

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="354835.47"/>	<input type="text" value="354835.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="354835.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="359835.47"/>	<input type="text" value="359835.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3350.00"/>	<input type="text" value="3350.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="356485.47"/>	<input type="text" value="356485.47"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5000.00	5000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5000.00	5000.00

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	3350.00	3350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3350.00	3350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3350.00	3350.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 8
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. DAN COATS FOR INDIANA		Date of Receipt
Mailing Address PO BOX 301141		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
INDIANAPOLIS	IN	46230
FEC ID number of contributing federal political committee.		Transaction ID : INCA123044
C C00476374		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For: 2016	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="5000.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT VINCENT PRIETO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2015

Mailing Address 699 3RD STREET

Transaction ID : EXPB123039

City State Zip Code
SECAUCUS NJ 07094

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: NJ District:

Full Name (Last, First, Middle Initial)

B. LAGANA FOR ASSEMBLY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2015

Mailing Address 742 BUSH PLACE

Transaction ID : EXPB123040

City State Zip Code
Paramus NJ 07652

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: NJ District:

Full Name (Last, First, Middle Initial)

C. LAGANA FOR ASSEMBLY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2015

Mailing Address 742 BUSH PLACE

Transaction ID : EXPB123041

City State Zip Code
Paramus NJ 07652

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: NJ District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1350.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. ELECTION FUND OF TROY SINGLETON FOR ASSEMBLY		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 907 MORGAN AVENUE		Transaction ID : EXPB123045
City PALMYRA State NJ Zip Code 08065	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement	Category/Type 011	
Candidate Name NON-FEDERAL CONTRIBUTION		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	3350.00