

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

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

FOR LINE NUMBER: PAGE 39 OF 99

(check only one)

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

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

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

A. Lakshmanan, Mark, C, Dr, M.D.

Mailing Address Lilly Corporate Center

City
Indianapolis

State
IN

Zip Code
46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Medical Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2019

Transaction ID : PR372221653623

Amount of Each Receipt this Period

112.28

☐ Memo Item

P/R Deduction (\$114.54 Monthly)

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

B. White, Albert, S, Mr,

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 ▼

211.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2019

Transaction ID : PR372229253623

Amount of Each Receipt this Period

70.34

☐ Memo Item

P/R Deduction (\$72.02 Monthly)

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

C. Zulueta, Alfonso, G, Mr,

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

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 / 2019

Transaction ID : PR372232353623

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

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

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

598.62