

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

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

**A. Roby, Alena, , Ms,**

Mailing Address Lilly Corporate Center

City  
Indianapolis

State  
IN

Zip Code  
46285-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Manager-Global Patient Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2018

**Transaction ID : PR1386924951186**

Amount of Each Receipt this Period

52.66

☐ Memo Item

P/R Deduction (\$52.66 Monthly)

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

**B. Hall, David, Gregory, Dr,**

Mailing Address Lilly Corporate Center

City  
Indianapolis

State  
IN

Zip Code  
46285-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Sr Research Advisor-Pathology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.79

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2018

**Transaction ID : PR1457755251186**

Amount of Each Receipt this Period

44.40

☐ Memo Item

P/R Deduction (\$44.40 Monthly)

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

**C. Davis, William, Charles, 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)

Exec Sales Rep-RICHWOOD WV DIAB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

729.61

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2018

**Transaction ID : PR1481385151186**

Amount of Each Receipt this Period

105.26

☐ Memo Item

P/R Deduction (\$105.26 Monthly)

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

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

202.32