

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

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

FOR LINE NUMBER: PAGE 96 OF 263

(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. Ford, Kira, L, 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)

Director-CPQA Americas Regional Cen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1179.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2019

Transaction ID : PR371880755137

Amount of Each Receipt this Period

149.02

☐ Memo Item

P/R Deduction (\$149.02 Monthly)

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

B. Gabbe, Jay, R, 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 Dist Sls Mgr-W PALM BEACH FL DI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2019

Transaction ID : PR371896255137

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

C. Stephens, Lisa, K, Mrs,

Mailing Address Lilly Corporate Center

City  
Indianapolis

State  
IN

Zip Code  
46285-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Exec Sales Rep-SPRINGFIELD MA DIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2019

Transaction ID : PR371904955137

Amount of Each Receipt this Period

30.22

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

229.24

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