

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

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

FOR LINE NUMBER: PAGE 66 OF 347

(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. Deig, Andrew, Scott, ,

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)

Dist Sales Mgr-Northeast Derm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : PR2259835155743

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Stovall Jr, Prentice, Curtis, , Jr.

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 Dir-Connected Care & Ins-Glbl Com

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
10 / 31 / 2019

Transaction ID : PR2259841355743

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

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

C. Harvey, Laurie, Lynn, ,

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 Sales Rep-CLEVELAND TN DIAB PC

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

381.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : PR2263314955743

Amount of Each Receipt this Period

38.84

☐ Memo Item

P/R Deduction (\$38.84 Monthly)

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

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

108.84