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

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

FOF	PAGE	1	48 OF		221				
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

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)										
Α.	Full Name of Individual (Last, First, Middle Initial Payton, Ryan, N, ,  Mailing Address 1 Express Way	al) or Full Orga	anization Name	Date of Receipt							
	City Saint Louis	State MO	Zip Code 63121-1824	08 11 2017  Transaction ID : 20170808161318-33  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer (for Individual)  Express Scripts Services Co  Receipt For:	1 .	ation (for Individual) ctor - Financial Analysis - Pri	Memo Item							
	Primary General  Other (specify) ▼										
В.	Full Name of Individual (Last, First, Middle Initial Payton, Ryan, N, ,  Mailing Address 1 Express Way	anization Name	Date of Receipt								
	City	State	Zip Code	08 25 2017 Transaction ID : 2017082216420-14							
	Saint Louis  FEC ID number of contributing federal political committee.	C	63121-1824	Amount of Each Receipt this Period  20.00							
	Name of Employer (for Individual) Express Scripts Services Co		ation (for Individual) ector - Financial Analysis - Pri	Memo Item							
	Receipt For:  Primary General  Other (specify) ▼										
— С.	Full Name of Individual (Last, First, Middle Initial Pehl, Nancy, , ,	Date of Receipt									
	Mailing Address 6625 W 78th St	08 11 2017									
	Minneapolis	State MN	Zip Code 55439-2649	Transaction ID: 20170808161318-280  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		14.00							
	Name of Employer (for Individual)  Express Scripts Services Co  Receipt For:		ation (for Individual) Clinical Eval/Policy	Memo Item							
	Primary General Other (specify)										
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	54.00							
Т	OTAL This Period (last page this line number o	nly)									