

**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 207 OF 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)**

**A. Elizabeth Ortmann-Vincenzo**  
 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. Occupation Sr Legal Counsel II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 23 / 2015**  
**Transaction ID : 20151109102244-539**  
 Amount of Each Receipt this Period **38.46**

**B. Honor O Page**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8990 Duke Blvd  
 City Mason State OH Zip Code 45040-8943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Express Scripts Services Co Occupation Sr Clinical Account Executive (Sales)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **423.06**

Date of Receipt **10 / 09 / 2015**  
**Transaction ID : 2015101311814-480**  
 Amount of Each Receipt this Period **19.23**

**c. Honor O Page**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8990 Duke Blvd  
 City Mason State OH Zip Code 45040-8943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Express Scripts Services Co Occupation Sr Clinical Account Executive (Sales)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **423.06**

Date of Receipt **10 / 23 / 2015**  
**Transaction ID : 20151109102244-487**  
 Amount of Each Receipt this Period **19.23**

**SUBTOTAL** of Receipts This Page (optional)..... **76.92**  
**TOTAL** This Period (last page this line number only).....