

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 239
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)**

**A. Thomas E Henry Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Express Way  
 City Saint Louis State MO Zip Code 63121-1824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Express Scripts Inc. - DO NOT USE Occupation VP Knowledge Solutions  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **923.04**

Date of Receipt **06 / 17 / 2016**  
**Transaction ID : 201606161582-99**  
 Amount of Each Receipt this Period **76.92**  
 Memo Item

**B. Michelle Young Hilliard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Technology Park  
 City Lake Mary State FL Zip Code 32746-7115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ESI Specialty Distribution Svs Occupation Sr Pharmacy Director (Operations)  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **228.00**

Date of Receipt **06 / 03 / 2016**  
**Transaction ID : 2016060211384-514**  
 Amount of Each Receipt this Period **19.00**  
 Memo Item

**c. Michelle Young Hilliard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Technology Park  
 City Lake Mary State FL Zip Code 32746-7115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ESI Specialty Distribution Svs Occupation Sr Pharmacy Director (Operations)  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **228.00**

Date of Receipt **06 / 17 / 2016**  
**Transaction ID : 201606161582-411**  
 Amount of Each Receipt this Period **19.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>114.92</b>
<b>TOTAL</b> This Period (last page this line number only).....	