

**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 73 OF 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Page, Honor, O, ,

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

Mailing Address 12007 Antietam Dr

| | | |
|------------------|-------------|------------------------|
| City Loveland | State OH | Zip Code 45140-7117 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Express Scripts Sales Operations, Inc. | Occupation (for Individual) Sr Clinical Account Executive (Sales) |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2018 |

Transaction ID : 2018100414414-146

Amount of Each Receipt this Period
19.23

Memo Item

B. Palombo, Richard, A, ,

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

Mailing Address 19 E Hollywood Ln

| | | |
|-----------------|-------------|------------------------|
| City Marmora | State NJ | Zip Code 08223-1714 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) Express Scripts Strategic Development, | Occupation (for Individual) Sr Pharmacy Compliance Dir |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.80

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2018 |

Transaction ID : 2018100414414-73

Amount of Each Receipt this Period
57.69

Memo Item

C. Park, Jun, Hong, ,

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

Mailing Address 728 Magalloway Dr

| | | |
|--------------|-------------|------------------------|
| City Cary | State NC | Zip Code 27519-8780 |
|--------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Express Scripts Pharmacy, Inc. | Occupation (for Individual) VP Operations |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1538.40

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2018 |

Transaction ID : 2018100414414-64

Amount of Each Receipt this Period
76.92

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 153.84 |
| TOTAL This Period (last page this line number only)..... | |