

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 66
(check only one)

<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

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

A. Becker, Deborah, K, Ms,

Mailing Address Lilly Corporate Center

City
IndianapolisState
INZip Code
46285-0001FEC 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 ▼

216.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2020

Transaction ID : PR372002957323

Amount of Each Receipt this Period

108.40

☐ Memo Item

P/R Deduction (\$108.40 Monthly)

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

B. Cunningham, Frank, D, Mr,

Mailing Address Lilly Corporate Center

City
IndianapolisState
INZip Code
46285-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Sr VP-Managed Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2020

Transaction ID : PR372029157323

Amount of Each Receipt this Period

334.00

☐ Memo Item

P/R Deduction (\$334.00 Monthly)

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

C. Krueger, Elizabeth, Winters, Ms,

Mailing Address Lilly Corporate Center

City
IndianapolisState
INZip Code
46285-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Sr Dir-Brand Mktg Intrnasal Glucagon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2020

Transaction ID : PR372056857323

Amount of Each Receipt this Period

210.40

☐ Memo Item

P/R Deduction (\$210.40 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

652.80