

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)

ADDRESS (number and street)

One Express Way

(Check if address is changed)

St. Louis

MO

63121

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mmack1@express-scripts.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

9528377103

2. DATE

MM / DD / YYYY
07 / 10 / 2007

3. FEC IDENTIFICATION NUMBER

C C00365072

4. 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

Type or Print Name of Treasurer

Kelley Elliott, Asst. Treasurer

Signature of Treasurer

Electronically Filed by Kelley Elliott, Asst. Treasurer

Date

MM / DD / YYYY
07 / 10 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

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

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Express Scripts, Inc. _____

Mailing Address **One Express Way** _____

St. Louis **MO** **63121** - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mary Rosado, Custodian of Records**

Mailing Address **601 Pennsylvania Ave., NW**
South Bldg. - Ste. 740
Washington DC 20004

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
VP-Fed. Govt Affairs 202 756 7219

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Edward Stiften, Treasurer**

Mailing Address **One Express Way**
Mail Route HQ2E01
St. Louis MO 63121

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Sr VP & CFO 314 692 1895

Telephone number

Full Name of Designated Agent **Kelley Elliott, Asst. Treasurer**

Mailing Address **One Express Way**
Mail Route HQ2E04
St. Louis MO 63121

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
VP Chief Acctng Off 314 810 3152

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	US BANK		
Mailing Address	1 US BANK PLAZA		
	7TH & WASHINGTON		
	ST. LOUIS	MO	63101 -
	CITY ▲	STATE ▲	ZIP CODE ▲