

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

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

FOR LINE NUMBER: PAGE 206 OF 551

(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. Lakshmanan, Mark, C, Dr, M.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)

Medical Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1193.02

Date of Receipt

11 / 30 / 2017

Transaction ID : PR372221648102

Amount of Each Receipt this Period

109.54

☐ Memo Item

P/R Deduction (\$109.54 Monthly)

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

B. Cohen, Steven, B, 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)

Sr Director-CAS East

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2017

Transaction ID : PR372228348102

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

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

C. White, Albert, 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)

Advisor-Corp Responsibility & Comm Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

749.46

Date of Receipt

11 / 30 / 2017

Transaction ID : PR372229248102

Amount of Each Receipt this Period

68.62

☐ Memo Item

P/R Deduction (\$68.62 Monthly)

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

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

198.16