

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

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

FOR LINE NUMBER: PAGE 20 OF 324

(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. 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-Surveillance Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : PR1386924955515

Amount of Each Receipt this Period

55.02

☐ Memo Item

P/R Deduction (\$55.02 Monthly)

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

B. Tsueda, Michael, 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)

Assoc Sr Consultant-QC-Qual CoT Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : PR1457672955515

Amount of Each Receipt this Period

114.36

☐ Memo Item

P/R Deduction (\$114.36 Monthly)

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

C. Kelly, Joe, H, ,

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-DOTHAN AL DIAB PC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : PR1457737355515

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

219.38