

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

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

FOR LINE NUMBER: PAGE 204 OF 335

(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. Vorndran-Jones, Macharri, R, Mrs, J.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)

Assistant General Patent Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.94

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR374098051970**

Amount of Each Receipt this Period

90.74

☐ Memo Item

P/R Deduction (\$90.74 Monthly)

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

**B. Runkel, Edward, L, 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 Brand Mgr-Ixekizumab Payer M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.20

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR374103351970**

Amount of Each Receipt this Period

54.82

☐ Memo Item

P/R Deduction (\$54.82 Monthly)

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

**C. Harris, Robert, L, 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 Consultant-Legal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.52

Date of Receipt

10 / 17 / 2018

**Transaction ID : PR374103851970**

Amount of Each Receipt this Period

24.12

☐ Memo Item

P/R Deduction (\$24.12 Monthly)

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

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

169.68