Code: 63114

Purpose of Disbursement: Joshua Peters, STATE HOUSE 76th MO

Candidate Name: Peters, Joshua, , MO Rep.,

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 42005674  
Amount of Each Disbursement this Period: 500.00

Memo Item Joshua Peters, STATE HOUSE 76th MO

**C. Committee to Elect Pierson Jr.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 372100

City: St. Louis State: MO Zip Code: 63138

Purpose of Disbursement: Tommie Pierson, STATE HOUSE 66th MO

Candidate Name: Pierson, Tommie, , MO Rep., Jr.

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 42006312  
Amount of Each Disbursement this Period: 500.00

Memo Item Tommie Pierson, STATE HOUSE 66th MO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Friends of Laura Fine**

Full Name (Last, First, Middle Initial)  
Mailing Address 1700 Constitution Drive

City: Glenview State: IL Zip Code: 60026

Purpose of Disbursement: Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code  
Candidate Name: **Fine, Laura, , ,**  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: **C**  
Transaction ID : **42010076**  
Amount of Each Disbursement this Period: 1000.00

Memo Item Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

**B. Friends of Melinda Bush**

Full Name (Last, First, Middle Initial)  
Mailing Address 240 North Lake Street

City: Grayslake State: IL Zip Code: 60030-1426

Purpose of Disbursement: Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code  
Candidate Name: **Bush, Melinda, , IL Sen.,**  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: **C**  
Transaction ID : **42011234**  
Amount of Each Disbursement this Period: 500.00

Memo Item Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

**C. Friends of Omar Aquino**

Full Name (Last, First, Middle Initial)  
Mailing Address 1000 N. Rockwell Street

City: Chicago State: IL Zip Code: 60622

Purpose of Disbursement: Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code  
Candidate Name: **Aquino, Omar, , IL Sen.,**  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: **C**  
Transaction ID : **42011576**  
Amount of Each Disbursement this Period: 500.00

Memo Item Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Elgie Sims**

Mailing Address 8142A S. Prairie Park Place

City Chicago State IL Zip Code 60619

Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

Candidate Name  
**Sims, Elgie, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number

C [ ]

Transaction ID : 42011888

Amount of Each Disbursement this Period

[ ] 500.00

Memo Item Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

Full Name (Last, First, Middle Initial)

**B. Friends of Iris Y. Martinez**

Mailing Address 3154 West Grace Street Unit 1

City Chicago State IL Zip Code 60618-4529

Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

Candidate Name  
**Martinez, Iris, , IL Sen.,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number

C [ ]

Transaction ID : 42012837

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

Full Name (Last, First, Middle Initial)

**C. Citizens for Lightford**

Mailing Address P.O. Box 7824

City Westchester State IL Zip Code 60154-7824

Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

Candidate Name  
**Lightford, Kimberly, , Senator,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number

C [ ]

Transaction ID : 42013361

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[ ] 2500.00

[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Friends of Terry Link**

Full Name (Last, First, Middle Initial)  
Mailing Address 1280 Streamwood Ln

City Vernon Hills State IL Zip Code 60061

Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code  
Candidate Name **Link, Terry, , Senator,** Category/Type **011**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : **42013871**  
Amount of Each Disbursement this Period: 1000.00

Memo Item Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

**B. Friends for Mulroe**

Full Name (Last, First, Middle Initial)  
Mailing Address 6687 N. Northwest Highway

City Chicago State IL Zip Code 60631

Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code  
Candidate Name **Mulroe, John, , IL Sen.,** Category/Type **011**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : **42014339**  
Amount of Each Disbursement this Period: 1000.00

Memo Item Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

**C. Friends of Tim Butler**

Full Name (Last, First, Middle Initial)  
Mailing Address 1638 N. 5th Street

City Springfield State IL Zip Code 62702-2645

Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code  
Candidate Name **Butler, Tim, , IL Rep.,** Category/Type **011**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : **42014634**  
Amount of Each Disbursement this Period: 500.00

Memo Item Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. McCombie for Illinois</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 71		FEC Identification Number C [ ] <b>Transaction ID : 42015277</b>
City Savanna	State IL	Zip Code 61074
Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>McCombie, Tony, , IL Rep.,</b>		Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Citizens for Michael P. McAuliffe</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 31482		FEC Identification Number C [ ] <b>Transaction ID : 42016148</b>
City Chicago	State IL	Zip Code 60631-0482
Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code		Amount of Each Disbursement this Period [ ] 1250.00
Candidate Name <b>McAuliffe, Michael, , ,</b>		Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Michael P. McAuliffe</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 31482		FEC Identification Number C [ ] <b>Transaction ID : 42017070</b>
City Chicago	State IL	Zip Code 60631-0482
Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code		Amount of Each Disbursement this Period [ ] 750.00
Candidate Name <b>McAuliffe, Michael, , ,</b>		Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Friends of Nick Sauer</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 1431		FEC Identification Number C [ ] <b>Transaction ID : 42018816</b>
City Barrington	State IL	Zip Code 60011
Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code	Category/ Type 011	Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Sauer, Nick, , IL Rep.,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code <input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Friends of Robert 'Bob' Rita</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 2030 High St.		FEC Identification Number C [ ] <b>Transaction ID : 42019473</b>
City Blue Island	State IL	Zip Code 60406-2502
Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code	Category/ Type 011	Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Rita, Robert, , IL Rep.,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code <input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Friends of Fran Hurley</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 3207 W. 111th Street		FEC Identification Number C [ ] <b>Transaction ID : 42019940</b>
City Chicago	State IL	Zip Code 60655
Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code	Category/ Type 011	Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Hurley, Frances, , IL Rep.,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code <input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Friends of Natalie Manley**

Full Name (Last, First, Middle Initial)  
Mailing Address 1927 Timbers Edge Circle

City Joliet State IL Zip Code 60431-1626

Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code  
Candidate Name **Manley, Natalie, , IL Rep.,** Category/Type **011**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)  Memo Item

State: District: Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 42020471  
Amount of Each Disbursement this Period: 500.00

**B. Committee to Elect Dan Burke**

Full Name (Last, First, Middle Initial)  
Mailing Address 2650 W. 51st Street

City Chicago State IL Zip Code 60632

Purpose of Disbursement Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code  
Candidate Name **Burke, Daniel, J., Representa,** Category/Type **011**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)  Memo Item

State: District: Registered w/St. Brd of Elections, Section 20-160 of the Illinois Procurement Code

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 42020850  
Amount of Each Disbursement this Period: 1000.00

**C. Dewine Husted for Ohio**

Full Name (Last, First, Middle Initial)  
Mailing Address 2587 Conley Road

City Cedarville State OH Zip Code 45314

Purpose of Disbursement Michael Dewine, GOVERNOR OH  
Candidate Name **Dewine, Michael, , ,** Category/Type **011**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)  Memo Item

State: District: Michael Dewine, GOVERNOR OH

Date of Disbursement: 03 / 13 / 2018

FEC Identification Number: C  
Transaction ID : 42025340  
Amount of Each Disbursement this Period: 2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Citizens for Anne Gonzales</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 865 Macon Alley		FEC Identification Number C [ ] <b>Transaction ID : 42025341</b>
City Columbus	State OH	Zip Code 43206
Purpose of Disbursement Anne Gonzales, STATE SENATE 3rd OH		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Gonzales, Anne, , ,</b>		Memo Item <input type="checkbox"/> Anne Gonzales, STATE SENATE 3rd OH
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Killion Victory Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 50 S. Providence Road		FEC Identification Number C [ ] <b>Transaction ID : 42025388</b>
City Media	State PA	Zip Code 19063
Purpose of Disbursement Thomas Killion, STATE SENATE 9th PA		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Killion, Thomas, , PA Sen.,</b>		Memo Item <input type="checkbox"/> Thomas Killion, STATE SENATE 9th PA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Friends of Warren Kampf</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 1439		FEC Identification Number C [ ] <b>Transaction ID : 42025389</b>
City Paoli	State PA	Zip Code 19301
Purpose of Disbursement Warren Kampf, STATE HOUSE 157th PA		Amount of Each Disbursement this Period [ ] 1500.00
Candidate Name <b>Kampf, Warren, , PA Rep.,</b>		Memo Item <input type="checkbox"/> Warren Kampf, STATE HOUSE 157th PA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Friends of Kim Ward**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 203  
300 Old Airport Rd.

City Greensburg State PA Zip Code 15601

Purpose of Disbursement  
Kim Ward, STATE SENATE 39th PA

Candidate Name  
**Ward, Kim, , PA Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
**C**

**Transaction ID : 42025390**  
Amount of Each Disbursement this Period  
500.00

Memo Item Kim Ward, STATE SENATE 39th PA

**B. Citizens for Stan Saylor**

Full Name (Last, First, Middle Initial)  
Mailing Address 649 Runkle Road

City Felton State PA Zip Code 17322

Purpose of Disbursement  
Stanley Saylor, STATE HOUSE 94th PA

Candidate Name  
**Saylor, Stanley, , Representa,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
**C**

**Transaction ID : 42025391**  
Amount of Each Disbursement this Period  
1000.00

Memo Item Stanley Saylor, STATE HOUSE 94th PA

**C. Friends of Dawn Keefer Wetzel Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 150 Ore Bank Road

City Dillsburg State PA Zip Code 17019-9334

Purpose of Disbursement  
Dawn Keefer, STATE HOUSE 92nd PA

Candidate Name  
**Keefer, Dawn, , PA Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2018

FEC Identification Number  
**C**

**Transaction ID : 42025392**  
Amount of Each Disbursement this Period  
300.00

Memo Item Dawn Keefer, STATE HOUSE 92nd PA

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1800.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Friends of Mike Schlossberg</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 1537		FEC Identification Number C [ ] <b>Transaction ID : 42025394</b>
City Allentown	State PA	Zip Code 18105-1537
Purpose of Disbursement Michael Schlossberg, STATE HOUSE 132nd PA		Amount of Each Disbursement this Period [ ] 250.00
Candidate Name <b>Schlossberg, Michael, , PA Rep.,</b>		Memo Item <input type="checkbox"/> Michael Schlossberg, STATE HOUSE 132nd PA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Brian Ellis</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 103 Deer Run Drive		FEC Identification Number C [ ] <b>Transaction ID : 42025395</b>
City Butler	State PA	Zip Code 16001
Purpose of Disbursement Brian Ellis, STATE HOUSE 11th PA		Amount of Each Disbursement this Period [ ] 300.00
Candidate Name <b>Ellis, Brian, , PA Rep.,</b>		Memo Item <input type="checkbox"/> Brian Ellis, STATE HOUSE 11th PA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Chris Sells for House Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 26		FEC Identification Number C [ ] <b>Transaction ID : 42025396</b>
City Greenville	State AL	Zip Code 36037
Purpose of Disbursement Chris Sells, STATE HOUSE 90th AL		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Sells, Chris, , AL Rep.,</b>		Memo Item <input type="checkbox"/> Chris Sells, STATE HOUSE 90th AL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Danny Crawford for House Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 113 Lindsey Lane N		FEC Identification Number C [ ] <b>Transaction ID : 42025435</b>
City Athens	State AL	Zip Code 35613
Purpose of Disbursement Danny Crawford, STATE HOUSE 5th AL		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Crawford, Danny, , AL Rep.,</b>		Memo Item <input type="checkbox"/> Danny Crawford, STATE HOUSE 5th AL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Terri Collins for House Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address PO Box 21		FEC Identification Number C [ ] <b>Transaction ID : 42025436</b>
City Decatur	State AL	Zip Code 35602
Purpose of Disbursement Terri Collins, STATE HOUSE 8th AL		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Collins, Terri, , AL Rep.,</b>		Memo Item <input type="checkbox"/> Terri Collins, STATE HOUSE 8th AL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Mike Ball for House Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018
Mailing Address 105 Canterbury Circle		FEC Identification Number C [ ] <b>Transaction ID : 42025438</b>
City Madison	State AL	Zip Code 35758
Purpose of Disbursement Mike Ball, STATE HOUSE 10th AL		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Ball, Mike, , AL Rep.,</b>		Memo Item <input type="checkbox"/> Mike Ball, STATE HOUSE 10th AL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29 (checked), 30b

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Allen Farley for House Campaign Committee

Date of Disbursement

Date of Disbursement: 03 / 13 / 2018

Mailing Address PO Box 516

FEC Identification Number

FEC Identification Number: C

City: McCalla, State: AL, Zip Code: 35111

Transaction ID : 42025440

Purpose of Disbursement: Allen Farley, STATE HOUSE 15th AL

Amount of Each Disbursement this Period

Candidate Name

Farley, Allen, , AL Rep.,

Category/Type: 011

Amount of Each Disbursement this Period: 500.00

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

Allen Farley, STATE HOUSE 15th AL

State: District:

Memo Item AL

Full Name (Last, First, Middle Initial)

B. Mike Holmes for House Campaign Committee

Date of Disbursement

Date of Disbursement: 03 / 13 / 2018

Mailing Address PO Box 1343

FEC Identification Number

FEC Identification Number: C

City: Wetumpka, State: AL, Zip Code: 36092

Transaction ID : 42025441

Purpose of Disbursement: Mike Holmes, STATE HOUSE 31st AL

Amount of Each Disbursement this Period

Candidate Name

Holmes, Mike, , AL Rep.,

Category/Type: 011

Amount of Each Disbursement this Period: 500.00

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

Mike Holmes, STATE HOUSE 31st AL

State: District:

Memo Item AL

Full Name (Last, First, Middle Initial)

C. Randy Wood for House Campaign Committee

Date of Disbursement

Date of Disbursement: 03 / 13 / 2018

Mailing Address PO Box 4432

FEC Identification Number

FEC Identification Number: C

City: Anniston, State: AL, Zip Code: 36204

Transaction ID : 42025442

Purpose of Disbursement: Randy Wood, STATE HOUSE 36th AL

Amount of Each Disbursement this Period

Candidate Name

Wood, Randy, , AL Rep.,

Category/Type: 011

Amount of Each Disbursement this Period: 500.00

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

Randy Wood, STATE HOUSE 36th AL

State: District:

Memo Item AL

SUBTOTAL of Disbursements This Page (optional).....

SUBTOTAL: 1500.00

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

TOTAL: 1500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Koven L. Brown for House Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2018

Mailing Address 1304 6th Avenue, NE

FEC Identification Number

C
---

**Transaction ID : 42025443**

Amount of Each Disbursement this Period

500.00
--------

City Jacksonville State AL Zip Code 36265

Purpose of Disbursement  
K.L. Brown, STATE HOUSE 40th AL

011
-----

Category/  
Type

Candidate Name  
**Brown, K.L., , AL Rep.,**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item AL  
K.L. Brown, STATE HOUSE 40th

Full Name (Last, First, Middle Initial)

**B. Arnold Mooney for House Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2018

Mailing Address PO Box 382466

FEC Identification Number

C
---

**Transaction ID : 42025444**

Amount of Each Disbursement this Period

500.00
--------

City Birmingham State AL Zip Code 35238

Purpose of Disbursement  
Arnold Mooney, STATE HOUSE 43rd AL

011
-----

Category/  
Type

Candidate Name  
**Mooney, Arnold, , AL Rep.,**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item  
Arnold Mooney, STATE HOUSE 43rd AL

Full Name (Last, First, Middle Initial)

**C. Jim Hill for House Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2018

Mailing Address 156 Aradon Trace

FEC Identification Number

C
---

**Transaction ID : 42025445**

Amount of Each Disbursement this Period

500.00
--------

City Odenville State AL Zip Code 35120

Purpose of Disbursement  
Jim Hill, STATE HOUSE 50th AL

011
-----

Category/  
Type

Candidate Name  
**Hill, Jim, , AL Rep.,**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item  
Jim Hill, STATE HOUSE 50th AL

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Paul Lee for House Campaign Committee**

Mailing Address 304 Ashborough Circle

City  
Dothan

State  
AL

Zip Code  
36301

Purpose of Disbursement  
Paul Lee, STATE HOUSE 86th AL

011

Category/  
Type

Candidate Name

**Lee, Paul, , AL Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 42025457**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Paul Lee, STATE HOUSE 86th AL

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Jones for House Campaign Committee**

Mailing Address PO Box 957

City  
Adalusia

State  
AL

Zip Code  
36420

Purpose of Disbursement  
Mike Jones, STATE HOUSE 92nd AL

011

Category/  
Type

Candidate Name

**Jones, Mike, , AL Rep., Jr.**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 42025458**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Mike Jones, STATE HOUSE 92nd AL

Memo Item

Full Name (Last, First, Middle Initial)

**C. Al Carlson Candidate Committee**

Mailing Address 2548 Rose Creek Parkway South

City  
 Fargo

State  
ND

Zip Code  
58104

Purpose of Disbursement  
Al Carlson, STATE HOUSE 41st ND

011

Category/  
Type

Candidate Name

**Carlson, Al, , Representa,**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 42044473**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Al Carlson, STATE HOUSE 41st ND

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

[REDACTED] 1500.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Tom Wolf for Governor</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address PO Box 22454		FEC Identification Number C [REDACTED] <b>Transaction ID : 42044475</b>
City Philadelphia	State PA	Zip Code 19110
Purpose of Disbursement Tom Wolf, GOVERNOR PA		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Wolf, Tom, , ,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Tom Wolf, GOVERNOR PA	

Full Name (Last, First, Middle Initial) <b>B. Hogsett for Indianapolis</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address 133 W. Market Street, #190		FEC Identification Number C [REDACTED] <b>Transaction ID : 42044484</b>
City Indianapolis	State IN	Zip Code 46204
Purpose of Disbursement Joe Hogsett, Mayor-Indianapolis IN		Amount of Each Disbursement this Period 10000.00
Candidate Name <b>Hogsett, Joe, , ,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Joe Hogsett, Mayor-Indianapolis IN	

Full Name (Last, First, Middle Initial) <b>C. Friends of Marcy Toepel</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2018
Mailing Address 923 Kulp Road		FEC Identification Number C [REDACTED] <b>Transaction ID : 42061144</b>
City Perkiomenville	State PA	Zip Code 18074
Purpose of Disbursement Marcy Toepel, STATE HOUSE 147th PA		Amount of Each Disbursement this Period 300.00
Candidate Name <b>Toepel, Marcy, , PA Rep.,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Marcy Toepel, STATE HOUSE 147th PA	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**A. Friends of Becky Corbin**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 155

City Lyndell State PA Zip Code 19354-0155

Purpose of Disbursement  
Becky Corbin, STATE HOUSE 155th PA

Candidate Name  
**Corbin, Becky, , PA Rep.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
03 / 28 / 2018

FEC Identification Number  
C [ ]  
**Transaction ID : 42061145**  
Amount of Each Disbursement this Period  
[ ] 300.00  
 Memo Item Becky Corbin, STATE HOUSE 155th PA

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C [ ]  
Amount of Each Disbursement this Period  
[ ]  
 Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C [ ]  
Amount of Each Disbursement this Period  
[ ]  
 Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	62600.00