PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) LANCO US INC. POLITICAL ACTION COMMITTEE ('ELANCO PAC') 800 17th Street, NW ADDRESS (number and street) Suite 640 (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rogerseb@ballardspahr.com (Check if address is changed) Optional Second E-Mail Address GABRIELLA.IPPOLITO@elancoah.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2021 C00722165 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Ippolito, Gabriella, , , Type or Print Name of Treasurer Ippolito, Gabriella,,, [Electronically Filed] 10 20 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1 (Revised 06/2012)

	Office			For further information contact:
ı	Use			Federal Election Commission
	Only			Toll Free 800-424-9530 Local 202-694-1100

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		OMMITTEE	raye z				
Can	ndidate	Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	nmittee:	(Daniel and the				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Na				
ELANCO US II	NC. POLITICAL ACTI	ON COMMI	IIEE ('ELA	ANCO PAC')
6. Name of Any Connected	d Organization, Affiliated Committee, Jo	oint Fundraising Repre	sentative, or Leader	ship PAC Sponsor
Elanco US Inc.				
Mailing Address	800 17th Street, NW			
Mailing Address	Suite 640			
	Washington		DC 20006	
	O.T.			
	CITY		STATE	ZIP CODE
Relationship: X Connec	cted Organization Affiliated Committee	Joint Fundraising F	Representative Le	eadership PAC Sponsor
7. Custodian of Records: lo books and records.	dentify by name, address (phone number	optional) and position	n of the person in po	ossession of committee
Rogers	, Emory, , ,			
Full Name	4000 K Ok L NIM			
Mailing Address	1909 K Street, NW			
	12th Floor			
	Washington		DC 20006	
Title or Position	CITY		STATE	ZIP CODE
Custodian of Records	I		_ 202	661 7639
		Telephone numb	er	
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) ., assistant treasurer).	of the treasurer of the o	committee; and the n	ame and address of
Full Name Ippolito,	, Gabriella, , ,			
of Treasurer				
Mailing Address	1435 4th St SW			
				<u> </u>
	Washington	, , , , , I	DC 20024	
	CITY	S	STATE	ZIP CODE
Title or Position _I Treasurer	1		, 202	834 1 1489
		Telephone numb	er	

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Full Name of Designated		, , , , , , , , 1
Agent		
Mailing Address		
	CITY STATE ZI	IP CODE
Title or Position		1 1 .
	Telephone number	
Name of Bank, I	Bank of America 1801 K Street, NW Washington DC 20006	
		IP CODE
Name of Bank, I		
Mailing Address		
	CITY STATE Z	IP CODE