

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

ADDRESS (number and street) 2350 KERNER BLVD., SUITE 250
Check if different than previously reported. (ACC) SAN RAFAEL CA 94901

2. FEC IDENTIFICATION NUMBER C00384362
3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 11 04 2008 in the State of CA
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JASON D. KAUNE

Signature of Treasurer Electronically Filed by JASON D. KAUNE Date 02 09 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		302728.78
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	421744.79									
(c) Total Receipts (from Line 19)	62118.35	640659.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	483863.14	943388.58								
7. Total Disbursements (from Line 31)	41250.00	500775.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	442613.14	442613.14								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	747.79									

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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	59880.80	556613.28
(i) Itemized (use Schedule A)	2082.10	82754.67
(ii) Unitemized	61962.90	639367.95
(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)	61962.90	639367.95
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	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	155.45	1291.85
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 Transfer (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))	62118.35	640659.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	62118.35	640659.80

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	13825.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	13825.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	307000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	36250.00	179950.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	41250.00	500775.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41250.00	500775.44

DETAILED SUMMARY PAGE
of Disbursements

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	61962.90	639367.95
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61962.90	639367.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	13825.44
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	13825.44

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

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

FOR LINE NUMBER: PAGE 6 / 346
(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)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City State Zip Code
TAMPA FL 33629

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57605

Amount of Each Receipt this Period
5.00

B. Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code
MOUNT LAUREL NJ 08054

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57755

Amount of Each Receipt this Period
15.00

C. Full Name (Last, First, Middle Initial)
MR BARRY BOUDREAU

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
LAS VEGAS NV 89141

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57314

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City State Zip Code
COLUMBUS OH 43202

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57408

Amount of Each Receipt this Period
12.50

B.

Full Name (Last, First, Middle Initial)
MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City State Zip Code
VERADALE WA 99037

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57494

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57566

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **47.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57572

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City State Zip Code
GALLOWAY OH 43119

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57359

Amount of Each Receipt this Period
12.50

C.

Full Name (Last, First, Middle Initial)
MR J. HOLLINGER

Mailing Address 784 CAPE HENRY DR

City State Zip Code
COLUMBUS OH 43228

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57558

Amount of Each Receipt this Period
4.17

SUBTOTAL of Receipts This Page (optional) ▶ **66.67**

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

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 9 / 346
	<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	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MRS REGINA JONES	Date of Receipt MM / DD / YYYY 11 / 29 / 2008
	Mailing Address POST OFFICE BOX 752345	Transaction ID: INC.A.57446
	City State Zip Code LAS VEGAS NV 89136	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CUST SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MR RICHARD JONES	Date of Receipt MM / DD / YYYY 11 / 29 / 2008
	Mailing Address 12224 MONTCALM STREET	Transaction ID: INC.A.57630
	City State Zip Code CARMEL IN 46032	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00	

C.	Full Name (Last, First, Middle Initial) MR BRICE LOVE	Date of Receipt MM / DD / YYYY 11 / 29 / 2008
	Mailing Address 2390 BRANDON RD	Transaction ID: INC.A.57499
	City State Zip Code COLUMBUS OH 43221	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

SUBTOTAL of Receipts This Page (optional)	▶	62.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1335.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57419

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City State Zip Code
LANTANA TX 76226

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57551

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City State Zip Code
COLUMBUS OH 43220

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57379

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2008

Transaction ID: INC.A.57715

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2008

Transaction ID: INC.A.57511

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2880.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2008

Transaction ID: INC.A.57534

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City State Zip Code
COLLEYVILLE TX 76034

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57562

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57438

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR LARRY THOMAS

Mailing Address 3915 SILKWOOD TRAIL

City State Zip Code
ARLINGTON TX 76016

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MANAGING PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.32

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57600

Amount of Each Receipt this Period
4.41

SUBTOTAL of Receipts This Page (optional) ► 79.41

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 13 / 346
(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)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code
LAS VEGAS NV 89123

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57525

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57546

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City State Zip Code
LOVELAND OH 45140

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.57474

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

**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 14 / 346
	<input checked="" 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 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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR THOMAS ABSON		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 57 SYCAMORE DRIVE		Transaction ID: INC.A.57424		
	City WALDWICK	State NJ	Zip Code 07463	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR FORMULARY & COVERAGE MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

B.	Full Name (Last, First, Middle Initial) MS LESLIE ACHTER		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 821 ALBEMARLE STREET		Transaction ID: INC.A.57418		
	City WYCKOFF	State NJ	Zip Code 07481	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR ANALYTICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

C.	Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 1021 SUNSET RIDGE		Transaction ID: INC.A.57338		
	City BRIDGEWATER	State NJ	Zip Code 08807	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARM CONTRACT & CONSULTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
DIANE ADAMS

Mailing Address 34 THOMAS ST.

City State Zip Code
CALDWELL NJ 07006

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57748

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City State Zip Code
WARWICK NY 10990

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57417

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR JEFFREY ALEXANDER

Mailing Address 4 DEERPOND CT

City State Zip Code
FLEMINGTON NJ 08822

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR E-COM STRAT & DELI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57433

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City State Zip Code
MIDLOTHIAN VA 23113

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57416

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City State Zip Code
DOYLESTOWN PA 18901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SECURITY & ASSET PROTECTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57744

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE NY 10583

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57482

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 17 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
TEJWANSH ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code
CHAPPAQUA NY 10514

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57711

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City State Zip Code
TAMPA FL 33629

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57606

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City State Zip Code
HEWITT NJ 07421

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR EXEC CORR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57565

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 18 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57505

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

DENNIS AUCH

Mailing Address 5788 S. WALDEN GLEN DRIVE

City State Zip Code
MURRAY UT 84123

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

Name of Employer
ACCREDO HEALTH GROUP

Occupation
VP OPS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57811

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City State Zip Code
CLEVELAND HEIGHTS OH 44118

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57788

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ▶

100.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City State Zip Code
GLEN RIDGE NJ 07028

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57747

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City State Zip Code
ENGLEWOOD NJ 07631

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PROPOSAL UNIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1060.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57646

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS BARATTA

Mailing Address 69 SKYLINE DR

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57577

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 20 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
JANE BARLOW
Mailing Address 3 AVALON COURT
City HOPEWELL JUNCTION State NY Zip Code 12533
FEC ID number of contributing federal political committee. **C**
Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP MEDICAL POLICIES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 12 / 06 / 2008
Transaction ID: INC.A.57777
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR STEPHEN BARROW
Mailing Address 7 SOUTHVIEW ROAD
City RANDOLPH State NJ Zip Code 07869
FEC ID number of contributing federal political committee. **C**
Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 610.00
Date of Receipt 12 / 06 / 2008
Transaction ID: INC.A.57647
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR DAVID BAUGH
Mailing Address 1813 ADONIS AVE
City HENDERSON State NV Zip Code 89074
FEC ID number of contributing federal political committee. **C**
Name of Employer MEDCO HEALTH SOLUTIONS Occupation MGR BENEFIT DELIVERY SYSTEMS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1165.00
Date of Receipt 12 / 06 / 2008
Transaction ID: INC.A.57699
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 21 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR PETER BEGANS
 Mailing Address **1605 CHARNITA CT**
 City **VIENNA** State **VA** Zip Code **22182**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57540
 Amount of Each Receipt this Period **100.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP GOVERNMENT AFFAIRS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **2600.00**

B. Full Name (Last, First, Middle Initial)
MR STEPHEN BELL
 Mailing Address **24 GLENWOOD ROAD**
 City **UPPER SADDLE RIVER** State **NJ** Zip Code **07458**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57714
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP FINANCE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1300.00**

C. Full Name (Last, First, Middle Initial)
MS FRANCINE BELLOFATTO
 Mailing Address **4603 TUDOR DR**
 City **POMPTON PLAINS** State **NJ** Zip Code **07444**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57443
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR CLINICAL SVCS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **225.00**

SUBTOTAL of Receipts This Page (optional) ► **175.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 22 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
JEAN BERGWALL

Mailing Address 2546 HOLLYHOCK COVE

City State Zip Code
GERMANTOWN TN 38138

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

Name of Employer OCCUPATION
ACCREDO HEALTH GROUP DIR PRODUCT LINE II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57828

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS STACEY BERNSTEIN

Mailing Address 166 BERKELEY PLACE

City State Zip Code
GLEN ROCK NJ 07452

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57760

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
MR DAVID BERRY

Mailing Address 11 COBBLESTONE LANE

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57575

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 23 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS EILEEN BIDE LL

Mailing Address 71 WASHINGTON CT.

City State Zip Code
TOWACO NJ 07082

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57571

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
BUFORD GA 30518

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57587

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
CALVIN BINGHAM

Mailing Address 13702 W. 48TH ST.

City State Zip Code
SHAWNEE KS 66216

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP DIR CLINICAL OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57812

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code
MOUNT LAUREL NJ 08054

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57756

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City State Zip Code
DEEPHAVEN MN 55331

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP CLIENT & MKT STRATEGIC DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57698

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR MARK BLAKE

Mailing Address 129 NORWOOD AVENUE

City State Zip Code
MONTCLAIR NJ 07043

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57761

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **115.00**

TOTAL This Period (last page this line number only) ►

**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 25 / 346
	<input checked="" 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 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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) ALLYSON BLANDFORD	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 1808 N. QUINN STREET APT. 322	Transaction ID: INC.A.57784
	City State Zip Code ARLINGTON VA 22209	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS MGR GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 50 NEW ENGLAND DR	Transaction ID: INC.A.57530
	City State Zip Code RAMSEY NJ 07446	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MKTING & PRODUCT DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) KEN BODMER	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address P.O. BOX 381947	Transaction ID: INC.A.57614
	City State Zip Code GERMANTOWN TN 38183	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP SVP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00	

SUBTOTAL of Receipts This Page (optional)	262.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 346
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 80 LEONA CT	Transaction ID: INC.A.57701
	City State Zip Code LEVITTOWN NY 11756	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MRS HEATHER BONOME	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 203 12TH STREET NE	Transaction ID: INC.A.57484
	City State Zip Code WASHINGTON DC 20002	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MR DUANE BOSCH	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 3935 BALSAM LA	Transaction ID: INC.A.57382
	City State Zip Code PLYMOUTH MN 55441	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City State Zip Code
BRYN MAWR PA 19010

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57388

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
LAS VEGAS NV 89141

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57315

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

RUSS BOURNE

Mailing Address 242 N HIGHLAND

City State Zip Code
MEMPHIS TN 38111

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

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57827

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS SALLIE BOWDEN
 Mailing Address **5259 FISHERCREST LN**
 City **RICHMOND** State **VA** Zip Code **23231**
 Date of Receipt MM / DD / YYYY
12 / 06 / 2008
Transaction ID: INC.A.57653
 Amount of Each Receipt this Period
200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP FORMULARY CONSULTING**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
KAREN BOWE
 Mailing Address **1413 LIMERICK COURT**
 City **HUMMELSTOWN** State **PA** Zip Code **17036**
 Date of Receipt MM / DD / YYYY
12 / 06 / 2008
Transaction ID: INC.A.57794
 Amount of Each Receipt this Period
25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer **ACCREDO HEALTH GROUP** Occupation **AVP COMMUNITY AFFAIRS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

C. Full Name (Last, First, Middle Initial)
MS HEIDI BOWMAN
 Mailing Address **15 DAWN LANE**
 City **RINGWOOD** State **NJ** Zip Code **07456**
 Date of Receipt MM / DD / YYYY
12 / 06 / 2008
Transaction ID: INC.A.57695
 Amount of Each Receipt this Period
50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR STRAT PRODUCT MGMT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 820.00

SUBTOTAL of Receipts This Page (optional) 275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR KEITH BRADBURY

Mailing Address 122 DERFUSS LN

City State Zip Code
BLAUVELT NY 10913

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR DRUG INFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57362

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City State Zip Code
COLUMBUS OH 43202

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57409

Amount of Each Receipt this Period
12.50

C. Full Name (Last, First, Middle Initial)
MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City State Zip Code
COATESVILLE PA 19320

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO & PROCESS ENGINEERING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57640

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **112.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR DAVID BREEN

Mailing Address 27 SEALS DR

City State Zip Code
MONROE NY 10950

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ANALYTICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2008

Transaction ID: INC.A.57617

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR JOHN BRENNAN

Mailing Address 2 CARMEN LANE

City State Zip Code
FLEMINGTON NJ 08822

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2008

Transaction ID: INC.A.57737

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MS LINDA BRIDGE

Mailing Address 136 BEECH ST

City State Zip Code
BELLEVILLE NJ 07109

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT/MEMBER COMM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2008

Transaction ID: INC.A.57462

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City State Zip Code
PELHAM MANOR NY 10803

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57454

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD BROOKLER

Mailing Address 9 ROMARY COURT

City State Zip Code
GLEN ROCK NJ 07452

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57355

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City State Zip Code
YORKTOWN HEIGHTS NY 10598

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ENTERPRISE BUS INTELLIGENCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57384

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 32 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
STEVEN BROWN

Mailing Address 140 S GROVE PARK

City State Zip Code
MEMPHIS TN 38117

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR PRODUCT LINE II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57814

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS VIVIAN BULGER

Mailing Address 120 EAST MAIN ST

City State Zip Code
WASHINGTONVILLE NY 10992

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57613

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
AMANDA BUNDY

Mailing Address 5812 SEVEN POINTS TRACE

City State Zip Code
HERMITAGE TN 37076

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

Name of Employer ACCREDO HEALTH GROUP Occupation VP REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57805

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 95.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 33 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
BRIAN BURFORD

Mailing Address 603 CHARLESWOOD DR

City State Zip Code
MARION AR 72364

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR TRC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57804

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS MARY BURKE

Mailing Address 638 LENOX AVE

City State Zip Code
WESTFIELD NJ 07090

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR MEDICARE CLIENT PRODUCER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57449

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
MR KEVIN BURON

Mailing Address 25 TIMBERLAND

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57509

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **85.00**

TOTAL This Period (last page this line number only) ►

**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 34 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MRS DOREEN CALDER	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 441 S ELM STREET	Transaction ID: INC.A.57312
	City State Zip Code MAYWOOD NJ 07607	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

B.	Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 119 WASHINGTON AVENUE	Transaction ID: INC.A.57596
	City State Zip Code CHATHAM NJ 07928	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1869.24	

C.	Full Name (Last, First, Middle Initial) MR GERALD CARDONE	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 3 MEADOW LANE	Transaction ID: INC.A.57667
	City State Zip Code ANNANDALE NJ 08801	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FACILITY PLANNING & DESIGN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	242.31
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR VICENTE CARIDE

Mailing Address 114 W 27
APT 3N

City State Zip Code
NEW YORK NY 10001

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP USER EXPERIENCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57641

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)
MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City State Zip Code
ALLENDALE NJ 07401

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP GROUP VP MARKET STRATEGY & DEV

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57607

Amount of Each Receipt this Period

52.50

C.

Full Name (Last, First, Middle Initial)
JOSEPH CASACCIA JR

Mailing Address 9788 LIPSEY CV

City State Zip Code
GERMANTOWN TN 38139

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP DIR SPECIALTY OPS CUST SVC

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57574

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ▶

90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 346
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS CATHERINE CASALE	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 16345 HEATHROW DRIVE	Transaction ID: INC.A.57662
	City State Zip Code TAMPA FL 33647	Amount of Each Receipt this Period 13.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00	

B.	Full Name (Last, First, Middle Initial) MS MARY CASALE	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 822 CEDAR AVE	Transaction ID: INC.A.57515
	City State Zip Code HADDENFIELD NJ 08033	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES STRATEGY & MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MS KAREN CATHCART RUSSELL	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 148 CLUBHOUSE DR	Transaction ID: INC.A.57343
	City State Zip Code WEST COLUMBIA SC 29172	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	63.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
JIMMY CHOU

Mailing Address 36 TANGLEWOOD HOLLOW

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57785

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City State Zip Code
VERADALE WA 99037

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57495

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS SUSAN COLUCCI

Mailing Address 703 SUCCASUNNA RD.

City State Zip Code
LANDING NJ 07850

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HLTH MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57753

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 346
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) WILLIAM CONSIDINE		Date of Receipt
	Mailing Address 130 WEST 67TH STREET, #4J		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NEW YORK	NY	10023
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57726
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR TECHNOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MR ROBERT COOK		Date of Receipt
	Mailing Address 270 S FRANKLIN TURNPIKE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	RAMSEY	NJ	07446
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57372
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR HLTH CARE OPS-TECHNOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) JEFFREY COOLE		Date of Receipt
	Mailing Address 8575 STABLEMILL LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	CORDOVA	TN	38016
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57803
Name of Employer ACCREDO HEALTH GROUP		Occupation VP TAX AND REGULATORY REPORT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 39 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
ANTONIO CORREIA

Mailing Address 19 WILLIAMS LANE

City State Zip Code
CHAPPAQUA NY 10514

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57766

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
SPARTA NJ 07871

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMACY NETWORK MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1584.62

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57483

Amount of Each Receipt this Period
192.31

C. Full Name (Last, First, Middle Initial)
MR HART COVEN

Mailing Address 28 OAK LANE

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57585

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **292.31**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57467

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
MR PETER CSUTOROS

Mailing Address 16 PLEASANT AVENUE

City State Zip Code
LINCOLN PARK NJ 07035

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57718

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City State Zip Code
STATEN ISLAND NY 10312

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57523

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 41 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOHN DALY

Mailing Address 46 BLUEBELL CT

City State Zip Code
PARAMUS NJ 07652

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57625

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57592

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57567

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP PRES RETIREE SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57451
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial)
DR AMITA DASMAHAPATRA

Mailing Address 24 CHARLOTTE HILL DR

City State Zip Code
BERNARDSVILLE NJ 07924

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MEDICAL POLICY & PROG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57368
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City State Zip Code
EDINA MN 55439

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MEDICARE CLIENT & SALES SUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57464
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 252.30

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 43 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR BARRY DAVIS

Mailing Address 11 WEISS DR

City State Zip Code
TOWACO NJ 07082

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57649

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
WARREN DAVIS

Mailing Address 3131 SADDLEGAIT COVE

City State Zip Code
GERMANTOWN TN 38138

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

Name of Employer Occupation
ACCREDO HEALTH GROUP DIR FINANCE II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57826

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR DANIEL DAVISON

Mailing Address 402 HIGHLAND AVE

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP FINANCIAL PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57608

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **85.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS KATHLEEN DEFABIIS

Mailing Address 104 HUDSON AVE

City State Zip Code
WALDWICK NJ 07463

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT SVC DELIVERY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57682

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City State Zip Code
CEDARBURG WI 53012

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57541

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS BARBARA DELLEDONNA

Mailing Address 199 SANFORD AVE

City State Zip Code
EMERSON NJ 07630

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR E-COM BUSINESS OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57650

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

TOTAL This Period (last page this line number only) ►

**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 45 / 346
	<input checked="" 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 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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 80 HILLSIDE AVENUE	Transaction ID: INC.A.57507
	City State Zip Code GLEN RIDGE NJ 07028	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS TONI DEMANSS	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 32 RED BARN LANE	Transaction ID: INC.A.57736
	City State Zip Code WEST MILFORD NJ 07480	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MS ANN-MARGARET DEMARCO	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 1 RUGBY ROAD	Transaction ID: INC.A.57373
	City State Zip Code CEDAR GROVE NJ 07009	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City State Zip Code
DENVERLE NJ 07834

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR MEDICARE COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57750

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City State Zip Code
HARRINGTON PARK NJ 07640

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57706

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS LAURA DEVEAU

Mailing Address 2289 BEDFORD ST APT D2

City State Zip Code
STAMFORD CT 06905

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP AVP MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57531

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS KAREN DEZEARN
 Mailing Address **3625 PATTERSTONE DR**
 City **ALPHARETTA** State **GA** Zip Code **30022**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57345
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SR NATL ACCT EXEC**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **650.00**

B. Full Name (Last, First, Middle Initial)
ANDREW DOEDYNS
 Mailing Address **117 CREST DRIVE**
 City **BEAVER** State **PA** Zip Code **15009**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57792
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **ACCREDO HEALTH GROUP** Occupation: **DIR REGIONAL OPS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **650.00**

C. Full Name (Last, First, Middle Initial)
MR ROBERT DOLAN
 Mailing Address **9 CRANE AVENUE**
 City **WEST CALDWELL** State **NJ** Zip Code **07006**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57593
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **DIR TECHNOLOGY**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **650.00**

SUBTOTAL of Receipts This Page (optional) **75.00**
TOTAL This Period (last page this line number only)

**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 48 / 346		
	<input checked="" 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 type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS MERIDITH DORNER		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 4448 CREEK ROAD		Transaction ID: INC.A.57363		
	City ALLENTOWN	State PA	Zip Code 18104	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT	Aggregate Year-to-Date 650.00		

B.	Full Name (Last, First, Middle Initial) MICHEL DUFRESNE		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 58 INDEPENDENCE WAY		Transaction ID: INC.A.57717		
	City MORRIS TWP	State NJ	Zip Code 07960	Amount of Each Receipt this Period 192.30	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ENTERPRISE BUS INTELLIGENCE	Aggregate Year-to-Date 3653.70		

C.	Full Name (Last, First, Middle Initial) MR DANA DUNCAN		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 125 COMSTOCK TRAIL		Transaction ID: INC.A.57522		
	City EAST HAMPTON	State CT	Zip Code 06424	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY	Aggregate Year-to-Date 650.00		

SUBTOTAL of Receipts This Page (optional)	▶	242.30
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 49 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

City State Zip Code
KINNELON NJ 07405

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57391

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City State Zip Code
OVERLAND PARK KS 66221

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57421

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR MARK DUNN

Mailing Address 2 OLD MILL ROAD

City State Zip Code
SANDY HOOK CT 06482

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57395

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) DR SUMIT DUTTA		Date of Receipt MM / DD / YYYY 12 / 06 / 2008
Mailing Address 534 HUDSON STREET #3C		Transaction ID: INC.A.57518
City NEW YORK	State NY	Zip Code 10014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2002.00	

B.

Full Name (Last, First, Middle Initial) REBECCA DYER		Date of Receipt MM / DD / YYYY 12 / 06 / 2008
Mailing Address 1400 POPLAR ESTATES PKY		Transaction ID: INC.A.57813
City GERMANTOWN	State TN	Zip Code 38138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer ACCREDO HEALTH GROUP	Occupation DIR PROJECT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.

Full Name (Last, First, Middle Initial) MR MICHAEL EDWARDS		Date of Receipt MM / DD / YYYY 12 / 06 / 2008
Mailing Address 109 KAREN PLACE		Transaction ID: INC.A.57383
City WYCKOFF	State NJ	Zip Code 07481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	152.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DR WOODY EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MEDICARE CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57739

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City State Zip Code
SADDLE BROOK NJ 07663

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57582

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR SCOTT ENOS

Mailing Address 22 BARNARD RD

City State Zip Code
WARWICK RI 02886

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57489

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **85.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 52 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR BRAD EPSTEIN
 Mailing Address **359 LONG HILL ROAD EAST**
 City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57741
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP CORP COMMUNICATIONS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1300.00**

B. Full Name (Last, First, Middle Initial)
DR ROBERT EPSTEIN
 Mailing Address **75 TWEED BLVD**
 City **UPPER GRANDVIEW** State **NY** Zip Code **10960**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57304
 Amount of Each Receipt this Period **192.31**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **CMO SVP MEDICAL&ANLYTC AFFRS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **5000.00**

C. Full Name (Last, First, Middle Initial)
MR SCOTT ERHARDT
 Mailing Address **11540 39TH AVE N**
 City **PLYMOUTH** State **MN** Zip Code **55441**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57471
 Amount of Each Receipt this Period **15.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR ACCT MGMT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **390.00**

SUBTOTAL of Receipts This Page (optional) ► **257.31**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR YAKOV ESTERLIS

Mailing Address **100 WINSTON DRIVE
 17 C NORTH**

City **CLIFFSIDE PARK** State **NJ** Zip Code **07010**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR TECHNOLOGY**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 06 / 2008**

Transaction ID: INC.A.57684

Amount of Each Receipt this Period **25.00**

B. Full Name (Last, First, Middle Initial)
MR STEVEN FANDETTI

Mailing Address **15804 SORAWATER DR.**

City **LITHIA** State **FL** Zip Code **33547**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **NATL ACCT EXEC**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt **12 / 06 / 2008**

Transaction ID: INC.A.57403

Amount of Each Receipt this Period **25.00**

C. Full Name (Last, First, Middle Initial)
RICHARD FARIS

Mailing Address **2020 HEATHER COVE**

City **MEMPHIS** State **TN** Zip Code **38119**

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

Name of Employer **ACCREDO HEALTH GROUP** Occupation **VP HEALTH OUTCOME SOLUTIONS**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **12 / 06 / 2008**

Transaction ID: INC.A.57824

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
SUSAN FAUST

Mailing Address 6614 HERONSWOOD COVE

City State Zip Code
MEMPHIS TN 38119

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

Name of Employer ACCREDO HEALTH GROUP Occupation VP CLIENT SLS AND MGD CARE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57799

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City State Zip Code
MAHWAH NJ 07430

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CARE ENHANCING SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57455

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS FEITEL

Mailing Address 58 APPLE HILL DR

City State Zip Code
GILLETTE NJ 07933

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CORP MKTG & E-COMM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4805.75

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57510

Amount of Each Receipt this Period
192.23

SUBTOTAL of Receipts This Page (optional) ► 292.23

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 55 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STUART FELDMAN

Mailing Address 109 MEADOWBROOK ROAD

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR E-COMM STRAT & DELIV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57302

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City State Zip Code
EMERSON NJ 07630

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57654

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS FERRAZZANO

Mailing Address 464 SPRING AVE.

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57609

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 346
(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)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
RONALD FIELMANN
 Mailing Address **2061 ARLEEN CT**
 City **SCHAUMBURG** State **IL** Zip Code **60194**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57800
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **ACCREDO HEALTH GROUP** Occupation: **AVP SALES**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **525.00**

B. Full Name (Last, First, Middle Initial)
MR DON FISCHER
 Mailing Address **10 TRACY CIRCLE**
 City **CAMPBELL HALL** State **NY** Zip Code **10916**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57392
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SR DIR TECHNOLOGY**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **650.00**

C. Full Name (Last, First, Middle Initial)
MR EDWARD FISCHER
 Mailing Address **465 OLD STONE RD**
 City **RIDGEWOOD** State **NJ** Zip Code **07450**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57444
 Amount of Each Receipt this Period: **50.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **VP CLINICAL PROD INTEGRATION**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1300.00**

SUBTOTAL of Receipts This Page (optional) **100.00**
TOTAL This Period (last page this line number only)

**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 57 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MEGHAN FITZGERALD		Date of Receipt	
	Mailing Address 6 MORGAN AVE		M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.57782
	NORWALK	CT	06851	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		192.31	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP BUSINESS DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 769.24		

B.	Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS		Date of Receipt	
	Mailing Address 1933 MT. OLIVE AGOSTA ROAD		M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.57557
	NEW BLOOMINGTON	OH	43341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR HLTH CARE OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00		

C.	Full Name (Last, First, Middle Initial) CHAD FOREMAN		Date of Receipt	
	Mailing Address 9544 DOGWOOD ESTATES		M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.57829
	GERMANTOWN	TN	38139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer ACCREDO HEALTH GROUP		Occupation DIR FINANCE II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional)	▶	242.31
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
HOLLEY FORTH

Mailing Address 115 BAYSIDE COURT

City Richmond State CA Zip Code 94804

FEC ID number of contributing federal political committee. C

Name of Employer ACCREDO HEALTH GROUP Occupation GENERAL MGR - MULTI BRANCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57822

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
MR PAUL FORTUNATO, III

Mailing Address 18 WINDING RIDGE

City Oakland State NJ Zip Code 07436

FEC ID number of contributing federal political committee. C

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57397

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR #222

City Memphis State TN Zip Code 38103

FEC ID number of contributing federal political committee. C

Name of Employer ACCREDO HEALTH GROUP Occupation VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57626

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 85.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57573

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR ANDREW FRIEDEL

Mailing Address 1434 NARRAGANSETT BLVD

City State Zip Code
CRANSTON RI 02905

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR GOV AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57415

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
FELIX FRUEH

Mailing Address 14401 FALLING LEAF DRIVE

City State Zip Code
DARNESTOWN MD 20878

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP RESEARCH & DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57783

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 130.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
ROBERT FURTH

Mailing Address 1450 PORTLAND AVENUE

City State Zip Code
ST PAUL MN 55104

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57810

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City State Zip Code
NEW PROVIDENCE NJ 07974

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS VP & COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57301

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE
APT 1701

City State Zip Code
CHICAGO IL 60654

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57694

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► **267.31**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS IVY GALLACCHI

Mailing Address 11 LAKE AVENUE

City MALTA State NY Zip Code 12020

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57738

Amount of Each Receipt this Period
 10.00

B.

Full Name (Last, First, Middle Initial)
MS PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City COLUMBUS State OH Zip Code 43235

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57655

Amount of Each Receipt this Period
 25.00

C.

Full Name (Last, First, Middle Initial)
MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City OLD TAPPAN State NJ Zip Code 07675

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57548

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional) ► 85.00

TOTAL This Period (last page this line number only) ►

**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 62 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MICHAEL GALVIN		Date of Receipt
	Mailing Address 25 BALLYMEADE ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	HOPEWELL JUNCTION	NY	12533
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57722
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP/CHIEF INFRASTRUCTURE OFFR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	192.31

B.	Full Name (Last, First, Middle Initial) MR OMHARISRIRAM GANGAIKONDAN-IYER		Date of Receipt
	Mailing Address 9 CAIRNES ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	MORRIS PLAINS	NJ	07950
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57729
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	25.00

C.	Full Name (Last, First, Middle Initial) MR PETER GAYLORD		Date of Receipt
	Mailing Address 1201 BRIDGE STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	ASBURY PARK	NJ	07712
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57300
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP TREASURY & FINANCIAL EVALS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	50.00

SUBTOTAL of Receipts This Page (optional)	267.31
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 63 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City State Zip Code
ROBBINSVILLE NJ 08691

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57423

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.
SUITE 246

City State Zip Code
CHICAGO IL 60606

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CHIEF CLINICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57773

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City State Zip Code
GALLOWAY OH 43119

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57360

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional) ► **137.50**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 64 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City State Zip Code
SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	8

Transaction ID: INC.A.57688

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)
MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City State Zip Code
MEDINA MN 55340

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRES UHG

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	8

Transaction ID: INC.A.57305

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)
MR JONAH GITLITZ

Mailing Address 43 OVERLOOK RIDGE

City State Zip Code
OAKLAND NJ 07436

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	8

Transaction ID: INC.A.57370

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

434.61

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS AUDREY GOODMAN

Mailing Address 26 HILLSIDE AVE.

City State Zip Code
GLEN ROCK NJ 07452

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ORG DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57627

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City State Zip Code
CANTON CT 06022

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLIENT & MKT PROG STRAT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57375

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City State Zip Code
BUFFALO GROVE IL 60089

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCIAL INSIGHTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57436

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **90.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 346

(check only one)

<input checked="" 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 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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

LAURIE GREENBERG

Mailing Address 27760 WOODLAND GREEN

City State Zip Code
BOERNE TX 78015

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL THERAPEUTICS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57780

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR E-COM BUSINESS OPS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57458

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code
CONVENT STATION NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP SALES-SYSTEMED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 725.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57502

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) ▶

90.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS TRACY GRUNSFELD

Mailing Address 264 HARVEST AVE

City State Zip Code
STATEN ISLAND NY 10310

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CONSUMER DRIVEN MKTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57365

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS CAROLYN GUGLIELMO

Mailing Address 42 VETERANS PARKWAY

City State Zip Code
PEARL RIVER NY 10965

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57628

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2340.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57322

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) ► **165.00**

TOTAL This Period (last page this line number only) ►

**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 68 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS KAVITHA GULLAPALLI	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 67 ATHERTON CT	Transaction ID: INC.A.57435
	City State Zip Code WAYNE NJ 07470	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR MARK HALLORAN	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 19 KINGS RIDGE ROAD	Transaction ID: INC.A.57583
	City State Zip Code LONG VALLEY NJ 07853	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHIEF INFO OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) MR GREGORY HANSEN	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 1659 ISABELLA PARKWAY	Transaction ID: INC.A.57693
	City State Zip Code CHASKA MN 55318	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ACCT SVCS & ADMIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	267.31
TOTAL This Period (last page this line number only)	

**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 69 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS KELLY HANZAWA	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 1116 OAKCROFT LANE	Transaction ID: INC.A.57656
	City State Zip Code SOMERSET NJ 08873	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 8 PROSPECT PLACE	Transaction ID: INC.A.57354
	City State Zip Code POMPTON PLAINS NJ 07444	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) SHARON HARRIS	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 186 N. WHITE STATION RD	Transaction ID: INC.A.57801
	City State Zip Code MEMPHIS TN 38117	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP DIR HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 70 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS SHANA HART

Mailing Address 4120 JACKSBORO

City State Zip Code
SNYDER TX 79549

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57497

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
MR MARK HARTMANN

Mailing Address 8980 KNOBLE COURT

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57473

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
COLORADO SPRINGS CO 80908

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57303

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► 227.31

TOTAL This Period (last page this line number only) ►

**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 71 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) DAN HAYES	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 4679 AYRON TERRACE	Transaction ID: INC.A.57795
	City State Zip Code PALM HARBOR FL 34685	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACCREDO HEALTH GROUP Occupation VP OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00	

B.	Full Name (Last, First, Middle Initial) MR BILL HEAD	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 501 SLATERS LANE #816	Transaction ID: INC.A.57752
	City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR GOV AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 13210 N. 11TH AVE.	Transaction ID: INC.A.57389
	City State Zip Code PHOENIX AZ 85029	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 72 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS EILEEN HEINZ

Mailing Address 27 DOGWOOD LN

City State Zip Code
MONTVALE NJ 07645

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57685

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS HEKKER

Mailing Address 28 WEST THRID STREET #1332

City State Zip Code
SOUTH ORANGE NJ 07079

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57727

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City State Zip Code
SUCCASUNNA NJ 07876

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLIENT SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57366

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 73 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ERIC HESS

Mailing Address 10 CARLTON RD

City State Zip Code
FLANDERS NJ 07836

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ENGINEERING & OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2008

Transaction ID: INC.A.57448

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City State Zip Code
BUTLER NJ 07405

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2008

Transaction ID: INC.A.57469

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR DANIEL HLUDZINSKI

Mailing Address 385 WASHINGTON ST

City State Zip Code
TAPPAN NY 10983

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2008

Transaction ID: INC.A.57677

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) SHERLYN HOBGOOD		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 6635 LAMBERT DR		Transaction ID: INC.A.57807		
	City MASON	State TN	Zip Code 38049	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer ACCREDO HEALTH GROUP		Occupation AVP NURSING SPEC PROGRAMS		Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 1 HERITAGE RD		Transaction ID: INC.A.57555		
	City FLORHAM PARK	State NJ	Zip Code 07932	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation REGIONAL VP PHARMACIES		Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 974 HILLCREST ROAD		Transaction ID: INC.A.57629		
	City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FACILITIES		Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 75 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR TIMOTHY HOGAN
Mailing Address 9 HIRLE ST
City State Zip Code
CORNWALL ON HUDSON NY 12520
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00
Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8
Transaction ID: INC.A.57463
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR ROGER HOLLAND
Mailing Address 41 SAINT RAPHAEL
City State Zip Code
LAGUNA NIGUEL CA 92677
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00
Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8
Transaction ID: INC.A.57544
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MR J. HOLLINGER
Mailing Address 784 CAPE HENRY DR
City State Zip Code
COLUMBUS OH 43228
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 216.84
Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8
Transaction ID: INC.A.57559
Amount of Each Receipt this Period 4.17

SUBTOTAL of Receipts This Page (optional) ► 79.17
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 76 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
ELIZABETH HOLLOWAY

Mailing Address 9222 RANDLE VALLEY DR

City State Zip Code
CORDOVA TN 38018

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP ASSISTANT GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 755.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57820

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)
MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City State Zip Code
ELMSFORD NY 10523

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57580

Amount of Each Receipt this Period

80.00

C.

Full Name (Last, First, Middle Initial)
RITA HOLT

Mailing Address 1558 N PISGAH ROAD

City State Zip Code
CORDOVA TN 38016

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57802

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

170.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CYNTHIA HORN

Mailing Address 9553 ANDREW DR

City State Zip Code
TWINSBURG OH 44087

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57790

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR STEVEN HOROWITZ

Mailing Address 4 MELISSA COURT

City State Zip Code
MONTVILLE NJ 07045

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57757

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
LYNN HOSTMYER

Mailing Address 6708 N.W. 112TH

City State Zip Code
OKLAHOMA CITY OK 73162

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

Name of Employer Occupation
ACCREDO HEALTH GROUP GENERAL MGR - MULTI BRANCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57808

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JEFFREY HULL

Mailing Address 2616 S 3B'S & K RD

City State Zip Code
GALENA OH 43021

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR HLTH CARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57560

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
MS JANE HULSE

Mailing Address 95 GORDON RD

City State Zip Code
ESSEX FELLS NJ 07021

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57612

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MRS KIMBERLY HUMPHRIES

Mailing Address 3726 ST PHILIP

City State Zip Code
BARTLETT TN 38133

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57821

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **130.00**

TOTAL This Period (last page this line number only) ►

**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 79 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR DAVID ISRAEL	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 730 COLUMBUS AVENUE	Transaction ID: INC.A.57307
	City State Zip Code NEW YORK NY 10025	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BUSINESS DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

B.	Full Name (Last, First, Middle Initial) MS SUSAN ITO	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 6366 SW 90TH STREET	Transaction ID: INC.A.57318
	City State Zip Code GAINESVILLE FL 32608	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) MS MARIANNE JACKS	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 329 MORRIS AVENUE	Transaction ID: INC.A.57347
	City State Zip Code MOUNTAIN LAKES NJ 07046	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 80 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS TERESE JACKSON

Mailing Address 6085 S. PRESTON LANE

City State Zip Code
NEW BERLIN WI 53151

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57367

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM JACKSON

Mailing Address 56 WARREN RD

City State Zip Code
WEST ORANGE NJ 07052

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57666

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR JASON JAMES

Mailing Address RR 2 BOX 2036

City State Zip Code
CANADENSIS PA 18325

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHYSICIAN ENGAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57311

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

**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 81 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR TODD JEFFREY		Date of Receipt	
	Mailing Address 15 ELIZABETH STREET		M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.57680
	DUMONT	NJ	07628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP PHARM CONTRACT & CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00		

B.	Full Name (Last, First, Middle Initial) ROBERT JINKS		Date of Receipt	
	Mailing Address 22 PAGE AVE		M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.57356
	LYNDHURST	NJ	07071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00		

C.	Full Name (Last, First, Middle Initial) MR WILLIAM JOEL		Date of Receipt	
	Mailing Address 32 VENTOSA DR		M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.57503
	MORRISTOWN	NJ	07960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR ANALYTICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 82 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS REGINA JONES
 Mailing Address **POST OFFICE BOX 752345**
 City **LAS VEGAS** State **NV** Zip Code **89136**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57447
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR CUST SVC**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **500.00**

B. Full Name (Last, First, Middle Initial)
MR RICHARD JONES
 Mailing Address **12224 MONTCALM STREET**
 City **CARMEL** State **IN** Zip Code **46032**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57631
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1275.00**

C. Full Name (Last, First, Middle Initial)
MS KATHRYN JONSRUD
 Mailing Address **16357 VICTORIA CURVE SE**
 City **PRIOR LAKE** State **MN** Zip Code **55372**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57496
 Amount of Each Receipt this Period **35.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR CLIENT & MKT PROG STRAT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **910.00**

SUBTOTAL of Receipts This Page (optional) ► **85.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 83 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BECKY KAUS
 Mailing Address **N81 W18359 TOURS DR**
 City **MENOMONEE FALLS** State **WI** Zip Code **53051**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57480
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SR DIR CLINICAL SVCS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **650.00**

B. Full Name (Last, First, Middle Initial)
MR WILLIAM KEELER
 Mailing Address **63 MOUNTAIN GLEN ROAD**
 City **RINGWOOD** State **NJ** Zip Code **07456**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57700
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **TECHNICAL SPECIALIST**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **650.00**

C. Full Name (Last, First, Middle Initial)
MS DEEPTI KEHOE
 Mailing Address **995 PINES TERR**
 City **FRANKLIN LAKES** State **NJ** Zip Code **07417**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57399
 Amount of Each Receipt this Period: **50.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **GROUP VP FINANCE**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1300.00**

SUBTOTAL of Receipts This Page (optional) **100.00**
TOTAL This Period (last page this line number only)

**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 84 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III		Date of Receipt
	Mailing Address 1970 WOODLANDS PL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	POWELL	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57549
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR GROUP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 875.00	

B.	Full Name (Last, First, Middle Initial) MR KEVIN KELLY		Date of Receipt
	Mailing Address 251 POPLAR AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	HACKENSACK	NJ	07601
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57346
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR TECHNOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 650.00	

C.	Full Name (Last, First, Middle Initial) MR PETER KENNY		Date of Receipt
	Mailing Address 6040 BOULEVARD E APT 28G		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	WEST NEW YORK	NJ	07093
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57657
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR ACCT MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 650.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 85 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS LISA KETNER

Mailing Address 7 POINT VIEW

City OAKLAND State NJ Zip Code 07436

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP MEMBER STRATEGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: MM / DD / YYYY 12 / 06 / 2008

Transaction ID: INC.A.57537

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City EDISON State NJ Zip Code 08820

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: MM / DD / YYYY 12 / 06 / 2008

Transaction ID: INC.A.57724

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MS DONNA KLEIN

Mailing Address 1080 FOREST CLIFF DRIVE

City LAKEWOOD State OH Zip Code 44107

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY 12 / 06 / 2008

Transaction ID: INC.A.57789

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 86 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City State Zip Code
CHESTER NY 10918

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57668

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRES & CHIEF OPERATING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57709

Amount of Each Receipt this Period
192.30

C. Full Name (Last, First, Middle Initial)
RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City State Zip Code
ACWORTH GA 30101

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

Name of Employer Occupation
ACCREDO HEALTH GROUP AVP MANAGED CARE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57815

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **267.30**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 87 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR BRADFORD KOGEN
 Mailing Address **555 FORBUSH STREET**
 City **BOONTON** State **NJ** Zip Code **07005**
 Date of Receipt MM / DD / YYYY
12 / 06 / 2008
Transaction ID: INC.A.57660
 Amount of Each Receipt this Period
25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR CLIENT RETAIL**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

B. Full Name (Last, First, Middle Initial)
MS KATHLEEN KORDUCKI
 Mailing Address **920 CLARK STREET**
 City **BOWLING GREEN** State **OH** Zip Code **43402**
 Date of Receipt MM / DD / YYYY
12 / 06 / 2008
Transaction ID: INC.A.57371
 Amount of Each Receipt this Period
50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR NATL ACCT EXEC**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

C. Full Name (Last, First, Middle Initial)
MS JOANN KRENITSKY
 Mailing Address **143 DEERFIELD TERRACE**
 City **MAHWAH** State **NJ** Zip Code **07430**
 Date of Receipt MM / DD / YYYY
12 / 06 / 2008
Transaction ID: INC.A.57407
 Amount of Each Receipt this Period
25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR PRODUCT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57329

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP E-COM STRATEGY & DELIVERY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57589

Amount of Each Receipt this Period
55.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57643

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **130.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR MANOJ KUMAR
 Mailing Address **7 SUNRISE WAY**
 City **TOWACO** State **NJ** Zip Code **07082**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57578
 Amount of Each Receipt this Period **10.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR CLIENT REQUIREMENTS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **605.00**

B. Full Name (Last, First, Middle Initial)
MATTHEW KUPFERBERG
 Mailing Address **3235 CAMBRIDGE AVENUE, APT. #2J**
 City **BRONX** State **NY** Zip Code **10463**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57769
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR ATTORNEY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **650.00**

C. Full Name (Last, First, Middle Initial)
JAMES LANGLEY
 Mailing Address **10921 MAIN RANGE TRAIL**
 City **LITTLETON** State **CO** Zip Code **80127**
 Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57816
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ACCREDITO HEALTH GROUP** Occupation **VP REIMBURSEMENT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1300.00**

SUBTOTAL of Receipts This Page (optional) ► **85.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City State Zip Code
CITRUS HEIGHTS CA 95621

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57539

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City State Zip Code
WALDWICK NJ 07463

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PERFORMANCE STRATEGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57742

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
PATRICIA LETCHWORTH

Mailing Address 3133 HEATHSTONE COVE

City State Zip Code
GERMANTOWN TN 38138

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP DIR REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57817

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57528

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City State Zip Code
COLUMBUS OH 43221

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57500

Amount of Each Receipt this Period
12.50

C. Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1335.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57420

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **92.50**

TOTAL This Period (last page this line number only) ►

**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 92 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 238 WOODLAND AVE	Transaction ID: INC.A.57468
	City State Zip Code SUMMIT NJ 07901	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS VERONA MACMAHON	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 1504 WEST CULLOM AVE UNIT G	Transaction ID: INC.A.57681
	City State Zip Code CHICAGO IL 60613	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MR KENNETH MALLEY	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 764 W. SADDLE RIVER ROAD	Transaction ID: INC.A.57450
	City State Zip Code HO HO KUS NJ 07423	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City State Zip Code
GILLETTE NJ 07933

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57320

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City State Zip Code
WOODCLIFF LAKE DR NJ 07675

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57598

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
MR GARY MARGIOTTA

Mailing Address 8 HEATHER HILL WAY

City State Zip Code
MENDHAM NJ 07945

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57441

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) 85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City State Zip Code
OLD GREENWICH CT 06870

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57404

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City State Zip Code
WEST ORANGE NJ 07052

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57772

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City State Zip Code
MENOMONEE FALLS WI 53051

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57476

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 95 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
SHELLY MARTIN

Mailing Address 9536 DOE MEADOW DR

City State Zip Code
GERMANTOWN TN 38139

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57823

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
THOMAS MARTIN

Mailing Address 1882 E LAUREL HOLLOW

City State Zip Code
GERMANTOWN TN 38139

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP PRESIDENT - CCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57818

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City State Zip Code
CLARKSVILLE MD 21029

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57430

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► 267.30

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR EDWARD MARTINEZ

Mailing Address 35 SALTER PLACE

City State Zip Code
MAPLEWOOD NJ 07040

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57728

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City State Zip Code
SUSSEX NJ 07461

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57386

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City State Zip Code
HILLSDALE NJ 07642

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP DRUG DISTRIB & CONTROL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.80

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57634

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR TERENCE MAYTIN

Mailing Address 496 FRANKLIN AVE

City State Zip Code
WYCKOFF NJ 07481

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR E-COM STRAT & DELI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57426

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City State Zip Code
CLIFTON NJ 07013

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57536

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City State Zip Code
MORRIS PLAINS NJ 07950

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP SALES AND MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57456

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 85.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 346
(check only one)

<input checked="" 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 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)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
THOMAS MCCANN

Mailing Address 9600 DOVE SPRING CV

City State Zip Code
GERMANTOWN TN 38139

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

Name of Employer ACCREDO HEALTH GROUP Occupation VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57825

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City State Zip Code
FAIR LAWN NJ 07410

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57581

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS ANNE MCGURRIN

Mailing Address 28 ROSEMILT PLACE

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR MARKET SEGMENT SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57775

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 99 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code
HIGHLAND MILLS NY 10930

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57538

Amount of Each Receipt this Period
192.00

B. Full Name (Last, First, Middle Initial)
MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code
WEST MILFORD NJ 07480

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP BUSINESS OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57675

Amount of Each Receipt this Period
192.31

C. Full Name (Last, First, Middle Initial)
MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City State Zip Code
ORADELL NJ 07649

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING & ADMIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57364

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 409.31

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 100 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City State Zip Code
DERRY PA 15627

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP AVP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57793

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
DAVID MILLER

Mailing Address 7 CLOVER LANE

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS VP LABOR RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57326

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City State Zip Code
DENVERVILLE NJ 07834

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS EXEC DIR INTERNAL AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57319

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 101 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City State Zip Code
KINNELON NJ 07405

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57690

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City State Zip Code
PARSIPPANY NJ 07054

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57334

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS JULIANA MOLEK

Mailing Address 8620 LAKE RILEY DRIVE

City State Zip Code
CHANHASSEN MN 55317

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR SPECIAL MARKETS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57437

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 102 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City WARRINGTON State PA Zip Code 18976

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 06 / 2008
Transaction ID: INC.A.57445
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City SHORT HILLS State NJ Zip Code 07078

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACEUTICAL CONTRACTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 06 / 2008
Transaction ID: INC.A.57308
Amount of Each Receipt this Period 192.00

C. Full Name (Last, First, Middle Initial)
MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City MONTVALE State NJ Zip Code 07645

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 06 / 2008
Transaction ID: INC.A.57635
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 267.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 346
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City State Zip Code
SPARTA NJ 07871

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57669

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT MULLER

Mailing Address 69 FERN PLACE

City State Zip Code
PARAMUS NJ 07652

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP HLTH BUS CLIENT ENROLLMNT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57645

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City State Zip Code
HASBROUCK HEIGHTS NJ 07604

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57369

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 104 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ANDREW NANICK

Mailing Address 220 LAUREL BAY DRIVE

City State Zip Code
MURRELLS INLET SC 29576

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57374

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS BARBARA NEAVERTH

Mailing Address PO BOX 523

City State Zip Code
SUGAR LOAF NY 10981

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57351

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS ARLENE NELSON

Mailing Address 319 BOGERT AVENUE

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57405

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR MICHAEL NICODEMO

Mailing Address 407 MEER AVE

City State Zip Code
WYCKOFF NJ 07481

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP E-COM STRATEGY & DELIVERY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57674

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City State Zip Code
OAKLAND NJ 07436

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKET STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57527

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS COLLEEN O'BRIEN

Mailing Address 30 BELCHER ROAD

City State Zip Code
WARWICK NY 10990

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP DIR PHARM OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57543

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **45.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 106 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City State Zip Code
TAMPA FL 33635

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR SECURITY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57401

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City State Zip Code
RYE NY 10580

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57658

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City State Zip Code
ROCKAWAY TOWNSHIP NJ 07866

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57336

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 107 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PROCUREMENT & INVENTORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57604

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS SUE OLIVER

Mailing Address 11 LEE DRIVE

City State Zip Code
NORTH HALEDON NJ 07508

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57615

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City State Zip Code
SUFFERN NY 10901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57651

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
ALEXANDER ONIK

Mailing Address **1 SCHINDLER CT**

City **UPPER SADDLE RIVER** State **NJ** Zip Code **07458**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **TECHNICAL SPECIALIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57745

Amount of Each Receipt this Period **25.00**

B.

Full Name (Last, First, Middle Initial)
MS NATALYA ONIK

Mailing Address **1 SCHINDLER CT**

City **UPPER SADDLE RIVER** State **NJ** Zip Code **07458**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR TECHNOLOGY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57506

Amount of Each Receipt this Period **25.00**

C.

Full Name (Last, First, Middle Initial)
MS LUDIVINA PACAMARRA

Mailing Address **4 TEAK COURT**

City **RINGWOOD** State **NJ** Zip Code **07456**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR TECHNOLOGY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **12 / 06 / 2008**
Transaction ID: INC.A.57595

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

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

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

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City State Zip Code
PARK RIDGE NJ 07656

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57594

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City State Zip Code
PARK RIDGE NJ 07656

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57590

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City State Zip Code
LIVINGSTON NJ 07039

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP RETIREE SOLUTIONS MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57498

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **130.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 346
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR RICHARD PALOMBO

Mailing Address 19 E. HOLLYWOOD LANE

City State Zip Code
BEESLEY'S POINT NJ 08223

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PROFESSIONAL PRACTICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57705

Amount of Each Receipt this Period
9.61

B. Full Name (Last, First, Middle Initial)
MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City State Zip Code
MONMOUTH JUNCTION NJ 08852

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57492

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City State Zip Code
HAWTHORNE NJ 07506

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57735

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 59.61

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR MATTHEW PATELLA

Mailing Address 30 TAM O SHANTER DRIVE

City MAHWAH State NJ Zip Code 07430

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 06 / 2008
Transaction ID: INC.A.57353
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City LANTANA State TX Zip Code 76226

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 06 / 2008
Transaction ID: INC.A.57552
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City COLUMBUS State OH Zip Code 43220

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 06 / 2008
Transaction ID: INC.A.57380
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ROBERT PELLEGRINI

Mailing Address 211 WILTSIE COURT

City State Zip Code
WYCKOFF NJ 07481

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57459

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
JIMMY PERREN

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code
COLLIERVILLE TN 38017

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP REGULATORY COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57797

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL PETEROY

Mailing Address 4769 STAVANGER LANE

City State Zip Code
LAS VEGAS NV 89147

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57576

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 130.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR NATHAN PETERSON

Mailing Address 1520 PEMBROKE PASS

City State Zip Code
CHANHASSEN MN 55317

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57472

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City State Zip Code
MAPLE GROVE MN 55311

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57425

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MARTINE PFLIEGER

Mailing Address 44 HENRY TERRACE

City State Zip Code
LINCOLN PARK NJ 07035

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57767

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR LOUIS PICONE
 Mailing Address **37 TAMARACK DRIVE**
 City **SUCCASUNNA** State **NJ** Zip Code **07876**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57703
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **DIR TECHNOLOGY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **225.00**

B. Full Name (Last, First, Middle Initial)
MR THOMAS PIERCE
 Mailing Address **10297 E. LAKE DR.**
 City **ENGLEWOOD** State **CO** Zip Code **80111**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57762
 Amount of Each Receipt this Period: **50.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **VP LABOR RELATIONS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **1300.00**

C. Full Name (Last, First, Middle Initial)
DR PAGE PIGG
 Mailing Address **9297 ANGLER TRL**
 City **MECHANICSVILLE** State **VA** Zip Code **23116**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57470
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **DIR CLINICAL SVCS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **650.00**

SUBTOTAL of Receipts This Page (optional) ► **100.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57321

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City State Zip Code
MONSEY NY 10952

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57428

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City State Zip Code
DUNNELLON FL 34432

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57659

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

TOTAL This Period (last page this line number only) ►

**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 116 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR NEIL PREZIOSO	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 10258 WINDSOR WAY	Transaction ID: INC.A.57561
	City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP HLTH CARE OPS/FORMULARY/CDP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

B.	Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 875 ALEXANDRIA CT	Transaction ID: INC.A.57517
	City State Zip Code RAMSEY NJ 07446	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	

C.	Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 135 HOLLYBERRY DRIVE	Transaction ID: INC.A.57622
	City State Zip Code HOPEWELL JUNCTION NY 12533	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CONTRACT ADMINISTRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	▶	267.30
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 117 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR MARK PROULX		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 20 BRANDY RIDGE ROAD		Transaction ID: INC.A.57696		
	City SPARTA	State NJ	Zip Code 07871	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACY & CUST SVC OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

B.	Full Name (Last, First, Middle Initial) SYED QUADRI		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 6040 KENNEDY BLVD EAST APT 30N		Transaction ID: INC.A.57689		
	City WEST NEW YORK	State NJ	Zip Code 07093	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PRIVACY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

C.	Full Name (Last, First, Middle Initial) MR GILBERT RAINES		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 800 SANDY TRAIL		Transaction ID: INC.A.57716		
	City KELLER	State TX	Zip Code 76248	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional)	▶	242.31
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" 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 type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE NY 10583

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57348

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
MRS DOLORES RAPUANO

Mailing Address 57660 BEAVER VALLEY RD

City State Zip Code
QUAKER CITY OH 43773

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ELIGIBILITY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57664

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS JOANN REED

Mailing Address 4 ANTLER CT

City State Zip Code
MATAWAN NJ 07747

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SPECIAL ADVISOR TO CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1699.88

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57611

Amount of Each Receipt this Period
65.38

SUBTOTAL of Receipts This Page (optional) ► **165.38**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City Tampa State FL Zip Code 33647

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 06 / 2008

Transaction ID: INC.A.57512

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS REINCKENS

Mailing Address 43 HAROLD ST. UNIT B

City COS COB State CT Zip Code 06807

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR RECONCILIATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 06 / 2008

Transaction ID: INC.A.57442

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City FLANDERS State NJ Zip Code 07836

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROCUREMENT & INVENTORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 06 / 2008

Transaction ID: INC.A.57661

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City State Zip Code
EDGEWATER NJ 07020

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1820.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57713

Amount of Each Receipt this Period
70.00

B. Full Name (Last, First, Middle Initial)
SUZANNE RICHARDS

Mailing Address 21357 W 115TH TER

City State Zip Code
OLATHE KS 66061

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

Name of Employer Occupation
ACCREDO HEALTH GROUP SR MGR BUS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57798

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code
MINNEAPOLIS MN 55446

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57385

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS TRACEY RODGERS-LENGE

Mailing Address 19 FARMINGTON COURT

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57328

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code
ANDOVER NJ 07821

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PUBLIC AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57712

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City State Zip Code
MAHWAH NJ 07430

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRESIDENT SYSTEMED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57440

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► **242.30**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) DAVID ROOT		Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 212 SPRING BRANCH ROAD		Transaction ID: INC.A.57771
	City WAVERLY	State VA	Zip Code 23890
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR STATE GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS DONNA ROSEN		Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 7 RED OAK LANE		Transaction ID: INC.A.57623
	City KINNELON	State NJ	Zip Code 07405
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS-CLINICAL TECH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) DR CHRISTINE ROTTAS		Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 7227 RAMOTH DRIVE		Transaction ID: INC.A.57410
	City JACKSONVILLE	State FL	Zip Code 32226
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 123 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR CHRISTOPHERJOHN ROWLAND
 Mailing Address 16725 OLIVE CIRCLE
 City State Zip Code
 FOUNTAIN VALLEY CA 92708
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 6 / 2 0 0 8
Transaction ID: INC.A.57339
 Amount of Each Receipt this Period
 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS NATL ACCT EXEC
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD RUBINO
 Mailing Address 3 APACHE DRIVE
 City State Zip Code
 OAKLAND NJ 07436
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 6 / 2 0 0 8
Transaction ID: INC.A.57620
 Amount of Each Receipt this Period
 193.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SVP FINANCE & CHIEF FIN OFFCR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
MR STEVEN RUSSEK
 Mailing Address 21 SKY TOP RIDGE
 City State Zip Code
 OAKLAND NJ 07436
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 6 / 2 0 0 8
Transaction ID: INC.A.57461
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP VP CLINICAL MGMT & SVCS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

SUBTOTAL of Receipts This Page (optional) ► 253.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 124 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS KATHERYN RUSSI
 Mailing Address **5965 VILLAGE CIRCLE**
 City **JOHNSTON** State **IA** Zip Code **50131**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57358
 Amount of Each Receipt this Period: **50.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **EXEC DIR CLINICAL SVCS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **500.00**

B. Full Name (Last, First, Middle Initial)
MR ANTHONY RUSSO
 Mailing Address **66 FINCH RD**
 City **RINGWOOD** State **NJ** Zip Code **07456**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57570
 Amount of Each Receipt this Period: **20.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **VP PROF PRA**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **520.00**

C. Full Name (Last, First, Middle Initial)
MS JENNIFER RUSSO
 Mailing Address **35 DEAN ST.**
 City **GLEN ROCK** State **NJ** Zip Code **07452**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57732
 Amount of Each Receipt this Period: **10.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **DIR MARKETING**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **260.00**

SUBTOTAL of Receipts This Page (optional) **80.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JESSE RUZICKA

Mailing Address 334 MORRIS AVE

City State Zip Code
BOONTON NJ 07005

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57733

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City State Zip Code
MAPLEWOOD NJ 07040

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PHARMACY REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2036.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57610

Amount of Each Receipt this Period
78.34

C.

Full Name (Last, First, Middle Initial)
MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City State Zip Code
ALLISON PARK PA 15101

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57644

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **133.34**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 126 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR RYAN SADLER

Mailing Address 85 VANCE ST. #201

City MEMPHIS State TN Zip Code 38103

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57778
 Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City WEST ORANGE State NJ Zip Code 07052

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ENTERPRISE BUS INTELLIG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57493
 Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City RIDGEWOOD State NJ Zip Code 07450

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57390
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

**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 127 / 346
	<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	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS BETH SAVARE	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 27 JONES LN	Transaction ID: INC.A.57616
	City State Zip Code BLAIRSTOWN NJ 07825	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PHARM OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS TRINA SAYLER	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 56 LAKESIDE DRIVE	Transaction ID: INC.A.57676
	City State Zip Code RAMSEY NJ 07446	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) MR DAVID SCHLETT	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 339 GRAMERCY PL	Transaction ID: INC.A.57619
	City State Zip Code GLEN ROCK NJ 07452	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP FINANCIAL & ANALYTICAL SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 128 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ALLEN SCHWARTZ

Mailing Address 9111 N KARLOV

City State Zip Code
SKOKIE IL 60076

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57381

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
BRUCE SCOTT

Mailing Address 18650 BEARPATH TRAIL

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & CHIEF PHARMACIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.93

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57786

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)
MS CYNTHIA SCOTT

Mailing Address 18650 BEARPATH TRAIL

City State Zip Code
EDEN PRAIRIE MN 55437

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL PROG DEV

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57324

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

**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 129 / 346		
	<input checked="" 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 type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT		Date of Receipt
	Mailing Address 7330 EVEREST LANE - NORTH		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	MAPLE GROVE	MN	55311
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57663
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR NATL ACCT EXEC	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) MR LEONARD SCOTT		Date of Receipt
	Mailing Address 13514 MOTTLESTONE DRIVE NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	PICKERINGTON	OH	43147
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57550
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation REG DIR ACCT MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MS MONICA SCOZZARE		Date of Receipt
	Mailing Address 3021 E MILLCREEK ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	SALT LAKE CITY	UT	84109
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.57316
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation EXEC DIR CLINICAL SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57350

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City State Zip Code
WESTWOOD NJ 07675

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57686

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2880.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57535

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

TOTAL This Period (last page this line number only) ►

**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 131 / 346		
	<input checked="" 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 type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR JOHN SHEA		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 62 FRANKLIN TURNPIKE		Transaction ID: INC.A.57333		
	City ALLENDALE	State NJ	Zip Code 07401	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00			

B.	Full Name (Last, First, Middle Initial) MR FRANK SHEEHY		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 119 HAMILTON RD		Transaction ID: INC.A.57398		
	City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00			

C.	Full Name (Last, First, Middle Initial) MR PETER SHERMAN		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 139 GATES AVENUE		Transaction ID: INC.A.57309		
	City MONTCLAIR	State NJ	Zip Code 07042	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MANAGING COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 132 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR JAMES SHIVAS		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 18 PROSPECT AVE		Transaction ID: INC.A.57486		
	City NORTH ARLINGTON	State NJ	Zip Code 07031	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PRICING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 150 CLAREMONT AVE		Transaction ID: INC.A.57413		
	City LONG BEACH	State CA	Zip Code 90803	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

C.	Full Name (Last, First, Middle Initial) MS ANNE SIGILLITO		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 178 LEXINGTON AVE.		Transaction ID: INC.A.57313		
	City WESTWOOD	State NJ	Zip Code 07675	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR GENERIC STRAT & CUST DV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JODI SILBERMANN

Mailing Address 16 TULIP LANE

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57636

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City State Zip Code
PORT ORANGE FL 32128

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57508

Amount of Each Receipt this Period
192.31

C. Full Name (Last, First, Middle Initial)
MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57670

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 252.31

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City State Zip Code
KINNELON NJ 07405

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57545

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City State Zip Code
RIVER VALE NJ 07675

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57349

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN SISTO

Mailing Address 24 MAYBERRY LANE

City State Zip Code
MECHANICSBURG PA 17050

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARMACY REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57603

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR DAVID SITVER

Mailing Address 24 YORKSHIRE AVE

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2008

Transaction ID: INC.A.57485

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
ANN SMITH

Mailing Address 437 GLENDALE RD

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2008

Transaction ID: INC.A.57491

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
MS COLLEEN SMITH

Mailing Address 1241 CHENILLE CIR

City State Zip Code
WESTON FL 33327

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2008

Transaction ID: INC.A.57466

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) 60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 136 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR ROBERT SMITH		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 40 JOSHUA DR T		Transaction ID: INC.A.57642		
	City RAMSEY	State NJ	Zip Code 07446	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00			

B.	Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 23 CEDAR GATE ROAD		Transaction ID: INC.A.57704		
	City DARIEN	State CT	Zip Code 06820	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CHAIRMAN & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

C.	Full Name (Last, First, Middle Initial) MR ALAN SOKALER		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 30 MICHELLE WAY		Transaction ID: INC.A.57734		
	City PINE BROOK	State NJ	Zip Code 07058	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

**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 137 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) BARRY SOUTHERN	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 3705 MIDDLEBURY WAY	Transaction ID: INC.A.57796
	City Greensboro State NC Zip Code 27410	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACCREDO HEALTH GROUP Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 6108 HUNTER LANE	Transaction ID: INC.A.57563
	City COLLEYVILLE State TX Zip Code 76034	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) MR RALPH STAIANO	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 1 LAMBROS DRIVE	Transaction ID: INC.A.57325
	City MONROE State NY Zip Code 10950	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 138 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
PETER STARK

Mailing Address 4840 COLE ROAD

City State Zip Code
MEMPHIS TN 38117

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

Name of Employer ACCREDO HEALTH GROUP Occupation GROUP VP MANUF SVCS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57819

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City State Zip Code
WEST HARRISON NY 10604

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP FINANCIAL & ANALYTICAL SVC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1869.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57621

Amount of Each Receipt this Period
192.31

C. Full Name (Last, First, Middle Initial)
CHANNING STAVE

Mailing Address 77 HIGHVIEW AVE

City State Zip Code
TUCKAHOE NY 10707

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MARKETING

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57770

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **267.31**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 139 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City State Zip Code
AUSTIN TX 78732

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57673

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City State Zip Code
EMERSON NJ 07630

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57431

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR STANLEY STEFANSKI

Mailing Address 24 CASTLETON DRIVE

City State Zip Code
HIGHLAND MILLS NY 10930

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS PLANNING & DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57310

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 85.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code
ELM GROVE WI 53122

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATIONAL PRACTICE LEADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57477

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP/GM ADVANCED CLINICAL SLTNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57691

Amount of Each Receipt this Period
192.31

C.

Full Name (Last, First, Middle Initial)
MR GERARD STOCKER, JR

Mailing Address 80 ALGONQUIN TRL

City State Zip Code
OAKLAND NJ 07436

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57432

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **292.31**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 141 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JANNA STOUL

Mailing Address 4 APACHE WAY

City State Zip Code
MONTVILLE NJ 07045

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57340

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
ORANGE CT 06477

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PRODUCT DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57740

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code
MARYSVILLE OH 43040

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL THERAPEUTICS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57376

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 142 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code
MONTVILLE NJ 07045

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57671

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City State Zip Code
MIDLOTHIAN VA 23113

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CS SYSTEMS PLAN & IMPLEM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 755.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57330

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
MR FREDERICK SUMNER

Mailing Address 808 HOLLYWOOD AVENUE

City State Zip Code
HO-HO-KUS NJ 07423

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PROJECT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57394

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **90.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 143 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL
APT 209

City WEST NEW YORK State NJ Zip Code 07093

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt: MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57402

Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City TAMPA State FL Zip Code 33647

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57439

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
MS JOANNE TAYLOR

Mailing Address 39 ROCKAWAY PLACE

City PARSIPPANY State NJ Zip Code 07054

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CONTRACT ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57332

Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ► 105.00

TOTAL This Period (last page this line number only) ►

**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 144 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR NICHOLAS TAYLOR	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 4241 CHADBOURNE DRIVE	Transaction ID: INC.A.57697
	City State Zip Code UPPER ARLINGTON OH 43220	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR BOOBALAN THANGAVELU	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 13 BIRCH TERRACE	Transaction ID: INC.A.57721
	City State Zip Code MT ARLINGTON NJ 07856	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MS MELINDA THIEL	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 27 GARVEY ROAD	Transaction ID: INC.A.57412
	City State Zip Code WAYNE NJ 07470	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR LARRY THOMAS

Mailing Address 3915 SILKWOOD TRAIL

City ARLINGTON State TX Zip Code 76016

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation MANAGING PHARMACIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.32

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57601
Amount of Each Receipt this Period: 4.41

B.

Full Name (Last, First, Middle Initial)
MS MELISSA THOMET

Mailing Address 721 HINMAN AVE #1E

City EVANSTON State IL Zip Code 60202

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57337
Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City LIVONIA State MI Zip Code 48152

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57457
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ► 104.41

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 146 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD
 Mailing Address **7974 FLAMETREE CT**
 City **LAS VEGAS** State **NV** Zip Code **89123**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57526
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **VP/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **1300.00**

B. Full Name (Last, First, Middle Initial)
MR WILLIAM TOBIN
 Mailing Address **838 COLONIAL RD**
 City **FRANKLIN LAKES** State **NJ** Zip Code **07417**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57341
 Amount of Each Receipt this Period: **50.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **VP BENEFIT SYSTEMS SUPPORT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **1300.00**

C. Full Name (Last, First, Middle Initial)
MS CLAUDIA TUCKER
 Mailing Address **713 INDIAN CREEK RD**
 City **AMHERST** State **VA** Zip Code **24521**
 Date of Receipt: **12 / 06 / 2008**
Transaction ID: INC.A.57542
 Amount of Each Receipt this Period: **75.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SR DIR GOVERNMENT AFFAIRS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **1950.00**

SUBTOTAL of Receipts This Page (optional) ► **150.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 147 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR GARY TULLY		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 16 FIELDHEDGE DRIVE		Transaction ID: INC.A.57678		
	City HILLSBOROUGH	State NJ	Zip Code 08844	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLIENT SVC DELIVERY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00			

B.	Full Name (Last, First, Middle Initial) MR JEFFREY TYLER		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 37 KNOLL TERRACE		Transaction ID: INC.A.57504		
	City HAZLET	State NJ	Zip Code 07730	Amount of Each Receipt this Period 30.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 307.70			

C.	Full Name (Last, First, Middle Initial) MR KEITH URICH		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 12495 SOUTH 1745 EAST		Transaction ID: INC.A.57481		
	City DRAPER	State UT	Zip Code 84020	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation REGIONAL VP SALES-SYSTEMED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

SUBTOTAL of Receipts This Page (optional)

85.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City State Zip Code
KINNELON NJ 07405

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR ANALYTICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57452

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code
WAUKESHA WI 53189

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57791

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MRS JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City State Zip Code
MIDLAND PARK NJ 07432

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCIAL APPLICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57357

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City State Zip Code
ROCKVILLE CENTRE NY 11570

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MKTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57533

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
CHANTAL VEEVAETE

Mailing Address 7292 OAKVILLE DRIVE

City State Zip Code
GERMANTOWN TN 38138

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

Name of Employer Occupation
ACCREDO HEALTH GROUP GROUP VP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57809

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 949.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57400

Amount of Each Receipt this Period
27.00

SUBTOTAL of Receipts This Page (optional) ► **127.00**

TOTAL This Period (last page this line number only) ►

**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 150 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 201 WATCHUNG AVENUE UNIT #17	Transaction ID: INC.A.57396
	City State Zip Code BLOOMFIELD NJ 07003	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MEDICAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR GORDON VICKERS	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 436 MOUNTAIN AVENUE	Transaction ID: INC.A.57306
	City State Zip Code WESTFIELD NJ 07090	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MR MUNISH VJ	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 11 BOULDER TRAIL	Transaction ID: INC.A.57723
	City State Zip Code MAHWAH NJ 07430	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEVEN VREELAND

Mailing Address 19 ANNA STREET

City State Zip Code
DENVERLE NJ 07834

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57749

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS ANNETTE WAGNER

Mailing Address 8 INDIAN RUN ROAD

City State Zip Code
LONG VALLEY NJ 07853

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57588

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL WAIBEL

Mailing Address N48 W16381 LONE OAK LN

City State Zip Code
MENOMONEE FALLS WI 53051

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57478

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 65.00

TOTAL This Period (last page this line number only) ►

**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 152 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR DANIEL WALDEN	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 450 BEECHMONT DR	Transaction ID: INC.A.57597
	City State Zip Code NEW ROCHELLE NY 10804	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP REGULATORY & MC PROGRAMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) MS THERESE WALKER	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 363 MULBERRY CT	Transaction ID: INC.A.57323
	City State Zip Code WYCKOFF NJ 07481	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 5445 GOODWIN AVENUE	Transaction ID: INC.A.57725
	City State Zip Code DALLAS TX 75206	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	409.62
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 153 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57547

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS CATHERINE WASSON

Mailing Address 3912 CALLE ANDALUCIA

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATL ACCTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57344

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City State Zip Code
SOMERSET NJ 08873

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2008

Transaction ID: INC.A.57591

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 154 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
STACY WATSON

Mailing Address 10180 HERONS NEST COVE WEST

City State Zip Code
LAKELAND TN 38002

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP DIR MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57830

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS DONNA WEATHERS

Mailing Address 1043 BELL STREET

City State Zip Code
EDMONDS WA 98020

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57521

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code
MONTVALE NJ 07645

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS VP CORP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57524

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 155 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City State Zip Code
COLLIERVILLE TN 38017

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

Name of Employer OCCUPATION
ACCREDO HEALTH GROUP AVP QA AND PRODUCT INTEGRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57490

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
LOWELL WEINER

Mailing Address 1 BURGESS COURT

City State Zip Code
WESTFIELD NJ 07090

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57768

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS GROUP PRES EMPLOYER GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57422

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ▶ **267.31**

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

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

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

FOR LINE NUMBER: PAGE 156 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57514

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.
#17F

City State Zip Code
PHOENIX AZ 85016

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57331

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS TAMARA WHITLEY

Mailing Address 5847 CLENDENIN AVE

City State Zip Code
DALLAS TX 75228

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57317

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 157 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) MR CHRISTOPHER WILSON		Date of Receipt MM / DD / YYYY 12 / 06 / 2008
Mailing Address 44 HILL STREET APARTMENT 2D		Transaction ID: INC.A.57488
City MORRISTOWN	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MKTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.

Full Name (Last, First, Middle Initial) MS COLETTE WILSON		Date of Receipt MM / DD / YYYY 12 / 06 / 2008
Mailing Address 16608 56TH PL W		Transaction ID: INC.A.57427
City LYNNWOOD	State WA	Zip Code 98037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.

Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER		Date of Receipt MM / DD / YYYY 12 / 06 / 2008
Mailing Address 17 LYNWOOD RD		Transaction ID: INC.A.57618
City VERONA	State NJ	Zip Code 07044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ORG DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 158 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR MICHAEL WISNIEWSKI

Mailing Address 23 DRUID HILL DR

City State Zip Code
PARSIPPANY NJ 07054

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CONTRACT ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57672

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City State Zip Code
TOWACO NJ 07082

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MEDICARE FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57434

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MRS ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City State Zip Code
PISCATAWAY NJ 08854

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR RRA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57342

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 105.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 159 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City BAYSIDE State NY Zip Code 11364

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INSURED SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57719
 Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City STILLWATER State NY Zip Code 12170

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57665
 Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
BRENDA WRIGHT

Mailing Address 1834 HUNTERS CREEK DRIVE

City GERMANTOWN State TN Zip Code 38138

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

Name of Employer ACCREDO HEALTH GROUP Occupation VP QUALITY INTEGRITY HEALTH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 12 / 06 / 2008
Transaction ID: INC.A.57806
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

**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 160 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 793 LINCOLN AVE		Transaction ID: INC.A.57393		
	City POMPTON LAKES	State NJ	Zip Code 07442	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) MS SARAH YINGLING		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 901 ST MARKS AVE		Transaction ID: INC.A.57501		
	City WESTFIELD	State NJ	Zip Code 07090	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

C.	Full Name (Last, First, Middle Initial) MR DANIEL ZELEM, JR		Date of Receipt MM / DD / YYYY 12 / 06 / 2008		
	Mailing Address 219 SPOOK ROCK RD.		Transaction ID: INC.A.57579		
	City SUFFERN	State NY	Zip Code 10901	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM DEV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 161 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code
LEESBURG VA 20176

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CONSOLIDATION PLAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57637

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
ANDREA ZICCARELLI

Mailing Address 6550 HERONWOOD DR

City State Zip Code
MEMPHIS TN 38119

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57411

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City State Zip Code
LOVELAND OH 45140

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.57475

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 162 / 346
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO	Date of Receipt MM / DD / YYYY 12 / 06 / 2008
	Mailing Address 726 HIGH MOUNTAIN ROAD	Transaction ID: INC.A.57730
	City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) JOHN J. HENDERSON	Date of Receipt MM / DD / YYYY 12 / 09 / 2008
	Mailing Address 452 5TH AVENUE	Transaction ID: INC.A.57245
	City State Zip Code RIVER EDGE NJ 07661-120	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS, INC. V.P. PHARMACEUTICAL CONTRACTING AND CO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) PAMELA MILLER	Date of Receipt MM / DD / YYYY 12 / 09 / 2008
	Mailing Address 158 SUMMIT AVE	Transaction ID: INC.A.57249
	City State Zip Code HACKENSACK NJ 07601	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VICE PRESIDENT OF MARKET STRATEGY AND	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	4025.00
TOTAL This Period (last page this line number only)	

**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 163 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) DANIELE RUSKIN, ESQ.		Date of Receipt
	Mailing Address 865 WEST END AVE., APT. 4F		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 9 / 2 0 0 8
	City	State	Zip Code
	NEW YORK	NY	10025
	FEC ID number of contributing federal political committee.		Transaction ID: INC.A.57250
		Amount of Each Receipt this Period	
		<input type="text"/> 1300.00	
Name of Employer MEDCO HEALTH SOLUTIONS, INC.		Occupation VICE PRESIDENT AND COUNSEL, GOVERNMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1300.00	

B.	Full Name (Last, First, Middle Initial) JACK ALLEN SMITH		Date of Receipt
	Mailing Address 21 DORCHESTER RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 9 / 2 0 0 8
	City	State	Zip Code
	DARIEN	CT	06820
	FEC ID number of contributing federal political committee.		Transaction ID: INC.A.57247
		Amount of Each Receipt this Period	
		<input type="text"/> 5000.00	
Name of Employer MEDCO HEALTH SOLUTIONS, INC.		Occupation SR. V.P. MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 5000.00	

C.	Full Name (Last, First, Middle Initial) ROBIN C. WENTWORTH		Date of Receipt
	Mailing Address 309 WATERVIEW DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 9 / 2 0 0 8
	City	State	Zip Code
	FRANKLIN LAKES	NJ	07417
	FEC ID number of contributing federal political committee.		Transaction ID: INC.A.57244
		Amount of Each Receipt this Period	
		<input type="text"/> 5000.00	
Name of Employer NONE		Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 5000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 11300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 164 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City State Zip Code
TAMPA FL 33629

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59208

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code
MOUNT LAUREL NJ 08054

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59357

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
MR BARRY BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
LAS VEGAS NV 89141

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.58920

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

45.00

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

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

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

FOR LINE NUMBER: PAGE 165 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City State Zip Code
COLUMBUS OH 43202

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59013

Amount of Each Receipt this Period
12.50

B. Full Name (Last, First, Middle Initial)
MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City State Zip Code
VERADALE WA 99037

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59099

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59169

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **62.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 166 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JOSEPH FRENDO

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2008

Transaction ID: INC.A.59175

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City State Zip Code
GALLOWAY OH 43119

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2008

Transaction ID: INC.A.58964

Amount of Each Receipt this Period
12.50

C.

Full Name (Last, First, Middle Initial)
MR J. HOLLINGER

Mailing Address 784 CAPE HENRY DR

City State Zip Code
COLUMBUS OH 43228

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.84

Date of Receipt
MM / DD / YYYY
12 / 13 / 2008

Transaction ID: INC.A.59161

Amount of Each Receipt this Period
4.17

SUBTOTAL of Receipts This Page (optional) ► **66.67**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 167 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS REGINA JONES

Mailing Address POST OFFICE BOX 752345

City State Zip Code
LAS VEGAS NV 89136

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2008

Transaction ID: INC.A.59051

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City State Zip Code
CARMEL IN 46032

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2008

Transaction ID: INC.A.59233

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City State Zip Code
COLUMBUS OH 43221

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
MM / DD / YYYY
12 / 13 / 2008

Transaction ID: INC.A.59104

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional) ► **62.50**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 168 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1335.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59024

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City State Zip Code
LANTANA TX 76226

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59156

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City State Zip Code
COLUMBUS OH 43220

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.58984

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 169 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt M M / D D / Y Y Y Y
12 / 13 / 2008

Transaction ID: INC.A.59317

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt M M / D D / Y Y Y Y
12 / 13 / 2008

Transaction ID: INC.A.59116

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2880.00

Date of Receipt M M / D D / Y Y Y Y
12 / 13 / 2008

Transaction ID: INC.A.59139

Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) 110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 170 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City State Zip Code
COLLEYVILLE TX 76034

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59165

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59043

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR LARRY THOMAS

Mailing Address 3915 SILKWOOD TRAIL

City State Zip Code
ARLINGTON TX 76016

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MANAGING PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.32

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59203

Amount of Each Receipt this Period
4.41

SUBTOTAL of Receipts This Page (optional) ► 79.41

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 171 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code
LAS VEGAS NV 89123

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59130

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59151

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City State Zip Code
LOVELAND OH 45140

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: INC.A.59079

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

**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 172 / 346		
	<input checked="" 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 type="checkbox"/> 16

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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR THOMAS ABSON		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 57 SYCAMORE DRIVE		Transaction ID: INC.A.59029		
	City WALDWICK	State NJ	Zip Code 07463	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR FORMULARY & COVERAGE MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

B.	Full Name (Last, First, Middle Initial) MS LESLIE ACHTER		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 821 ALBEMARLE STREET		Transaction ID: INC.A.59023		
	City WYCKOFF	State NJ	Zip Code 07481	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR ANALYTICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

C.	Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 1021 SUNSET RIDGE		Transaction ID: INC.A.58943		
	City BRIDGEWATER	State NJ	Zip Code 08807	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARM CONTRACT & CONSULTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 173 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DIANE ADAMS

Mailing Address 34 THOMAS ST.

City State Zip Code
CALDWELL NJ 07006

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59350

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City State Zip Code
WARWICK NY 10990

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59022

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR JEFFREY ALEXANDER

Mailing Address 4 DEERPOND CT

City State Zip Code
FLEMINGTON NJ 08822

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR E-COM STRAT & DELI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59038

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **90.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 174 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City State Zip Code
MIDLOTHIAN VA 23113

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59021

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City State Zip Code
DOYLESTOWN PA 18901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SECURITY & ASSET PROTECTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59346

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE NY 10583

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59087

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 175 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
TEJWANSH ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code
CHAPPAQUA NY 10514

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59313

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MS MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City State Zip Code
TAMPA FL 33629

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59209

Amount of Each Receipt this Period
5.00

C.

Full Name (Last, First, Middle Initial)
MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City State Zip Code
HEWITT NJ 07421

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR EXEC CORR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59168

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 176 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59110

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
DENNIS AUCH

Mailing Address 5788 S. WALDEN GLEN DRIVE

City State Zip Code
MURRAY UT 84123

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ACCREDO HEALTH GROUP VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59413

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City State Zip Code
CLEVELAND HEIGHTS OH 44118

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59390

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 177 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City State Zip Code
GLEN RIDGE NJ 07028

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59349

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City State Zip Code
ENGLEWOOD NJ 07631

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PROPOSAL UNIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1060.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59249

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS BARATTA

Mailing Address 69 SKYLINE DR

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59180

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 178 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
JANE BARLOW

Mailing Address 3 AVALON COURT

City State Zip Code
HOPEWELL JUNCTION NY 12533

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MEDICAL POLICIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59379

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR STEPHEN BARROW

Mailing Address 7 SOUTHVIEW ROAD

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59250

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City State Zip Code
HENDERSON NV 89074

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MGR BENEFIT DELIVERY SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1165.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59301

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 179 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City State Zip Code
VIENNA VA 22182

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59145

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59316

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MS FRANCINE BELLOFATTO

Mailing Address 4603 TUDOR DR

City State Zip Code
POMPTON PLAINS NJ 07444

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59048

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 180 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
JEAN BERGWALL

Mailing Address 2546 HOLLYHOCK COVE

City State Zip Code
GERMANTOWN TN 38138

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR PRODUCT LINE II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59430

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS STACEY BERNSTEIN

Mailing Address 166 BERKELEY PLACE

City State Zip Code
GLEN ROCK NJ 07452

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59362

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
MR DAVID BERRY

Mailing Address 11 COBBLESTONE LANE

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59178

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 181 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS EILEEN BIDE LL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 8		
	Mailing Address 71 WASHINGTON CT.		Transaction ID: INC.A.59174		
	City TOWACO	State NJ	Zip Code 07082	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PHARM OPS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
650.00

B.	Full Name (Last, First, Middle Initial) MR FLOYD BILLINGS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 8		
	Mailing Address 4273 BROGDAN FARM COURT		Transaction ID: INC.A.59190		
	City BUFORD	State GA	Zip Code 30518	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
650.00

C.	Full Name (Last, First, Middle Initial) CALVIN BINGHAM		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 8		
	Mailing Address 13702 W. 48TH ST.		Transaction ID: INC.A.59414		
	City SHAWNEE	State KS	Zip Code 66216	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDITO HEALTH GROUP	Occupation DIR CLINICAL OPS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
650.00

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 182 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code
MOUNT LAUREL NJ 08054

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59358

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City State Zip Code
DEEPHAVEN MN 55331

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP CLIENT & MKT STRATEGIC DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59300

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR MARK BLAKE

Mailing Address 129 NORWOOD AVENUE

City State Zip Code
MONTCLAIR NJ 07043

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59363

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **115.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
ALLYSON BLANDFORD

Mailing Address **1808 N. QUINN STREET
 APT. 322**

City **ARLINGTON** State **VA** Zip Code **22209**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **MGR GOVERNMENT AFFAIRS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59386
 Amount of Each Receipt this Period **20.00**

B. Full Name (Last, First, Middle Initial)
MR JONATHAN BLAUMAN

Mailing Address **50 NEW ENGLAND DR**

City **RAMSEY** State **NJ** Zip Code **07446**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP MKTING & PRODUCT DEV**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59135
 Amount of Each Receipt this Period **50.00**

C. Full Name (Last, First, Middle Initial)
KEN BODMER

Mailing Address **P.O. BOX 381947**

City **GERMANTOWN** State **TN** Zip Code **38183**

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

Name of Employer **ACCREDO HEALTH GROUP** Occupation **SVP FINANCE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4992.00**

Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59217
 Amount of Each Receipt this Period **192.00**

SUBTOTAL of Receipts This Page (optional) ► **262.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 184 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City State Zip Code
LEVITTOWN NY 11756

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59303

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MRS HEATHER BONOME

Mailing Address 203 12TH STREET NE

City State Zip Code
WASHINGTON DC 20002

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59089

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR DUANE BOSCH

Mailing Address 3935 BALSAM LA

City State Zip Code
PLYMOUTH MN 55441

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58987

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 185 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City State Zip Code
BRYN MAWR PA 19010

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58993

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR BARRY BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
LAS VEGAS NV 89141

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58921

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
RUSS BOURNE

Mailing Address 242 N HIGHLAND

City State Zip Code
MEMPHIS TN 38111

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59429

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 186 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
KAREN BOWE

Mailing Address 1413 LIMERICK COURT

City State Zip Code
HUMMELSTOWN PA 17036

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

Name of Employer OCCREDO HEALTH GROUP Occupation AVP COMMUNITY AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59396

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City State Zip Code
RINGWOOD NJ 07456

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR STRAT PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59297

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR KEITH BRADBURY

Mailing Address 122 DERFUSS LN

City State Zip Code
BLAUVELT NY 10913

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR DRUG INFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58967

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 187 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City State Zip Code
COLUMBUS OH 43202

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59014

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)
MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City State Zip Code
COATESVILLE PA 19320

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO & PROCESS ENGINEERING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59243

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
MR DAVID BREEN

Mailing Address 27 SEALS DR

City State Zip Code
MONROE NY 10950

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ANALYTICAL SVCS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59220

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

112.50

TOTAL This Period (last page this line number only)

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOHN BRENNAN

Mailing Address 2 CARMEN LANE

City State Zip Code
FLEMINGTON NJ 08822

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59339

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS LINDA BRIDGE

Mailing Address 136 BEECH ST

City State Zip Code
BELLEVILLE NJ 07109

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT/MEMBER COMM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59067

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City State Zip Code
PELHAM MANOR NY 10803

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59059

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR RICHARD BROOKLER
Mailing Address 9 ROMARY COURT
City GLEN ROCK State NJ Zip Code 07452
FEC ID number of contributing federal political committee. **C**
Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR FINANCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00
Date of Receipt 12 / 20 / 2008
Transaction ID: INC.A.58960
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR KENNETH BROWN
Mailing Address 540 GIORDANO DRIVE
City YORKTOWN HEIGHTS State NY Zip Code 10598
FEC ID number of contributing federal political committee. **C**
Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENTERPRISE BUS INTELLIGENCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00
Date of Receipt 12 / 20 / 2008
Transaction ID: INC.A.58989
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
STEVEN BROWN
Mailing Address 140 S GROVE PARK
City MEMPHIS State TN Zip Code 38117
FEC ID number of contributing federal political committee. **C**
Name of Employer ACCREDO HEALTH GROUP Occupation DIR PRODUCT LINE II
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00
Date of Receipt 12 / 20 / 2008
Transaction ID: INC.A.59416
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 190 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS VIVIAN BULGER

Mailing Address 120 EAST MAIN ST

City State Zip Code
WASHINGTONVILLE NY 10992

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59216

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
AMANDA BUNDY

Mailing Address 5812 SEVEN POINTS TRACE

City State Zip Code
HERMITAGE TN 37076

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59407

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
BRIAN BURFORD

Mailing Address 603 CHARLESWOOD DR

City State Zip Code
MARION AR 72364

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

Name of Employer Occupation
ACCREDO HEALTH GROUP DIR TRC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59406

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **95.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 191 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) MS MARY BURKE		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 638 LENOX AVE		Transaction ID: INC.A.59054
City WESTFIELD	State NJ	Zip Code 07090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR MEDICARE CLIENT PRODU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) MR KEVIN BURON		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 25 TIMBERLAND		Transaction ID: INC.A.59114
City ALISO VIEJO	State CA	Zip Code 92656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.

Full Name (Last, First, Middle Initial) MRS DOREEN CALDER		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 441 S ELM STREET		Transaction ID: INC.A.58918
City MAYWOOD	State NJ	Zip Code 07607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 192 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City CHATHAM State NJ Zip Code 07928

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CONTROLLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1869.24

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59199

Amount of Each Receipt this Period 192.31

B.

Full Name (Last, First, Middle Initial)
MR GERALD CARDONE

Mailing Address 3 MEADOW LANE

City ANNANDALE State NJ Zip Code 08801

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FACILITY PLANNING & DESIGN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59269

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
MR VICENTE CARIDE

Mailing Address 114 W 27 APT 3N

City NEW YORK State NY Zip Code 10001

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP USER EXPERIENCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59244

Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional) ► 214.81

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 193 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City State Zip Code
ALLENDALE NJ 07401

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP GROUP VP MARKET STRATEGY & DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59210

Amount of Each Receipt this Period
52.50

B. Full Name (Last, First, Middle Initial)
JOSEPH CASACCIA JR

Mailing Address 9788 LIPSEY CV

City State Zip Code
GERMANTOWN TN 38139

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP DIR SPECIALTY OPS CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59177

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS CATHERINE CASALE

Mailing Address 16345 HEATHROW DRIVE

City State Zip Code
TAMPA FL 33647

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 338.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59264

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional) ► **90.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 194 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MARY CASALE

Mailing Address 822 CEDAR AVE

City HADDENFIELD State NJ Zip Code 08033

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES STRATEGY & MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.59120
 Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City WEST COLUMBIA State SC Zip Code 29172

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLINICAL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.58948
 Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
JIMMY CHOU

Mailing Address 36 TANGLEWOOD HOLLOW

City UPPER SADDLE RIVER State NJ Zip Code 07458

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.59387
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 195 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City VERADALE State WA Zip Code 99037

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59100

Amount of Each Receipt this Period
 25.00

B.

Full Name (Last, First, Middle Initial)
MS SUSAN COLUCCI

Mailing Address 703 SUCCASUNNA RD.

City LANDING State NJ Zip Code 07850

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HLTH MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59355

Amount of Each Receipt this Period
 25.00

C.

Full Name (Last, First, Middle Initial)
WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City NEW YORK State NY Zip Code 10023

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59328

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

**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 196 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR ROBERT COOK	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 270 S FRANKLIN TURNPIKE	Transaction ID: INC.A.58977
	City State Zip Code RAMSEY NJ 07446	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR HLTH CARE OPS-TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) JEFFREY COOLE	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 8575 STABLEMILL LANE	Transaction ID: INC.A.59405
	City State Zip Code CORDOVA TN 38016	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP VP TAX AND REGULATORY REPORT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) ANTONIO CORREIA	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 19 WILLIAMS LANE	Transaction ID: INC.A.59368
	City State Zip Code CHAPPAQUA NY 10514	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BUSINESS DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 197 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
SPARTA NJ 07871

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMACY NETWORK MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1584.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59088

Amount of Each Receipt this Period
192.31

B.

Full Name (Last, First, Middle Initial)
MR HART COVEN

Mailing Address 28 OAK LANE

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59188

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59072

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ▶ **302.31**

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

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

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

FOR LINE NUMBER: PAGE 198 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
 MR PETER CSUTOROS
 Mailing Address 16 PLEASANT AVENUE
 City State Zip Code
 LINCOLN PARK NJ 07035
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 8
Transaction ID: INC.A.59320
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR FINANCE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

B. Full Name (Last, First, Middle Initial)
 MR ANGELO CUOZZO
 Mailing Address 19 IDA COURT
 City State Zip Code
 STATEN ISLAND NY 10312
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 8
Transaction ID: INC.A.59128
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

C. Full Name (Last, First, Middle Initial)
 MR JOHN DALY
 Mailing Address 46 BLUEBELL CT
 City State Zip Code
 PARAMUS NJ 07652
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 8
Transaction ID: INC.A.59228
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

SUBTOTAL of Receipts This Page (optional) ► 75.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 199 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59195

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59170

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP PRES RETIREE SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59056

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► 242.30

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 200 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DR AMITA DASMAHAPATRA

Mailing Address 24 CHARLOTTE HILL DR

City State Zip Code
BERNARDSVILLE NJ 07924

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MEDICAL POLICY & PROG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.58973

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City State Zip Code
EDINA MN 55439

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MEDICARE CLIENT & SALES SUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59069

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
MR BARRY DAVIS

Mailing Address 11 WEISS DR

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59252

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) 70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 201 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) WARREN DAVIS		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 3131 SADDLEGAIT COVE		Transaction ID: INC.A.59428
	City GERMANTOWN	State TN	Zip Code 38138
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer ACCREDO HEALTH GROUP	Occupation DIR FINANCE II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR DANIEL DAVISON		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 402 HIGHLAND AVE		Transaction ID: INC.A.59211
	City RIDGEWOOD	State NJ	Zip Code 07450
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP FINANCIAL PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) MS KATHLEEN DEFABIIS		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 104 HUDSON AVE		Transaction ID: INC.A.59284
	City WALDWICK	State NJ	Zip Code 07463
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLIENT SVC DELIVERY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 202 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City CEDARBURG State WI Zip Code 53012

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.59146
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
MS BARBARA DELLEDONNA

Mailing Address 199 SANFORD AVE

City EMERSON State NJ Zip Code 07630

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR E-COM BUSINESS OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.59253
 Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City GLEN RIDGE State NJ Zip Code 07028

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.59112
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

TOTAL This Period (last page this line number only) ►

**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 203 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS TONI DEMANSS	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 32 RED BARN LANE	Transaction ID: INC.A.59338
	City State Zip Code WEST MILFORD NJ 07480	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS ANN-MARGARET DEMARCO	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 1 RUGBY ROAD	Transaction ID: INC.A.58978
	City State Zip Code CEDAR GROVE NJ 07009	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MS MAUREEN DEMPSEY	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 17 RICHWOOD PLACE	Transaction ID: INC.A.59352
	City State Zip Code DENVILLE NJ 07834	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR MEDICARE COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

**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 204 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR JOHN DERRICO	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 195 HACKENSACK AVENUE	Transaction ID: INC.A.59308
	City State Zip Code HARRINGTON PARK NJ 07640	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS LAURA DEVEAU	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 2289 BEDFORD ST APT D2	Transaction ID: INC.A.59136
	City State Zip Code STAMFORD CT 06905	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP AVP MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MS KAREN DEZEARN	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 3625 PATTERNSTONE DR	Transaction ID: INC.A.58950
	City State Zip Code ALPHARETTA GA 30022	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 205 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
ANDREW DOEDYNS

Mailing Address 117 CREST DRIVE

City State Zip Code
BEAVER PA 15009

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP DIR REGIONAL OPS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59394

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City State Zip Code
WEST CALDWELL NJ 07006

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59196

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City State Zip Code
ALLENTOWN PA 18104

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58968

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 206 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MICHEL DUFRESNE

Mailing Address 58 INDEPENDENCE WAY

City State Zip Code
MORRIS TWP NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ENTERPRISE BUS INTELLIGENCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59319

Amount of Each Receipt this Period
192.30

B. Full Name (Last, First, Middle Initial)
MR DANA DUNCAN

Mailing Address 125 COMSTOCK TRAIL

City State Zip Code
EAST HAMPTON CT 06424

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59127

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

City State Zip Code
KINNELON NJ 07405

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58996

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 242.30

TOTAL This Period (last page this line number only) ►

**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 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR STEPHEN DUNLEAVY	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 14026 KNOX STREET	Transaction ID: INC.A.59026
	City State Zip Code OVERLAND PARK KS 66221	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

B.	Full Name (Last, First, Middle Initial) MR MARK DUNN	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 2 OLD MILL ROAD	Transaction ID: INC.A.59000
	City State Zip Code SANDY HOOK CT 06482	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) DR SUMIT DUTTA	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 534 HUDSON STREET #3C	Transaction ID: INC.A.59123
	City State Zip Code NEW YORK NY 10014	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2002.00	

SUBTOTAL of Receipts This Page (optional)	152.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 208 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
REBECCA DYER

Mailing Address 1400 POPLAR ESTATES PKY

City State Zip Code
GERMANTOWN TN 38138

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP DIR PROJECT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59415

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City State Zip Code
WYCKOFF NJ 07481

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58988

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
DR WOODY EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS MEDICARE CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59341

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

**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 209 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 106 GRAHAM TERRACE		Transaction ID: INC.A.59185		
	City	State	Zip Code	Amount of Each Receipt this Period	
	SADDLE BROOK	NJ	07663	25.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) MR SCOTT ENOS		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 22 BARNARD RD		Transaction ID: INC.A.59094		
	City	State	Zip Code	Amount of Each Receipt this Period	
	WARWICK	RI	02886	10.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

C.	Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 359 LONG HILL ROAD EAST		Transaction ID: INC.A.59343		
	City	State	Zip Code	Amount of Each Receipt this Period	
	BRIARCLIFF MANOR	NY	10510	50.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP CORP COMMUNICATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 210 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 75 TWEED BLVD		Transaction ID: INC.A.58910		
	City UPPER GRANDVIEW	State NY	Zip Code 10960	Amount of Each Receipt this Period 192.25	
	FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation CMO SVP MEDICAL&ANLYTC AFFRS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

B.	Full Name (Last, First, Middle Initial) MR SCOTT ERHARDT		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 11540 39TH AVE N		Transaction ID: INC.A.59076		
	City PLYMOUTH	State MN	Zip Code 55441	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation EXEC DIR ACCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00			

C.	Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 100 WINSTON DRIVE 17 C NORTH		Transaction ID: INC.A.59286		
	City CLIFFSIDE PARK	State NJ	Zip Code 07010	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

SUBTOTAL of Receipts This Page (optional)	232.25
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 211 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEVEN FANDETTI

Mailing Address 15804 SORAWATER DR.

City LITHIA State FL Zip Code 33547

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59008

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City MEMPHIS State TN Zip Code 38119

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

Name of Employer ACCREDO HEALTH GROUP Occupation VP HEALTH OUTCOME SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59426

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
SUSAN FAUST

Mailing Address 6614 HERONSWOOD COVE

City MEMPHIS State TN Zip Code 38119

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

Name of Employer ACCREDO HEALTH GROUP Occupation VP CLIENT SLS AND MGD CARE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59401

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 212 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City MAHWAH State NJ Zip Code 07430

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CARE ENHANCING SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59060

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR THOMAS FEITEL

Mailing Address 58 APPLE HILL DR

City GILLETTE State NJ Zip Code 07933

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CORP MKTG & E-COMM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4805.75

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59115

Amount of Each Receipt this Period
192.23

C.

Full Name (Last, First, Middle Initial)
MR STUART FELDMAN

Mailing Address 109 MEADOWBROOK ROAD

City RANDOLPH State NJ Zip Code 07869

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR E-COMM STRAT & DELIV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58908

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **267.23**

TOTAL This Period (last page this line number only) ►

**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 213 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS DAWN FELDNER	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 275 BIRCH STREET	Transaction ID: INC.A.59256
	City State Zip Code EMERSON NJ 07630	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 464 SPRING AVE.	Transaction ID: INC.A.59212
	City State Zip Code RIDGEWOOD NJ 07450	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) RONALD FIELMANN	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 2061 ARLEEN CT	Transaction ID: INC.A.59402
	City State Zip Code SCHAUMBURG IL 60194	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP AVP SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 214 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) MR DON FISCHER		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 10 TRACY CIRCLE		Transaction ID: INC.A.58997
City CAMPBELL HALL	State NY	Zip Code 10916
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.

Full Name (Last, First, Middle Initial) MR EDWARD FISCHER		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 465 OLD STONE RD		Transaction ID: INC.A.59049
City RIDGEWOOD	State NJ	Zip Code 07450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLINICAL PROD INTEGRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.

Full Name (Last, First, Middle Initial) MEGHAN FITZGERALD		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 6 MORGAN AVE		Transaction ID: INC.A.59384
City NORWALK	State CT	Zip Code 06851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP BUSINESS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.24	

SUBTOTAL of Receipts This Page (optional)	267.31
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 215 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 1933 MT. OLIVE AGOSTA ROAD		Transaction ID: INC.A.59160
City NEW BLOOMINGTON	State OH	Zip Code 43341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR HLTH CARE OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.

Full Name (Last, First, Middle Initial) CHAD FOREMAN		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 9544 DOGWOOD ESTATES		Transaction ID: INC.A.59431
City GERMANTOWN	State TN	Zip Code 38139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer ACCREDITO HEALTH GROUP	Occupation DIR FINANCE II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.

Full Name (Last, First, Middle Initial) HOLLEY FORTH		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 115 BAYSIDE COURT		Transaction ID: INC.A.59424
City RICHMOND	State CA	Zip Code 94804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer ACCREDITO HEALTH GROUP	Occupation GENERAL MGR - MULTI BRANCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 216 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR PAUL FORTUNATO, III

Mailing Address 18 WINDING RIDGE

City State Zip Code
OAKLAND NJ 07436

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59002

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR #222

City State Zip Code
MEMPHIS TN 38103

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59229

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59176

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 110.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 217 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ANDREW FRIEDELLE

Mailing Address 1434 NARRAGANSETT BLVD

City State Zip Code
CRANSTON RI 02905

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR GOV AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59020

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
FELIX FRUEH

Mailing Address 14401 FALLING LEAF DRIVE

City State Zip Code
DARNESTOWN MD 20878

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP RESEARCH & DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59385

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
ROBERT FURTH

Mailing Address 1450 PORTLAND AVENUE

City State Zip Code
ST PAUL MN 55104

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59412

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 218 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City State Zip Code
NEW PROVIDENCE NJ 07974

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP & COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58907

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE
APT 1701

City State Zip Code
CHICAGO IL 60654

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59296

Amount of Each Receipt this Period
192.25

C. Full Name (Last, First, Middle Initial)
MS IVY GALLACCHI

Mailing Address 11 LAKE AVENUE

City State Zip Code
MALTA NY 12020

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59340

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 252.25

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 219 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City State Zip Code
COLUMBUS OH 43235

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59257

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City State Zip Code
OLD TAPPAN NJ 07675

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLIENT RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59153

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City State Zip Code
HOPEWELL JUNCTION NY 12533

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP/CHIEF INFRASTRUCTURE OFFR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59324

Amount of Each Receipt this Period
192.25

SUBTOTAL of Receipts This Page (optional) ► **267.25**

TOTAL This Period (last page this line number only) ►

**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 220 / 346		
	<input checked="" 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 type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR OMHARAI SRIRAM GANGAIKONDAN-IYER	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 9 CAIRNES ROAD	Transaction ID: INC.A.59331
	City State Zip Code MORRIS PLAINS NJ 07950	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR PETER GAYLORD	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 1201 BRIDGE STREET	Transaction ID: INC.A.58906
	City State Zip Code ASBURY PARK NJ 07712	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP TREASURY & FINANCIAL EVALS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 20 BROOKSHIRE DR	Transaction ID: INC.A.59028
	City State Zip Code ROBBINSVILLE NJ 08691	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 221 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MATTHEW GIBBS
 Mailing Address **27 N. WACKER DR.
 SUITE 246**
 City **CHICAGO** State **IL** Zip Code **60606**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59375
 Amount of Each Receipt this Period **75.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **CHIEF CLINICAL OFFICER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1950.00**

B. Full Name (Last, First, Middle Initial)
MR ROBERT GIBBS
 Mailing Address **544 DENMOOR COURT**
 City **GALLOWAY** State **OH** Zip Code **43119**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.58965
 Amount of Each Receipt this Period **12.50**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR PHARM PRACTICE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **650.00**

C. Full Name (Last, First, Middle Initial)
MR THOMAS GILSON
 Mailing Address **2 PELL FARM ROAD**
 City **SADDLE RIVER** State **NJ** Zip Code **07458**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59290
 Amount of Each Receipt this Period **192.25**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SVP & GENERAL MGR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **5000.00**

SUBTOTAL of Receipts This Page (optional) ► **279.75**
TOTAL This Period (last page this line number only) ►

**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 222 / 346		
	<input checked="" 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 type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR SCOTT GILYARD	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 305 BERGAMOT DRIVE	Transaction ID: INC.A.58911
	City State Zip Code MEDINA MN 55340	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES UHG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	

B.	Full Name (Last, First, Middle Initial) MR JONAH GITLITZ	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 43 OVERLOOK RIDGE	Transaction ID: INC.A.58975
	City State Zip Code OAKLAND NJ 07436	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) MS AUDREY GOODMAN	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 26 HILLSIDE AVE.	Transaction ID: INC.A.59230
	City State Zip Code GLEN ROCK NJ 07452	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ORG DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	257.30
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 223 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City State Zip Code
CANTON CT 06022

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLIENT & MKT PROG STRAT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.58980

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City State Zip Code
BUFFALO GROVE IL 60089

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCIAL INSIGHTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59041

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
LAURIE GREENBERG

Mailing Address 27760 WOODLAND GREEN

City State Zip Code
BOERNE TX 78015

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL THERAPEUTICS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59382

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 224 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR E-COM BUSINESS OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59063

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code
CONVENT STATION NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP SALES-SYSTEMED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59107

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
MS TRACY GRUNSFELD

Mailing Address 264 HARVEST AVE

City State Zip Code
STATEN ISLAND NY 10310

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CONSUMER DRIVEN MKTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58970

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **115.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 225 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MRS CAROLYN GUGLIELMO

Mailing Address 42 VETERANS PARKWAY

City State Zip Code
PEARL RIVER NY 10965

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59231

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2340.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.58927

Amount of Each Receipt this Period
90.00

C.

Full Name (Last, First, Middle Initial)
MS KAVITHA GULLAPALLI

Mailing Address 67 ATHERTON CT

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59040

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 140.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code
LONG VALLEY NJ 07853

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CHIEF INFO OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59186

Amount of Each Receipt this Period
192.25

B. Full Name (Last, First, Middle Initial)
MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City State Zip Code
CHASKA MN 55318

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ACCT SVCS & ADMIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59295

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS KELLY HANZAWA

Mailing Address 1116 OAKCROFT LANE

City State Zip Code
SOMERSET NJ 08873

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59258

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 267.25

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 227 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City State Zip Code
POMPTON PLAINS NJ 07444

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58959

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
SHARON HARRIS

Mailing Address 186 N. WHITE STATION RD

City State Zip Code
MEMPHIS TN 38117

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

Name of Employer Occupation
ACCREDO HEALTH GROUP DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59403

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS SHANA HART

Mailing Address 4120 JACKSBORO

City State Zip Code
SNYDER TX 79549

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59102

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 228 / 346
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR MARK HARTMANN

Mailing Address 8980 KNOBLE COURT

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59078

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
COLORADO SPRINGS CO 80908

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58909

Amount of Each Receipt this Period
192.25

C.

Full Name (Last, First, Middle Initial)
DAN HAYES

Mailing Address 4679 AYRON TERRACE

City State Zip Code
PALM HARBOR FL 34685

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59397

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 267.25

TOTAL This Period (last page this line number only) ►

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

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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR BILL HEAD

Mailing Address 501 SLATERS LANE #816

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR GOV AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59354

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City PHOENIX State AZ Zip Code 85029

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.58994

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MS EILEEN HEINZ

Mailing Address 27 DOGWOOD LN

City MONTVALE State NJ Zip Code 07645

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59287

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR THOMAS HEKKER

Mailing Address 28 WEST THRID STREET #1332

City SOUTH ORANGE State NJ Zip Code 07079

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59329

Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City SUCCASUNNA State NJ Zip Code 07876

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1325.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.58971

Amount of Each Receipt this Period 75.00

C. Full Name (Last, First, Middle Initial)
MR ERIC HESS

Mailing Address 10 CARLTON RD

City FLANDERS State NJ Zip Code 07836

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENGINEERING & OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59053

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 145.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 231 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City State Zip Code
BUTLER NJ 07405

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59074

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR DANIEL HLUZINSKI

Mailing Address 385 WASHINGTON ST

City State Zip Code
TAPPAN NY 10983

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59279

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
SHERLYN HOBGOOD

Mailing Address 6635 LAMBERT DR

City State Zip Code
MASON TN 38049

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

Name of Employer Occupation
ACCREDO HEALTH GROUP AVP NURSING SPEC PROGRAMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59409

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 232 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR STEPHEN HOBSON

Mailing Address 1 HERITAGE RD

City State Zip Code
FLORHAM PARK NJ 07932

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59158

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FACILITIES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59232

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City State Zip Code
CORNWALL ON HUDSON NY 12520

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59068

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ▶

125.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 346
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59149

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR J. HOLLINGER

Mailing Address 784 CAPE HENRY DR

City State Zip Code
COLUMBUS OH 43228

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59162

Amount of Each Receipt this Period
4.17

C. Full Name (Last, First, Middle Initial)
ELIZABETH HOLLOWAY

Mailing Address 9222 RANDLE VALLEY DR

City State Zip Code
CORDOVA TN 38018

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

Name of Employer Occupation
ACCREDO HEALTH GROUP ASSISTANT GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 755.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59422

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **94.17**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 234 / 346
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City State Zip Code
ELMSFORD NY 10523

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59183

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
RITA HOLT

Mailing Address 1558 N PISGAH ROAD

City State Zip Code
CORDOVA TN 38016

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59404

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS CYNTHIA HORN

Mailing Address 9553 ANDREW DR

City State Zip Code
TWINSBURG OH 44087

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59392

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 235 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEVEN HOROWITZ

Mailing Address 4 MELISSA COURT

City State Zip Code
MONTVILLE NJ 07045

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59359

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
LYNN HOSTMYER

Mailing Address 6708 N.W. 112TH

City State Zip Code
OKLAHOMA CITY OK 73162

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP GENERAL MGR - MULTI BRANCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59410

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR JEFFREY HULL

Mailing Address 2616 S 3B'S & K RD

City State Zip Code
GALENA OH 43021

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR HLTH CARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59163

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 236 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JANE HULSE

Mailing Address 95 GORDON RD

City State Zip Code
ESSEX FELLS NJ 07021

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59215

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS KIMBERLY HUMPHRIES

Mailing Address 3726 ST PHILIP

City State Zip Code
BARTLETT TN 38133

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59423

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City State Zip Code
NEW YORK NY 10025

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58913

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 237 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City State Zip Code
GAINESVILLE FL 32608

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58924

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS MARIANNE JACKS

Mailing Address 329 MORRIS AVENUE

City State Zip Code
MOUNTAIN LAKES NJ 07046

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58952

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS TERESE JACKSON

Mailing Address 6085 S. PRESTON LANE

City State Zip Code
NEW BERLIN WI 53151

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58972

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 238 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR WILLIAM JACKSON

Mailing Address 56 WARREN RD

City State Zip Code
WEST ORANGE NJ 07052

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59268

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR JASON JAMES

Mailing Address RR 2 BOX 2036

City State Zip Code
CANADENSIS PA 18325

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHYSICIAN ENGAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.58917

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
MR TODD JEFFREY

Mailing Address 15 ELIZABETH STREET

City State Zip Code
DUMONT NJ 07628

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59282

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **130.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 239 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) ROBERT JINKS		Date of Receipt
	Mailing Address 22 PAGE AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	LYNDHURST	NJ	07071
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.58961
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP BUSINESS REQUIREMENTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1300.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) MR WILLIAM JOEL		Date of Receipt
	Mailing Address 32 VENTOSA DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	MORRISTOWN	NJ	07960
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.59108
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR ANALYTICAL SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 650.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MRS REGINA JONES		Date of Receipt
	Mailing Address POST OFFICE BOX 752345		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	LAS VEGAS	NV	89136
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.59052
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CUST SVC	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 240 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR RICHARD JONES
 Mailing Address **12224 MONTCALM STREET**
 City **CARMEL** State **IN** Zip Code **46032**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59234
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1275.00**

B. Full Name (Last, First, Middle Initial)
MS KATHRYN JONSRUD
 Mailing Address **16357 VICTORIA CURVE SE**
 City **PRIOR LAKE** State **MN** Zip Code **55372**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59101
 Amount of Each Receipt this Period **35.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR CLIENT & MKT PROG STRAT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **910.00**

C. Full Name (Last, First, Middle Initial)
MS BECKY KAUS
 Mailing Address **N81 W18359 TOURS DR**
 City **MENOMONEE FALLS** State **WI** Zip Code **53051**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59085
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR CLINICAL SVCS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **650.00**

SUBTOTAL of Receipts This Page (optional) ► **85.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 241 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City State Zip Code
RINGWOOD NJ 07456

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59302

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS DEEPTI KEHOE

Mailing Address 995 PINES TERR

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59004

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59154

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 242 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City State Zip Code
HACKENSACK NJ 07601

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58951

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR PETER KENNY

Mailing Address 6040 BOULEVARD E APT 28G

City State Zip Code
WEST NEW YORK NJ 07093

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59259

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS LISA KETNER

Mailing Address 7 POINT VIEW

City State Zip Code
OAKLAND NJ 07436

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MEMBER STRATEGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59142

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

**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 243 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS INNA KHANIN		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 3403 SPRINGBROOK DRIVE		Transaction ID: INC.A.59326		
	City EDISON	State NJ	Zip Code 08820	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) MS DONNA KLEIN		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 1080 FOREST CLIFF DRIVE		Transaction ID: INC.A.59391		
	City LAKEWOOD	State OH	Zip Code 44107	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 121 CONKLING TOWN ROAD		Transaction ID: INC.A.59270		
	City CHESTER	State NY	Zip Code 10918	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 244 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRES & CHIEF OPERATING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59311

Amount of Each Receipt this Period
192.30

B.

Full Name (Last, First, Middle Initial)
RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City State Zip Code
ACWORTH GA 30101

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP AVP MANAGED CARE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59417

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City State Zip Code
BOONTON NJ 07005

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLIENT RETAIL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59262

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **242.30**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 245 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City State Zip Code
BOWLING GREEN OH 43402

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58976

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 07430

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59012

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58934

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 246 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP E-COM STRATEGY & DELIVERY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59192

Amount of Each Receipt this Period
55.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59246

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City State Zip Code
TOWACO NJ 07082

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59181

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 115.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 247 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MATTHEW KUPFERBERG

Mailing Address 3235 CAMBRIDGE AVENUE, APT. #2J

City BRONX State NY Zip Code 10463

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 20 / 2008
Transaction ID: INC.A.59371
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
JAMES LANGLEY

Mailing Address 10921 MAIN RANGE TRAIL

City LITTLETON State CO Zip Code 80127

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

Name of Employer ACCREDO HEALTH GROUP Occupation VP REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 20 / 2008
Transaction ID: INC.A.59418
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City CITRUS HEIGHTS State CA Zip Code 95621

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3450.00

Date of Receipt 12 / 20 / 2008
Transaction ID: INC.A.59144
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 248 / 346 (check only one)
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<p>A. Full Name (Last, First, Middle Initial) JOSEPH LENZ</p> <p>Mailing Address 6 SHERMAN AVE</p> <p>City State Zip Code WALDWICK NJ 07463</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PERFORMANCE STRATEGY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 825.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 8</p> <p>Transaction ID: INC.A.59344</p> <p>Amount of Each Receipt this Period 50.00</p>
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<p>B. Full Name (Last, First, Middle Initial) PATRICIA LETCHWORTH</p> <p>Mailing Address 3133 HEATHSTONE COVE</p> <p>City State Zip Code GERMANTOWN TN 38138</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ACCREDO HEALTH GROUP DIR REIMBURSEMENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 8</p> <p>Transaction ID: INC.A.59419</p> <p>Amount of Each Receipt this Period 25.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) MR ROBERT LONG</p> <p>Mailing Address 18 HARLIND TERRACE</p> <p>City State Zip Code RAMSEY NJ 07446</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 8</p> <p>Transaction ID: INC.A.59133</p> <p>Amount of Each Receipt this Period 50.00</p>
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SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 249 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City State Zip Code
COLUMBUS OH 43221

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59105

Amount of Each Receipt this Period
12.50

B.

Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1335.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59025

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
MS DEBRA LUDGATE

Mailing Address 238 WOODLAND AVE

City State Zip Code
SUMMIT NJ 07901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59073

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **67.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 250 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) MS VERONA MACMAHON		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 1504 WEST CULLOM AVE UNIT G		Transaction ID: INC.A.59283
City CHICAGO	State IL	Zip Code 60613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.

Full Name (Last, First, Middle Initial) MR KENNETH MALLEY		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 764 W. SADDLE RIVER ROAD		Transaction ID: INC.A.59055
City HO HO KUS	State NJ	Zip Code 07423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PRODUCT & CHANNEL MKTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.

Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 33 HICKORY TAVERN RD		Transaction ID: INC.A.58926
City GILLETTE	State NJ	Zip Code 07933
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City State Zip Code
WOODCLIFF LAKE DR NJ 07675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59201

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR GARY MARGIOTTA

Mailing Address 8 HEATHER HILL WAY

City State Zip Code
MENDHAM NJ 07945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59046

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City State Zip Code
OLD GREENWICH CT 06870

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59009

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City State Zip Code
WEST ORANGE NJ 07052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59374

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City State Zip Code
MENOMONEE FALLS WI 53051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59081

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
SHELLY MARTIN

Mailing Address 9536 DOE MEADOW DR

City State Zip Code
GERMANTOWN TN 38139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITED HEALTH GROUP DIR HR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59425

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

125.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
THOMAS MARTIN

Mailing Address 1882 E LAUREL HOLLOW

City State Zip Code
GERMANTOWN TN 38139

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation PRESIDENT - CCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59420

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City State Zip Code
CLARKSVILLE MD 21029

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59035

Amount of Each Receipt this Period
192.30

C. Full Name (Last, First, Middle Initial)
MR EDWARD MARTINEZ

Mailing Address 35 SALTER PLACE

City State Zip Code
MAPLEWOOD NJ 07040

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59330

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **267.30**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City State Zip Code
SUSSEX NJ 07461

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.58991

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City State Zip Code
HILLSDALE NJ 07642

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP DRUG DISTRIB & CONTROL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59237

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
MR TERENCE MAYTIN

Mailing Address 496 FRANKLIN AVE

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR E-COM STRAT & DELI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59031

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 227.30

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS PATRICIA MAZZONE		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 56 PENOBSCOT ST		Transaction ID: INC.A.59141		
	City CLIFTON	State NJ	Zip Code 07013	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Name of Employer MEDCO HEALTH SOLUTIONS		
Occupation SR DIR PRODUCT SVCS		Aggregate Year-to-Date 650.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 11 JARDINE COURT		Transaction ID: INC.A.59061		
	City MORRIS PLAINS	State NJ	Zip Code 07950	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Name of Employer ACCREDITO HEALTH GROUP		
Occupation VP SALES AND MARKETING		Aggregate Year-to-Date 1300.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) THOMAS MCCANN		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 9600 DOVE SPRING CV		Transaction ID: INC.A.59427		
	City GERMANTOWN	State TN	Zip Code 38139	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Name of Employer ACCREDITO HEALTH GROUP		
Occupation VP SALES		Aggregate Year-to-Date 1300.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
 MR THOMAS MCDONALD
 Mailing Address 0-45 27TH ST
 City State Zip Code
FAIR LAWN NJ 07410
 Date of Receipt
 M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8
Transaction ID: INC.A.59184
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **650.00**

B. Full Name (Last, First, Middle Initial)
 MS ANNE MCGURRIN
 Mailing Address 28 ROSEMILT PLACE
 City State Zip Code
MORRISTOWN NJ 07960
 Date of Receipt
 M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8
Transaction ID: INC.A.59377
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR MARKET SEGMENT SOLUTIONS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **225.00**

C. Full Name (Last, First, Middle Initial)
 MS COLLEEN MCINTOSH
 Mailing Address 87 ROSELAWN RD
 City State Zip Code
HIGHLAND MILLS NY 10930
 Date of Receipt
 M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8
Transaction ID: INC.A.59143
 Amount of Each Receipt this Period
 192.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **4992.00**

SUBTOTAL of Receipts This Page (optional) ► **242.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code
WEST MILFORD NJ 07480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP BUSINESS OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59277

Amount of Each Receipt this Period
192.25

B. Full Name (Last, First, Middle Initial)
MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City State Zip Code
ORADELL NJ 07649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING & ADMIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.58969

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City State Zip Code
DERRY PA 15627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP AVP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59395

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **242.25**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
DAVID MILLER

Mailing Address 7 CLOVER LANE

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP LABOR RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58931

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City State Zip Code
DENVER NJ 07834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR INTERNAL AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58925

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59292

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City State Zip Code
PARSIPPANY NJ 07054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58939

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS JULIANA MOLEK

Mailing Address 8620 LAKE RILEY DRIVE

City State Zip Code
CHANHASSEN MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR SPECIAL MARKETS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59042

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City State Zip Code
WARRINGTON PA 18976

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59050

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
SHORT HILLS NJ 07078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMACEUTICAL CONTRACTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58914

Amount of Each Receipt this Period
192.00

B. Full Name (Last, First, Middle Initial)
MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City State Zip Code
MONTVALE NJ 07645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59238

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59271

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 262.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ROBERT MULLER

Mailing Address 69 FERN PLACE

City State Zip Code
PARAMUS NJ 07652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP HLTH BUS CLIENT ENROLLMNT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59248

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City State Zip Code
HASBROUCK HEIGHTS NJ 07604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58974

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR ANDREW NANICK

Mailing Address 220 LAUREL BAY DRIVE

City State Zip Code
MURRELLS INLET SC 29576

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58979

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BARBARA NEAVERTH

Mailing Address PO BOX 523

City State Zip Code
SUGAR LOAF NY 10981

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58956

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS ARLENE NELSON

Mailing Address 319 BOGERT AVENUE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59010

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL NICODEMO

Mailing Address 407 MEER AVE

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP E-COM STRATEGY & DELIVERY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59276

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 85.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City OAKLAND State NJ Zip Code 07436

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MARKET STRATEGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59132

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MS COLLEEN O'BRIEN

Mailing Address 30 BELCHER ROAD

City WARWICK State NY Zip Code 10990

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59148

Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City TAMPA State FL Zip Code 33635

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR SECURITY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59006

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City RYE State NY Zip Code 10580

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59260

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City ROCKAWAY TOWNSHIP State NJ Zip Code 07866

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.58941

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City RIDGEWOOD State NJ Zip Code 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROCUREMENT & INVENTORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59207

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS SUE OLIVER
 Mailing Address **11 LEE DRIVE**
 City **NORTH HALEDON** State **NJ** Zip Code **07508**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59218
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR TECHNOLOGY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1300.00**

B. Full Name (Last, First, Middle Initial)
MS CLAUDINE OLSEN
 Mailing Address **4 HIGHGATE CT**
 City **SUFFERN** State **NY** Zip Code **10901**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59254
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **NATL ACCT EXEC**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **650.00**

C. Full Name (Last, First, Middle Initial)
ALEXANDER ONIK
 Mailing Address **1 SCHINDLER CT**
 City **UPPER SADDLE RIVER** State **NJ** Zip Code **07458**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59347
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **TECHNICAL SPECIALIST**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **650.00**

SUBTOTAL of Receipts This Page (optional) ► **100.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59111

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59198

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City State Zip Code
PARK RIDGE NJ 07656

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59197

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 346
(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)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City State Zip Code
PARK RIDGE NJ 07656

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59193

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City State Zip Code
LIVINGSTON NJ 07039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP RETIREE SOLUTIONS MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59103

Amount of Each Receipt this Period
55.00

C. Full Name (Last, First, Middle Initial)
MR RICHARD PALOMBO

Mailing Address 19 E. HOLLYWOOD LANE

City State Zip Code
BEESLEY'S POINT NJ 08223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PROFESSIONAL PRACTICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59307

Amount of Each Receipt this Period
9.61

SUBTOTAL of Receipts This Page (optional) ► 89.61

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City State Zip Code
MONMOUTH JUNCTION NJ 08852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59097

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City State Zip Code
HAWTHORNE NJ 07506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59337

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR MATTHEW PATELLA

Mailing Address 30 TAM O SHANTER DRIVE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58958

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City LANTANA State TX Zip Code 76226

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59157

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City COLUMBUS State OH Zip Code 43220

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58985

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
MR ROBERT PELLEGRINI

Mailing Address 211 WILTSIE COURT

City WYCKOFF State NJ Zip Code 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59064

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
JIMMY PERREN

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code
COLLIERVILLE TN 38017

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation VP REGULATORY COMPLIANCE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59399

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL PETEROY

Mailing Address 4769 STAVANGER LANE

City State Zip Code
LAS VEGAS NV 89147

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRODUCT DEVELOPMENT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59179

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR NATHAN PETERSON

Mailing Address 1520 PEMBROKE PASS

City State Zip Code
CHANHASSEN MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59077

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City State Zip Code
MAPLE GROVE MN 55311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59030

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MARTINE PFLIEGER

Mailing Address 44 HENRY TERRACE

City State Zip Code
LINCOLN PARK NJ 07035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59369

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR LOUIS PICONE

Mailing Address 37 TAMARACK DRIVE

City State Zip Code
SUCCASUNNA NJ 07876

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59305

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR THOMAS PIERCE
 Mailing Address **10297 E. LAKE DR.**
 City **ENGLEWOOD** State **CO** Zip Code **80111**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59364
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP LABOR RELATIONS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1300.00**

B. Full Name (Last, First, Middle Initial)
DR PAGE PIGG
 Mailing Address **9297 ANGLER TRL**
 City **MECHANICSVILLE** State **VA** Zip Code **23116**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59075
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR CLINICAL SVCS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **650.00**

C. Full Name (Last, First, Middle Initial)
MS JANET PORAT
 Mailing Address **5 CRABAPPLE CT**
 City **MONSEY** State **NY** Zip Code **10952**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59033
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR TECHNOLOGY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **650.00**

SUBTOTAL of Receipts This Page (optional) ► **100.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City State Zip Code
DUNNELLON FL 34432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59261

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR NEIL PREZIOSO

Mailing Address 10258 WINDSOR WAY

City State Zip Code
POWELL OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP HLTH CARE OPS/FORMULARY/CDP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59164

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59122

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► 267.30

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 346
(check only one)

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROBERT PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City HOPEWELL JUNCTION State NY Zip Code 12533

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CONTRACT ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.59225
Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City SPARTA State NJ Zip Code 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACY & CUST SVC OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.59298
Amount of Each Receipt this Period: 192.25

C.

Full Name (Last, First, Middle Initial)
SYED QUADRI

Mailing Address 6040 KENNEDY BLVD EAST
APT 30N

City WEST NEW YORK State NJ Zip Code 07093

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRIVACY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.59291
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 242.25

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59318

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58953

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
MRS DOLORES RAPUANO

Mailing Address 57660 BEAVER VALLEY RD

City State Zip Code
QUAKER CITY OH 43773

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ELIGIBILITY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59266

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JOANN REED
 Mailing Address **4 ANTLER CT**
 City **MATAWAN** State **NJ** Zip Code **07747**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59214
 Amount of Each Receipt this Period **65.38**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SPECIAL ADVISOR TO CEO**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1699.88**

B. Full Name (Last, First, Middle Initial)
MRS MONICA REED
 Mailing Address **8475 DUNHAM STATION DRIVE**
 City **TAMPA** State **FL** Zip Code **33647**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59117
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR PHARM PRACTICE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1300.00**

C. Full Name (Last, First, Middle Initial)
MR THOMAS REINCKENS
 Mailing Address **43 HAROLD ST. UNIT B**
 City **COS COB** State **CT** Zip Code **06807**
 Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59047
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR RECONCILIATION**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1300.00**

SUBTOTAL of Receipts This Page (optional) **140.38**
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 277 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City State Zip Code
FLANDERS NJ 07836

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PROCUREMENT & INVENTORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59263

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City State Zip Code
EDGEWATER NJ 07020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1820.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59315

Amount of Each Receipt this Period
70.00

C. Full Name (Last, First, Middle Initial)
SUZANNE RICHARDS

Mailing Address 21357 W 115TH TER

City State Zip Code
OLATHE KS 66061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP SR MGR BUS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59400

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 145.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code
MINNEAPOLIS MN 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58990

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS TRACEY RODGERS-LENGE

Mailing Address 19 FARMINGTON COURT

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58933

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code
ANDOVER NJ 07821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59314

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City MAHWAH State NJ Zip Code 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation PRESIDENT SYSTEMED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59045

Amount of Each Receipt this Period
192.30

B. Full Name (Last, First, Middle Initial)
DAVID ROOT

Mailing Address 212 SPRING BRANCH ROAD

City WAVERLY State VA Zip Code 23890

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR STATE GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59373

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City KINNELON State NJ Zip Code 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS-CLINICAL TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59226

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **267.30**

TOTAL This Period (last page this line number only) ►

**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 280 / 346		
	<input checked="" 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 type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) DR CHRISTINE ROTTAS		Date of Receipt MM / DD / YYYY 12 / 20 / 2008	
	Mailing Address 7227 RAMOTH DRIVE		Transaction ID: INC.A.59015	
	City	State	Zip Code	Amount of Each Receipt this Period
	JACKSONVILLE	FL	32226	50.00
	FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation EXEC DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00		

B.	Full Name (Last, First, Middle Initial) MR CHRISTOPHERJOHN ROWLAND		Date of Receipt MM / DD / YYYY 12 / 20 / 2008	
	Mailing Address 16725 OLIVE CIRCLE		Transaction ID: INC.A.58944	
	City	State	Zip Code	Amount of Each Receipt this Period
	FOUNTAIN VALLEY	CA	92708	10.00
	FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

C.	Full Name (Last, First, Middle Initial) MR RICHARD RUBINO		Date of Receipt MM / DD / YYYY 12 / 20 / 2008	
	Mailing Address 3 APACHE DRIVE		Transaction ID: INC.A.59223	
	City	State	Zip Code	Amount of Each Receipt this Period
	OAKLAND	NJ	07436	175.00
	FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP FINANCE & CHIEF FIN OFFCR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)	235.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City OAKLAND State NJ Zip Code 07436

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation VP CLINICAL MGMT & SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59066

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MS KATHERYN RUSSI

Mailing Address 5965 VILLAGE CIRCLE

City JOHNSTON State IA Zip Code 50131

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.58963

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City RINGWOOD State NJ Zip Code 07456

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROF PRA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59173

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JENNIFER RUSSO

Mailing Address 35 DEAN ST.

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59334

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
MR JESSE RUZICKA

Mailing Address 334 MORRIS AVE

City State Zip Code
BOONTON NJ 07005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59335

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City State Zip Code
MAPLEWOOD NJ 07040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PHARMACY REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2036.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59213

Amount of Each Receipt this Period
78.34

SUBTOTAL of Receipts This Page (optional) ► **118.34**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City State Zip Code
ALLISON PARK PA 15101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59247

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR RYAN SADLER

Mailing Address 85 VANCE ST. #201

City State Zip Code
MEMPHIS TN 38103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP DIR GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59380

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City State Zip Code
WEST ORANGE NJ 07052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ENTERPRISE BUS INTELLIG

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59098

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58995

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS BETH SAVARE

Mailing Address 27 JONES LN

City State Zip Code
BLAIRSTOWN NJ 07825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59219

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS TRINA SAYLER

Mailing Address 56 LAKESIDE DRIVE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59278

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 65.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP FINANCIAL & ANALYTICAL SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59222

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR ALLEN SCHWARTZ

Mailing Address 9111 N KARLOV

City State Zip Code
SKOKIE IL 60076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58986

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
BRUCE SCOTT

Mailing Address 18650 BEARPATH TRAIL

City State Zip Code
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & CHIEF PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59388

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► **292.31**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CYNTHIA SCOTT

Mailing Address 18650 BEARPATH TRAIL

City State Zip Code
EDEN PRAIRIE MN 55437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL PROG DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.58929

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code
MAPLE GROVE MN 55311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59265

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR LEONARD SCOTT

Mailing Address 13514 MOTTLESTONE DRIVE NW

City State Zip Code
PICKERINGTON OH 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REG DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59155

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City State Zip Code
SALT LAKE CITY UT 84109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58922

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City State Zip Code
WAYNE NJ 07470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58955

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City State Zip Code
WESTWOOD NJ 07675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59288

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 288 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2880.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59140

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City State Zip Code
ALLENDALE NJ 07401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.58938

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59003

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 / 346
(check only one)

<input checked="" 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 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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR PETER SHERMAN

Mailing Address 139 GATES AVENUE

City State Zip Code
MONTCLAIR NJ 07042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MANAGING COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58915

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City State Zip Code
NORTH ARLINGTON NJ 07031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PRICING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59091

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City State Zip Code
LONG BEACH CA 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59018

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS ANNE SIGILLITO

Mailing Address 178 LEXINGTON AVE.

City WESTWOOD State NJ Zip Code 07675

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GENERIC STRAT & CUST DV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.58919

Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
MS JODI SILBERMANN

Mailing Address 16 TULIP LANE

City RANDOLPH State NJ Zip Code 07869

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59239

Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City PORT ORANGE State FL Zip Code 32128

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CORP COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 20 / 2008

Transaction ID: INC.A.59113

Amount of Each Receipt this Period 192.25

SUBTOTAL of Receipts This Page (optional) ► 212.25

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) MR LEE SIMON		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 2390 GREENVIEW ROAD		Transaction ID: INC.A.59272
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

B.

Full Name (Last, First, Middle Initial) MR JEFFREY SINKO		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 10 CHERRY TREE LANE		Transaction ID: INC.A.59150
City KINNELON	State NJ	Zip Code 07405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.

Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO		Date of Receipt MM / DD / YYYY 12 / 20 / 2008
Mailing Address 564 DALE COURT EAST		Transaction ID: INC.A.58954
City RIVER VALE	State NJ	Zip Code 07675
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JOHN SISTO

Mailing Address 24 MAYBERRY LANE

City State Zip Code
MECHANICSBURG PA 17050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARMACY REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59206

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR DAVID SITVER

Mailing Address 24 YORKSHIRE AVE

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59090

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
ANN SMITH

Mailing Address 437 GLENDALE RD

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59096

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS COLLEEN SMITH

Mailing Address 1241 CHENILLE CIR

City State Zip Code
WESTON FL 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59071

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59245

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59306

Amount of Each Receipt this Period
192.25

SUBTOTAL of Receipts This Page (optional) ► 252.25

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59336

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
BARRY SOUTHERN

Mailing Address 3705 MIDDLEBURY WAY

City State Zip Code
GREENSBORO NC 27410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59398

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City State Zip Code
COLLEYVILLE TX 76034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59166

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR RALPH STAIANO		Date of Receipt
	Mailing Address 1 LAMBROS DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	MONROE	NY	10950
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.58930
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR BUSINESS REQUIREMENTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) PETER STARK		Date of Receipt
	Mailing Address 4840 COLE ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	MEMPHIS	TN	38117
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.59421
Name of Employer ACCREDO HEALTH GROUP		Occupation GROUP VP MANUF SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN		Date of Receipt
	Mailing Address 7 FOREST LAKE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	WEST HARRISON	NY	10604
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.59224
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP FINANCIAL & ANALYTICAL SVC	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1869.24	<input type="text"/> 192.31

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 267.31
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
CHANNING STAVE

Mailing Address 77 HIGHVIEW AVE

City State Zip Code
TUCKAHOE NY 10707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59372

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City State Zip Code
AUSTIN TX 78732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59275

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City State Zip Code
EMERSON NJ 07630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59036

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR STANLEY STEFANSKI

Mailing Address 24 CASTLETON DRIVE

City State Zip Code
HIGHLAND MILLS NY 10930

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS PLANNING & DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58916

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATIONAL PRACTICE LEADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59082

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP/GM ADVANCED CLINICAL SLTNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59293

Amount of Each Receipt this Period
192.25

SUBTOTAL of Receipts This Page (optional) ► 252.25

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR GERARD STOCKER, JR

Mailing Address **80 ALGONQUIN TRL**

City **OAKLAND** State **NJ** Zip Code **07436**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR NATL ACCT EXEC**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59037
 Amount of Each Receipt this Period **50.00**

B.

Full Name (Last, First, Middle Initial)
MS JANNA STOUL

Mailing Address **4 APACHE WAY**

City **MONTVILLE** State **NJ** Zip Code **07045**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR TECHNOLOGY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.58945
 Amount of Each Receipt this Period **25.00**

C.

Full Name (Last, First, Middle Initial)
MR SCOTT STRATTON

Mailing Address **351 TIMBERLANE DRIVE**

City **ORANGE** State **CT** Zip Code **06477**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP PRODUCT DEVELOPMENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **12 / 20 / 2008**
Transaction ID: INC.A.59342
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

**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 299 / 346
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS PATRICIA STRETE	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 19275 PAVER BARNES ROAD	Transaction ID: INC.A.58981
	City State Zip Code MARYSVILLE OH 43040	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLINICAL THERAPEUTICS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS COLEEN SULLIVAN	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 38 BARKMILL TERRACE	Transaction ID: INC.A.59273
	City State Zip Code MONTVILLE NJ 07045	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MR MARK SULLIVAN	Date of Receipt MM / DD / YYYY 12 / 20 / 2008
	Mailing Address 16025 PINE VALE PL.	Transaction ID: INC.A.58935
	City State Zip Code MIDLOTHIAN VA 23113	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CS SYSTEMS PLAN & IMPLM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR FREDERICK SUMNER

Mailing Address 808 HOLLYWOOD AVENUE

City State Zip Code
HO-HO-KUS NJ 07423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PROJECT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58999

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL
APT 209

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59007

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59044

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **115.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JOANNE TAYLOR

Mailing Address 39 ROCKAWAY PLACE

City State Zip Code
PARSIPPANY NJ 07054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CONTRACT ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58937

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
MR NICHOLAS TAYLOR

Mailing Address 4241 CHADBOURNE DRIVE

City State Zip Code
UPPER ARLINGTON OH 43220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59299

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR BOOBALAN THANGAVELU

Mailing Address 13 BIRCH TERRACE

City State Zip Code
MT ARLINGTON NJ 07856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59323

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 65.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City State Zip Code
WAYNE NJ 07470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59017

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR LARRY THOMAS

Mailing Address 3915 SILKWOOD TRAIL

City State Zip Code
ARLINGTON TX 76016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MANAGING PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.32

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59204

Amount of Each Receipt this Period
4.41

C. Full Name (Last, First, Middle Initial)
MS MELISSA THOMET

Mailing Address 721 HINMAN AVE #1E

City State Zip Code
EVANSTON IL 60202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58942

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **54.41**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code
LIVONIA MI 48152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59062

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code
LAS VEGAS NV 89123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59131

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BENEFIT SYSTEMS SUPPORT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58946

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 346

(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City State Zip Code
AMHERST VA 24521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59147

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City State Zip Code
HILLSBOROUGH NJ 08844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT SVC DELIVERY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59280

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
MR JEFFREY TYLER

Mailing Address 37 KNOLL TERRACE

City State Zip Code
HAZLET NJ 07730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 307.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59109

Amount of Each Receipt this Period

30.77

SUBTOTAL of Receipts This Page (optional)

135.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR KEITH URICH

Mailing Address 12495 SOUTH 1745 EAST

City State Zip Code
DRAPER UT 84020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP SALES-SYSTEMED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59086

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR ANALYTICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59057

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code
WAUKESHA WI 53189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59393

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City State Zip Code
MIDLAND PARK NJ 07432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCIAL APPLICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58962

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City State Zip Code
ROCKVILLE CENTRE NY 11570

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MKTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59138

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
CHANTAL VEEVAETE

Mailing Address 7292 OAKVILLE DRIVE

City State Zip Code
GERMANTOWN TN 38138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP GROUP VP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59411

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 949.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59005

Amount of Each Receipt this Period
27.00

B. Full Name (Last, First, Middle Initial)
MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE
UNIT #17

City State Zip Code
BLOOMFIELD NJ 07003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MEDICAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59001

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58912

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **77.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR MUNISH VJ

Mailing Address 11 BOULDER TRAIL

City MAHWAH State NJ Zip Code 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.59325
 Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR STEVEN VREELAND

Mailing Address 19 ANNA STREET

City DENVILLE State NJ Zip Code 07834

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.59351
 Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MS ANNETTE WAGNER

Mailing Address 8 INDIAN RUN ROAD

City LONG VALLEY State NJ Zip Code 07853

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: INC.A.59191
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR MICHAEL WAIBEL

Mailing Address N48 W16381 LONE OAK LN

City State Zip Code
MENOMONEE FALLS WI 53051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59083

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City State Zip Code
NEW ROCHELLE NY 10804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP REGULATORY & MC PROGRAMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59200

Amount of Each Receipt this Period
192.25

C.

Full Name (Last, First, Middle Initial)
MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58928

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **232.25**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City State Zip Code
DALLAS TX 75206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59327

Amount of Each Receipt this Period
192.25

B. Full Name (Last, First, Middle Initial)
MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59152

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS CATHERINE WASSON

Mailing Address 3912 CALLE ANDALUCIA

City State Zip Code
SAN CLEMENTE CA 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATL ACCTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58949

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 292.25

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59194

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
STACY WATSON

Mailing Address 10180 HERONS NEST COVE WEST

City State Zip Code
LAKELAND TN 38002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP DIR MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59432

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS DONNA WEATHERS

Mailing Address 1043 BELL STREET

City State Zip Code
EDMONDS WA 98020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59126

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code
MONTVALE NJ 07645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CORP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59129

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City State Zip Code
COLLIERVILLE TN 38017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP AVP QA AND PRODUCT INTEGRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59095

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
LOWELL WEINER

Mailing Address 1 BURGESS COURT

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59370

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 313 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP PRES EMPLOYER GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59027

Amount of Each Receipt this Period
192.25

B. Full Name (Last, First, Middle Initial)
MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.59119

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.
#17F

City State Zip Code
PHOENIX AZ 85016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: INC.A.58936

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 292.25

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 314 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MRS TAMARA WHITLEY		Date of Receipt
	Mailing Address 5847 CLENDENIN AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	DALLAS	TX	75228
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.58923
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR BUSINESS REQUIREMENTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MR CHRISTOPHER WILSON		Date of Receipt
	Mailing Address 44 HILL STREET APARTMENT 2D		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	MORRISTOWN	NJ	07960
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.59093
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP MKTING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) MS COLETTE WILSON		Date of Receipt
	Mailing Address 16608 56TH PL W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	LYNNWOOD	WA	98037
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.59032
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR NATL ACCT EXEC	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 17 LYNWOOD RD		Transaction ID: INC.A.59221		
	City VERONA	State NJ	Zip Code 07044	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Name of Employer MEDCO HEALTH SOLUTIONS		
Occupation SR DIR ORG DEV		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 650.00					

B.	Full Name (Last, First, Middle Initial) MR MICHAEL WISNIEWSKI		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 23 DRUID HILL DR		Transaction ID: INC.A.59274		
	City PARSIPPANY	State NJ	Zip Code 07054	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Name of Employer MEDCO HEALTH SOLUTIONS		
Occupation SR DIR CONTRACT ADMINISTRATION		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 650.00					

C.	Full Name (Last, First, Middle Initial) MR STEPHEN WOGEN		Date of Receipt MM / DD / YYYY 12 / 20 / 2008		
	Mailing Address 145 WAUGHAW ROAD		Transaction ID: INC.A.59039		
	City TOWACO	State NJ	Zip Code 07082	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Name of Employer MEDCO HEALTH SOLUTIONS		
Occupation VP MEDICARE FINANCE		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1300.00					

SUBTOTAL of Receipts This Page (optional) ▶

100.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MRS ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City State Zip Code
PISCATAWAY NJ 08854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR RRA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.58947

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City State Zip Code
BAYSIDE NY 11364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INSURED SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59321

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City State Zip Code
STILLWATER NY 12170

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59267

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
BRENDA WRIGHT

Mailing Address **1834 HUNTERS CREEK DRIVE**

City **GERMANTOWN** State **TN** Zip Code **38138**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ACCREDO HEALTH GROUP** Occupation **VP QUALITY INTEGRITY HEALTH**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **12 / 20 / 2008**

Transaction ID: INC.A.59408

Amount of Each Receipt this Period **50.00**

B.

Full Name (Last, First, Middle Initial)
MR SERGEY YANITSKIY

Mailing Address **793 LINCOLN AVE**

City **POMPTON LAKES** State **NJ** Zip Code **07442**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **TECHNICAL SPECIALIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 20 / 2008**

Transaction ID: INC.A.58998

Amount of Each Receipt this Period **25.00**

C.

Full Name (Last, First, Middle Initial)
MS SARAH YINGLING

Mailing Address **901 ST MARKS AVE**

City **WESTFIELD** State **NJ** Zip Code **07090**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR PRODUCT MGMT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 20 / 2008**

Transaction ID: INC.A.59106

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP E-COM DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59182

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code
LEESBURG VA 20176

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CONSOLIDATION PLAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59240

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
ANDREA ZICCARELLI

Mailing Address 6550 HERONWOOD DR

City State Zip Code
MEMPHIS TN 38119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: INC.A.59016

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

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 319 / 346
	<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

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI		Date of Receipt	
	Mailing Address 6691 DEERVIEW DRIVE		M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.59080
	LOVELAND	OH	45140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00		

B.	Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO		Date of Receipt	
	Mailing Address 726 HIGH MOUNTAIN ROAD		M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.59332
	FRANKLIN LAKES	NJ	07417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00		

C.	Full Name (Last, First, Middle Initial) DAVID E. LOSCHINSKEY		Date of Receipt	
	Mailing Address 4500 MOUNT GILLESPIE DR.		M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.57832
	LAKELAND	TN	38002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1500.00	
Name of Employer ACCREDO HEALTH GROUP, INC.		Occupation VICE PRESIDENT, SOFTWARE DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City State Zip Code
TAMPA FL 33629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.58141

Amount of Each Receipt this Period
5.00

B. Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code
MOUNT LAUREL NJ 08054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.58289

Amount of Each Receipt this Period
15.00

C. Full Name (Last, First, Middle Initial)
MR BARRY BOUDREAU

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
LAS VEGAS NV 89141

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.57852

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) MS GWEN BRADY		Date of Receipt MM / DD / YYYY 12 / 27 / 2008
Mailing Address 219 E. COMO AVENUE		Transaction ID: INC.A.57947
City COLUMBUS	State OH	Zip Code 43202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.

Full Name (Last, First, Middle Initial) MR JASON COLE		Date of Receipt MM / DD / YYYY 12 / 27 / 2008
Mailing Address 14917 E BELLA VISTA		Transaction ID: INC.A.58033
City VERADALE	State WA	Zip Code 99037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

C.

Full Name (Last, First, Middle Initial) MR KENNETH DANIELS		Date of Receipt MM / DD / YYYY 12 / 27 / 2008
Mailing Address 2903 CHUKKAR COURT		Transaction ID: INC.A.58102
City PLANT CITY	State FL	Zip Code 33567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	62.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 322 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.58108

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City State Zip Code
GALLOWAY OH 43119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.57897

Amount of Each Receipt this Period
12.50

C.

Full Name (Last, First, Middle Initial)
MR J. HOLLINGER

Mailing Address 784 CAPE HENRY DR

City State Zip Code
COLUMBUS OH 43228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.58094

Amount of Each Receipt this Period
4.17

SUBTOTAL of Receipts This Page (optional) ► 66.67

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS REGINA JONES

Mailing Address POST OFFICE BOX 752345

City State Zip Code
LAS VEGAS NV 89136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 27 / 2008

Transaction ID: INC.A.57985

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt
MM / DD / YYYY
12 / 27 / 2008

Transaction ID: INC.A.58164

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
MM / DD / YYYY
12 / 27 / 2008

Transaction ID: INC.A.58038

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional) ▶ **62.50**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 / 346
(check only one)

<input checked="" 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 type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1335.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.57958

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City State Zip Code
LANTANA TX 76226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.58089

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City State Zip Code
COLUMBUS OH 43220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.57917

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 325 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.58249

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.58050

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2880.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.58072

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 326 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE
 Mailing Address 6108 HUNTER LANE
 City State Zip Code
COLLEYVILLE TX 76034
 Date of Receipt
MM / DD / YYYY
12 / 27 / 2008
Transaction ID: INC.A.58098
 Amount of Each Receipt this Period
25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT
 Mailing Address 8362 GOLDEN PRAIRIE DRIVE
 City State Zip Code
TAMPA FL 33647
 Date of Receipt
MM / DD / YYYY
12 / 27 / 2008
Transaction ID: INC.A.57977
 Amount of Each Receipt this Period
50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2600.00

C. Full Name (Last, First, Middle Initial)
MR LARRY THOMAS
 Mailing Address 3915 SILKWOOD TRAIL
 City State Zip Code
ARLINGTON TX 76016
 Date of Receipt
MM / DD / YYYY
12 / 27 / 2008
Transaction ID: INC.A.58136
 Amount of Each Receipt this Period
4.41
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MANAGING PHARMACIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 229.32

SUBTOTAL of Receipts This Page (optional) ► 79.41
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 327 / 346
(check only one)

<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD		Date of Receipt MM / DD / YYYY 12 / 27 / 2008		
	Mailing Address 7974 FLAMETREE CT		Transaction ID: INC.A.58064		
	City LAS VEGAS	State NV	Zip Code 89123	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

B.	Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE		Date of Receipt MM / DD / YYYY 12 / 27 / 2008		
	Mailing Address 5 APPLE ORCHARD RD		Transaction ID: INC.A.58084		
	City MOORESTOWN	State NJ	Zip Code 08057	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00			

C.	Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI		Date of Receipt MM / DD / YYYY 12 / 27 / 2008		
	Mailing Address 6691 DEERVIEW DRIVE		Transaction ID: INC.A.58013		
	City LOVELAND	State OH	Zip Code 45140	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	59880.80

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 / 346
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City State Zip Code
CORTE MADERA CA 94925

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1291.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	8

Transaction ID: INC.A.57242

Amount of Each Receipt this Period
86.82

INTEREST EARNED

B. Full Name (Last, First, Middle Initial)
BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City State Zip Code
CORTE MADERA CA 94925

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1291.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

Transaction ID: INC.A.57836

Amount of Each Receipt this Period
68.63

INTEREST EARNED

SUBTOTAL of Receipts This Page (optional)	▶	155.45
TOTAL This Period (last page this line number only)	▶	155.45

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) BATTLE BORN PAC	Transaction ID: EXP.B.56714 Date of Disbursement 12 / 02 / 2008	
	Mailing Address P.O. BOX 370386, SUITE 300		
	City LAS VEGAS State NV Zip Code 89137	Amount of Each Disbursement this Period	-5000.00
	Purpose of Disbursement VOIDED CHECK; ISSUED IN PRIOR PERIOD	011	Category/Type
	Candidate Name BATTLE BORN PAC		
	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) ▼	
B.	Full Name (Last, First, Middle Initial) BATTLE BORN PAC	Transaction ID: EXP.B.56715 Date of Disbursement 12 / 02 / 2008	
	Mailing Address P.O. BOX 370386, SUITE 300		
	City LAS VEGAS State NV Zip Code 89137	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement	011	Category/Type
	Candidate Name BATTLE BORN PAC		
	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) ▼	
C.	Full Name (Last, First, Middle Initial) NEXT GENERATION PAC	Transaction ID: EXP.B.57831 Date of Disbursement 12 / 23 / 2008	
	Mailing Address 1070 THOMAS JEFFERSON STREET NW		
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement	011	Category/Type
	Candidate Name NEXT GENERATION PAC		
	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)	5000.00
TOTAL This Period (last page this line number only)	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)

PAGE 332 / 346

<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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) CLARK BARNES FOR STATE SENATE			Transaction ID: EXP.B.57291	
	Mailing Address ROUTE 2 BOX 12 C			Date of Disbursement 12 / 15 / 2008	
	City Beverly	State WV	Zip Code 26253	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement			011 Category/ Type	
	Candidate Name CLARK BARNES FOR STATE SENATE				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WV		District:			
B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT BRIAN KELSEY			Transaction ID: EXP.B.57282	
	Mailing Address 6410 POPLAR AVE., SUITE 1000			Date of Disbursement 12 / 15 / 2008	
	City Memphis	State TN	Zip Code 38119	Amount of Each Disbursement this Period 500.00	
	Purpose of Disbursement			011 Category/ Type	
	Candidate Name COMMITTEE TO ELECT BRIAN KELSEY				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TN		District:			
C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHARLES SARGENT			Transaction ID: EXP.B.57285	
	Mailing Address 117 ASHTON PARK BLVD.			Date of Disbursement 12 / 15 / 2008	
	City Franklin	State TN	Zip Code 37067	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement			011 Category/ Type	
	Candidate Name COMMITTEE TO ELECT CHARLES SARGENT				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TN		District:			

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

**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)

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<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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT DAVID SHEPARD	Transaction ID: EXP.B.57286
	Mailing Address 204 MCCREARY HEIGHTS	Date of Disbursement 12 / 15 / 2008
	City Dickson State TN Zip Code 37055	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name COMMITTEE TO ELECT DAVID SHEPARD	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT HUGH HOLLIMAN	Transaction ID: EXP.B.57270
	Mailing Address 103 SAPONA RD.	Date of Disbursement 12 / 15 / 2008
	City LEXINGTON State NC Zip Code 27295	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name COMMITTEE TO ELECT HUGH HOLLIMAN	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JIM KYLE	Transaction ID: EXP.B.57295
	Mailing Address 100 PEABODY PL., STE. 1300	Date of Disbursement 12 / 15 / 2008
	City MEMPHIS State TN Zip Code 38103	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name COMMITTEE TO ELECT JIM KYLE	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

**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)

PAGE 334 / 346

<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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JOE MCCORD	Transaction ID: EXP.B.57283 Date of Disbursement
	Mailing Address 4504 MONTVALE ROAD	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Maryville State TN Zip Code 37803	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name COMMITTEE TO ELECT JOE MCCORD	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MARIAN MCLAWHORN	Transaction ID: EXP.B.57272 Date of Disbursement
	Mailing Address P.O. BOX 399	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City GRIFTON State NC Zip Code 28530	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name COMMITTEE TO ELECT MARIAN MCLAWHORN	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MARK NORRIS	Transaction ID: EXP.B.57279 Date of Disbursement
	Mailing Address 853 SOUTH COLLIERVILLE-ARLINGTON R	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City COLLIERVILLE State TN Zip Code 38017	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name COMMITTEE TO ELECT MARK NORRIS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 335 / 346

<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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MARTIN NESBITT	Transaction ID: EXP.B.57262
	Mailing Address 180 ROBINHOOD ROAD #3	Date of Disbursement 12 / 15 / 2008
	City Asheville State NC Zip Code 28804	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name COMMITTEE TO ELECT MARTIN NESBITT	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT STEVE MCDANIEL	Transaction ID: EXP.B.57284
	Mailing Address 97 BATTLEGROUND DRIVE	Date of Disbursement 12 / 15 / 2008
	City Parkers Crossroads State TN Zip Code 38388	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name COMMITTEE TO ELECT STEVE MCDANIEL	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT STEVE SOUTHERLAND	Transaction ID: EXP.B.57280
	Mailing Address 4648 HARBOR DR.	Date of Disbursement 12 / 15 / 2008
	City MORRISTOWN State TN Zip Code 37814	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name COMMITTEE TO ELECT STEVE SOUTHERLAND	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF LOWE FINNEY	Transaction ID: EXP.B.57276
	Mailing Address PO BOX 1432	Date of Disbursement 12 / 15 / 2008
	City Jackson State TN Zip Code 38302	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Candidate Name FRIENDS OF LOWE FINNEY Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) FRIENDS OF RANDY MCNALLY	Transaction ID: EXP.B.57278
	Mailing Address 94 ROYAL TROON RD.	Date of Disbursement 12 / 15 / 2008
	City OAK RIDGE State TN Zip Code 37830	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name FRIENDS OF RANDY MCNALLY Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) HOUSE DEMOCRATIC COMMITTEE	Transaction ID: EXP.B.57252
	Mailing Address 220 HILLSBOROUGH ST.	Date of Disbursement 12 / 15 / 2008
	City RALEIGH State NC Zip Code 27603	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name HOUSE DEMOCRATIC COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

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)

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<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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<p>A. Full Name (Last, First, Middle Initial) KELLI SOBONYA FOR HOUSE OF DELEGATES</p> <p>Mailing Address PO BOX 367</p> <p>City Barboursville State WV Zip Code 25504</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name KELLI SOBONYA FOR HOUSE OF DELEGATES</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WV District:</p>	<p>Transaction ID: EXP.B.57294</p> <p>Date of Disbursement 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MIKE HALL FOR STATE SENATE</p> <p>Mailing Address 12 STONEHATE DRIVE 1</p> <p>City Hurricane State WV Zip Code 25526</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name MIKE HALL FOR STATE SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WV District:</p>	<p>Transaction ID: EXP.B.57292</p> <p>Date of Disbursement 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MUMPAC</p> <p>Mailing Address PO BOX 331016</p> <p>City Nashville State TN Zip Code 37203</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name MUMPAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District:</p>	<p>Transaction ID: EXP.B.57287</p> <p>Date of Disbursement 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) NEW JOBS Mailing Address PO BOX 1600 City Trenton State NJ Zip Code 08607 Purpose of Disbursement Candidate Name NEW JOBS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.57251 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District:

B. Full Name (Last, First, Middle Initial) NORTH CAROLINA REPUBLICAN SENATE COMMITTEE Mailing Address 1506 HILLSBOROUGH ST. City RALEIGH State NC Zip Code 27603 Purpose of Disbursement Candidate Name NORTH CAROLINA REPUBLICAN SENATE COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.57253 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District:

C. Full Name (Last, First, Middle Initial) PRYOR GIBSON GOOD GOVERNMENT COMMITTEE Mailing Address P.O. BOX 1010 City WADESBORO State NC Zip Code 28170 Purpose of Disbursement Candidate Name PRYOR GIBSON GOOD GOVERNMENT COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.57269 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District:

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) PURCELL FOR N.C. SENATE COMMITTEE <hr/> Mailing Address 1301 DUNBAR DR. <hr/> City LAURINBURG State NC Zip Code 28352 Purpose of Disbursement <hr/> Candidate Name PURCELL FOR N.C. SENATE COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.57263 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RAAMPAC <hr/> Mailing Address PO BOX 158213 <hr/> City Nashville State TN Zip Code 37215 Purpose of Disbursement <hr/> Candidate Name RAAMPAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.57288 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) REPUBLICAN HOUSE CAUCUS <hr/> Mailing Address 526 MUNICH DRIVE <hr/> City Bismarck State ND Zip Code 58504 Purpose of Disbursement <hr/> Candidate Name REPUBLICAN HOUSE CAUCUS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.57274 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

**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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
SENATOR DAVID HOYLE COMMITTEE

Mailing Address PO BOX 2494

City State Zip Code
GASTONIA NC 28053

Purpose of Disbursement

011
Category/
Type

Candidate Name
SENATOR DAVID HOYLE COMMITTEE

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: NC District:

Transaction ID: EXP.B.57261

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
SENATOR MARC BASNIGHT CAMPAIGN

Mailing Address 220 HILLSBOROUGH ST.

City State Zip Code
RALEIGH NC 27603

Purpose of Disbursement

011
Category/
Type

Candidate Name
SENATOR MARC BASNIGHT CAMPAIGN

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: NC District:

Transaction ID: EXP.B.57258

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
SENATOR PHIL BERGER COMMITTEE

Mailing Address 311 PINWOOD PL.

City State Zip Code
EDEN NC 27289

Purpose of Disbursement

011
Category/
Type

Candidate Name
SENATOR PHIL BERGER COMMITTEE

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: NC District:

Transaction ID: EXP.B.57259

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) STAN BINGHAM FOR SENATE	Transaction ID: EXP.B.57260 Date of Disbursement 12 / 15 / 2008	
	Mailing Address 3726 STOKES ROAD		
	City Denton State NC Zip Code 27239	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement	011	Category/Type
	Candidate Name STAN BINGHAM FOR SENATE		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: NC District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) VERLA INSKO FOR STATE HOUSE	Transaction ID: EXP.B.57271 Date of Disbursement 12 / 15 / 2008	
	Mailing Address 610 SURRY ROAD		
	City Chapel Hill State NC Zip Code 27514	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement	011	Category/Type
	Candidate Name VERLA INSKO FOR STATE HOUSE		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: NC District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) WAINWRIGHT FOR N.C. HOUSE	Transaction ID: EXP.B.57273 Date of Disbursement 12 / 15 / 2008	
	Mailing Address P.O. BOX 33		
	City HAVELOCK State NC Zip Code 28532	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement	011	Category/Type
	Candidate Name WAINWRIGHT FOR N.C. HOUSE		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: NC District:	<input checked="" 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) ▶

**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)

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<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. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) WEST VIRGINIA DEMOCRATIC EXECUTIVE COMMITTEE	Transaction ID: EXP.B.57289 Date of Disbursement
	Mailing Address 717 LEE STREET, SUITE 214	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Charleston State WV Zip Code 25301	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name WEST VIRGINIA DEMOCRATIC EXECUTIVE COMMITTEE	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WEST VIRGINIA REPUBLICAN PARTY	Transaction ID: EXP.B.57290 Date of Disbursement
	Mailing Address PO BOX 2711	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Charleston State WV Zip Code 25301	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name WEST VIRGINIA REPUBLICAN PARTY	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF RON RAMSEY	Transaction ID: EXP.B.57833 Date of Disbursement
	Mailing Address 3311 HWY. 126	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City BLOUNTVILLE State TN Zip Code 37617	Amount of Each Disbursement this Period
	Purpose of Disbursement VOIDED CHECK; ISSUED IN PRIOR PERIOD	<input type="text" value="-1500.00"/>
	Candidate Name FRIENDS OF RON RAMSEY	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="36250.00"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 346 / 346
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP	Nature of Debt (Purpose): LEGAL & ACCOUNTING FEES
Mailing Address 1415 L STREET, STE. 1200	
City State ZIP Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Transaction ID: PAY:D:58369	
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">747.79</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">747.79</div>

1) SUBTOTALS This Period This Page (optional).....	▶	<div style="border: 1px solid black; padding: 2px;">747.79</div>
2) TOTALS This Period (last page this line number only).....	▶	<div style="border: 1px solid black; padding: 2px;">747.79</div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	<div style="border: 1px solid black; padding: 2px;">0.00</div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	<div style="border: 1px solid black; padding: 2px;">747.79</div>