

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) X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 02 2010 in the State of CA

5. Covering Period 10 01 2010 through 10 13 2010

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 10 21 2010

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		671416.04
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	614830.54									
(c) Total Receipts (from Line 19)	28198.32	639926.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	643028.86	1311342.85								
7. Total Disbursements (from Line 31)	68395.00	736708.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	574633.86	574633.86								
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)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	27312.00	538450.51
(ii) Unitemized	886.32	101233.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28198.32	639683.52
(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)	28198.32	639683.52
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.)	0.00	243.29
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))	28198.32	639926.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28198.32	639926.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	3313.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	3313.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41500.00	574500.00
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.....	26895.00	158895.00
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))..	68395.00	736708.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68395.00	736708.99

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28198.32	639683.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28198.32	639683.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3313.99
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	3313.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 230
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) MS MICHELE AGNEW	Date of Receipt MM / DD / YYYY 10 / 02 / 2010
	Mailing Address 2433 ANDERSON PARK DRIVE	Transaction ID: INCA88042
	City Henderson State NV Zip Code 89044	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 HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 512.50	

B.	Full Name (Last, First, Middle Initial) MS MARIA ANDERSON	Date of Receipt MM / DD / YYYY 10 / 02 / 2010
	Mailing Address 4605 W SUNSET BLVD	Transaction ID: INCA88381
	City Tampa State FL Zip Code 33629	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CUST SVC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 205.00	

C.	Full Name (Last, First, Middle Initial) MS CARMEN BERG	Date of Receipt MM / DD / YYYY 10 / 02 / 2010
	Mailing Address P O BOX 1373	Transaction ID: INCA88414
	City Medical Lake State WA Zip Code 99022	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 512.50	

SUBTOTAL of Receipts This Page (optional)	30.00
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 / 230
(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 BIDINOTTO
 Mailing Address **7728 GRACE DRIVE**
 City **NORTH RICHLAND HIL** State **TX** Zip Code **76182**
 Date of Receipt **10 / 02 / 2010**
Transaction ID: INCA88078
 Amount of Each Receipt this Period **12.50**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **BUSINESS PROCESS CHAMPION**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **512.50**

B. Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO
 Mailing Address **26 DAYLILY DRIVE**
 City **MOUNT LAUREL** State **NJ** Zip Code **08054**
 Date of Receipt **10 / 02 / 2010**
Transaction ID: INCA88565
 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 HR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **675.00**

C. Full Name (Last, First, Middle Initial)
MR BARRY BOUDREAU
 Mailing Address **6527 SHORBURGH DRIVE**
 City **INDIANAPOLIS** State **IN** Zip Code **46278**
 Date of Receipt **10 / 02 / 2010**
Transaction ID: INCA88023
 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 ▼ **1025.00**

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: (check only one)	PAGE 8 / 230
	<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 BARBARA CARIGAN	Date of Receipt MM / DD / YYYY 10 / 02 / 2010
	Mailing Address 5589 W. TECO AVE.	Transaction ID: INCA88556
	City State Zip Code LAS VEGAS NV 89118	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 HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.00	

B.	Full Name (Last, First, Middle Initial) MR MARVEN CHIN	Date of Receipt MM / DD / YYYY 10 / 02 / 2010
	Mailing Address 1604 SNOWBERRY DR.	Transaction ID: INCA88544
	City State Zip Code WILLIAMSTOWN NJ 08094	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 QUALITY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.50	

C.	Full Name (Last, First, Middle Initial) MRS MARLENE CLEMENT	Date of Receipt MM / DD / YYYY 10 / 02 / 2010
	Mailing Address 42 MESQUITE VILLAGE CIR	Transaction ID: INCA88235
	City State Zip Code HENDERSON NV 89012	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 CUST SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.50	

SUBTOTAL of Receipts This Page (optional)	50.00
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 9 / 230
	<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		Date of Receipt MM / DD / YYYY 10 / 02 / 2010		
	Mailing Address 14917 E BELLA VISTA		Transaction ID: INCA88251		
	City VERADALE	State WA	Zip Code 99037	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 ▼
1025.00

B.	Full Name (Last, First, Middle Initial) MR KENNETH DANIELS		Date of Receipt MM / DD / YYYY 10 / 02 / 2010		
	Mailing Address 4156 DUNMORE DRIVE		Transaction ID: INCA88338		
	City LAKE WALES	State FL	Zip Code 33859	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 ▼
1025.00

C.	Full Name (Last, First, Middle Initial) MR PATRICK DENNIS		Date of Receipt MM / DD / YYYY 10 / 02 / 2010		
	Mailing Address 2344 FRENCH ALPS AVE.		Transaction ID: INCA88159		
	City HENDERSON	State NV	Zip Code 89044	Amount of Each Receipt this Period 12.50	
	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 ▼
512.50

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 10 / 230
(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 TAMARA DIDYK

Mailing Address 136 BEAVER RUN RD

City LAFAYETTE State NJ Zip Code 07848

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR ENTERPRISE OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 512.50

Date of Receipt: 10 / 02 / 2010
Transaction ID: INCA88313
 Amount of Each Receipt this Period: 12.50

B.

Full Name (Last, First, Middle Initial)
WILLIS DINGLE

Mailing Address 905 SW SCRUB OAK AVE

City PALM CITY State FL Zip Code 34990

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 02 / 2010
Transaction ID: INCA88163
 Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
MS LYNDA DOREMUS

Mailing Address 16 E HOMESTEAD AVE

City COLLINGSWOOD State NJ Zip Code 08108

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 ▼ 550.00

Date of Receipt: 10 / 02 / 2010
Transaction ID: INCA88284
 Amount of Each Receipt this Period: 25.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 230
(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)
KELLY ELLIS
 Mailing Address **106 HENRY SEWALL WAY**
 City **STUART** State **FL** Zip Code **34996**
 Date of Receipt: **10 / 02 / 2010**
Transaction ID: INCA88703
 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 MARKETING**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **275.00**

B. Full Name (Last, First, Middle Initial)
MRS KATHARINE FEDUSKA
 Mailing Address **2354 DOLPHIN CT**
 City **HENDERSON** State **NV** Zip Code **89074**
 Date of Receipt: **10 / 02 / 2010**
Transaction ID: INCA88269
 Amount of Each Receipt this Period: **15.00**
 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: **1389.51**

C. Full Name (Last, First, Middle Initial)
MR JOHN FORD
 Mailing Address **6 SILVER LAKE DRIVE**
 City **SHAMONG** State **NJ** Zip Code **08088**
 Date of Receipt: **10 / 02 / 2010**
Transaction ID: INCA88287
 Amount of Each Receipt this Period: **15.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **DIR OPS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **615.00**

SUBTOTAL of Receipts This Page (optional) **55.00**
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 12 / 230
(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 FRENDO
 Mailing Address 9 GREEN HILL TRAIL
 City State Zip Code
 TROPHY CLUB TX 76262
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 2 / 2 0 1 0
Transaction ID: INCA88342
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SVP NATIONAL SERVICE CENTER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3096.10

B. Full Name (Last, First, Middle Initial)
 MR ROBERT GIBBS
 Mailing Address 544 DENMOOR COURT
 City State Zip Code
 GALLOWAY OH 43119
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 2 / 2 0 1 0
Transaction ID: INCA88085
 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 OPS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 512.50

C. Full Name (Last, First, Middle Initial)
 MR JOHN HOLLINGER
 Mailing Address 784 CAPE HENRY DR
 City State Zip Code
 COLUMBUS OH 43228
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 2 / 2 0 1 0
Transaction ID: INCA88325
 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 BUSINESS PLANNING
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 410.00

SUBTOTAL of Receipts This Page (optional) ► **122.50**
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 13 / 230
(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 BERNARD HUKILL

Mailing Address 17219 CLOVIS

City State Zip Code
HELOTES TX 78023

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2050.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2010

Transaction ID: INCA88376

Amount of Each Receipt this Period
50.00

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 ▼ 1025.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2010

Transaction ID: INCA88405

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR DENNIS KACKLEY

Mailing Address 32 EAST RIVERGLEN DR

City State Zip Code
WORTHINGTON OH 43085

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 ▼ 512.50

Date of Receipt
MM / DD / YYYY
10 / 02 / 2010

Transaction ID: INCA88328

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional) ► **87.50**

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 14 / 230

(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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TRC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
512.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 1 0

Transaction ID: INCA88256

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
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1230.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 1 0

Transaction ID: INCA88154

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
ROBERT MARK

Mailing Address 1976 NE RIVER COURT

City State Zip Code
JENSEN BEACH FL 34957

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & CHIEF SALES OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 1 0

Transaction ID: INCA88694

Amount of Each Receipt this Period

50.00

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 15 / 230
	<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 EDWARD MCNEILEY		Date of Receipt
	Mailing Address 2623 KENCHESTER LOOP		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 2 / 2 0 1 0
	City	State	Zip Code
	WESLEY CHAPEL	FL	33543
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88202
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PHARM PRACTICE	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 ▼ 512.50	<input type="text"/> 12.50

B.	Full Name (Last, First, Middle Initial) EDWARD MERIWETHER		Date of Receipt
	Mailing Address 5858 SALISBURY DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 2 / 2 0 1 0
	City	State	Zip Code
	ROANOKE	VA	24018
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88699
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM CALL CENTER OPS	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"/> 50.00

C.	Full Name (Last, First, Middle Initial) BRYAN MERRYMAN		Date of Receipt
	Mailing Address 4102 PARKSIDE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 2 / 2 0 1 0
	City	State	Zip Code
	JUPITER	FL	33458
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88637
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP STRATEGIC SUPPORT	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 ▼ 240.00	<input type="text"/> 40.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 102.50
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 16 / 230
(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)
PHILLIP MONACO

Mailing Address 835 NE STOKES TERR

City State Zip Code
JENSEN BEACH FL 34957

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARMACY PRACTICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: INCA88697

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
KEVIN NESS

Mailing Address 3872 SW RAMSPECK ST

City State Zip Code
PORT ST. LUCIE FL 34953

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS LEAD SOLUTIONS ARCHITECT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: INCA88693

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR BRYAN OLENIK

Mailing Address 653 E. DEVON DRIVE

City State Zip Code
GILBERT AZ 85296

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 ▼ 475.00

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

Transaction ID: INCA88422

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 17 / 230
(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 JUN PARK

Mailing Address 2843 HONEYSUCKLE LANE

City Hilliard State OH Zip Code 43026

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation BUSINESS PROCESS CHAMPION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 512.50

Date of Receipt 10 / 02 / 2010
Transaction ID: INCA88538
Amount of Each Receipt this Period 12.50

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 ▼ 1025.00

Date of Receipt 10 / 02 / 2010
Transaction ID: INCA88110
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
ARLENE PERAZELLA

Mailing Address 600 NE BAYBERRY LANE

City Jensen Beach State FL Zip Code 34957

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2010
Transaction ID: INCA88691
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 87.50

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 18 / 230
	<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 GILBERT RAINES		Date of Receipt
	Mailing Address 800 SANDY TRAIL		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	KELLER	TX	76248
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88513
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR HR	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" value="25.00"/>
		<input type="text" value="1025.00"/>	

B.	Full Name (Last, First, Middle Initial) MRS JENNIFER ROBERTS		Date of Receipt
	Mailing Address 1342 DALTON CT		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	FAIRFIELD	OH	45014
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88157
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR OPS	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" value="12.50"/>
		<input type="text" value="512.50"/>	

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER RYAN		Date of Receipt
	Mailing Address 7690 HUMMINGBIRD COURT		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WEST PALM BEACH	FL	33412
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88696
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR FINANCE	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" value="25.00"/>
		<input type="text" value="275.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="62.50"/>
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: (check only one)	PAGE 19 / 230
	<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) HENRIK SANDELL	Date of Receipt MM / DD / YYYY 10 / 02 / 2010
	Mailing Address 363 GRAPEVINE ROAD	Transaction ID: INCA88695
	City State Zip Code WENHAM MA 01984	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 MARKETING	
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 THOMAS SHANAHAN, III	Date of Receipt MM / DD / YYYY 10 / 02 / 2010
	Mailing Address 1767 FAIRMOUNT STREET	Transaction ID: INCA88305
	City State Zip Code CARMEL IN 46032	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ONCOLOGY TRC OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1860.00	

C.	Full Name (Last, First, Middle Initial) MR ERIC SMITHER	Date of Receipt MM / DD / YYYY 10 / 02 / 2010
	Mailing Address 1132 NORTH ST RT 123	Transaction ID: INCA88164
	City State Zip Code LEBANON OH 45036	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 OPS	
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)	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: PAGE 20 / 230
(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 ▼ 1025.00

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

Transaction ID: INCA88331

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 ▼ 1825.00

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

Transaction ID: INCA88184

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
TIM TIDD

Mailing Address 10302 S FEDERAL HWY
PO BOX 266

City State Zip Code
PORT ST LUCIE FL 34952

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM PATIENT SVCS

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 0 / 0 2 / 2 0 1 0

Transaction ID: INCA88292

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 21 / 230
(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 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 ▼ 2050.00

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

Transaction ID: INCA88317

Amount of Each Receipt this Period
50.00

B.

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 ▼ 1025.00

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

Transaction ID: INCA88226

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
IVETTE ZUNIGA

Mailing Address 7571 163 RD COURT N.

City State Zip Code
PALM BEACH GARDENS FL 33418

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 ▼ 225.00

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

Transaction ID: INCA88700

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 22 / 230
	<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 THOMAS ABSON		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 57 SYCAMORE DRIVE		Transaction ID: INCA88166		
	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 ▼ 525.00			

B.	Full Name (Last, First, Middle Initial) MS LESLIE ACHTER		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 821 ALBEMARLE STREET		Transaction ID: INCA88153		
	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 VP ANALYTICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00			

C.	Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 1021 SUNSET RIDGE		Transaction ID: INCA88056		
	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 ▼ 1050.00			

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 23 / 230
(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		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 34 THOMAS ST.		Transaction ID: INCA88553		
	City CALDWELL	State NJ	Zip Code 07006	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 ▼ 525.00			

B.	Full Name (Last, First, Middle Initial) MR STEPHEN ADLER		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 139 BELLVALE LAKES RD		Transaction ID: INCA88151		
	City WARWICK	State NY	Zip Code 10990	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 INFO TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00			

C.	Full Name (Last, First, Middle Initial) MS KELLY AGNEW		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 1360 N. SANDBURG TERRACE #1602		Transaction ID: INCA88069		
	City CHICAGO	State IL	Zip Code 60610	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 ▼ 525.00			

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 24 / 230
(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)
MS MICHELE AGNEW

Mailing Address 2433 ANDERSON PARK DRIVE

City Henderson State NV Zip Code 89044

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 512.50

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88043
 Amount of Each Receipt this Period 12.50

B.

Full Name (Last, First, Middle Initial)
JANET ALEXANDER

Mailing Address 32 WEST 83RD STREET
APT #2

City New York State NY Zip Code 10024

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 ▼ 525.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88610
 Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 4 DEERPOND CT

City Flemington State NJ Zip Code 08822

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 ▼ 315.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88177
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 52.50

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 25 / 230
(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)
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 POLICY-GOV AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88150

Amount of Each Receipt this Period
50.00

B. 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 ▼ 1050.00

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

Transaction ID: INCA88237

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DUNSTON ALMEIDA

Mailing Address 225 5TH AVENUE
10R

City State Zip Code
NEW YORK NY 10010

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR INTERNATL BUSINESS DEV

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88633

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 26 / 230
(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)
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 ▼ 1050.00

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

Transaction ID: INCA88509

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 ▼ 205.00

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

Transaction ID: INCA88382

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
MRS LAUREN ANTONELLI

Mailing Address 64 CUPSAW DRIVE

City State Zip Code
RINGWOOD NJ 07456

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PRODUCT MGMT

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88261

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: (check only one)	PAGE 27 / 230
	<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 JAYME ANTONOPLOS		Date of Receipt
	Mailing Address 48 WITTE ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	HEWITT	NJ	07421
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88337
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR EXEC CORR	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 ▼ 500.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MR DAVID ARCISZEWSKI		Date of Receipt
	Mailing Address 20 CHADWELL PLACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	MORRISTOWN	NJ	07960
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88266
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation ASST COUNSEL	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 ▼ 525.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) DENNIS AUCH		Date of Receipt
	Mailing Address 1981 E. COVEY VIEW COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	SALT LAKE CITY	UT	84106
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88663
Name of Employer ACCREDITO HEALTH GROUP		Occupation VP REIMBURSEMENT	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 ▼ 1050.00	<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 28 / 230

(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)

WILLIAM AX

Mailing Address 1607 STODDARD ST

City State Zip Code
ROCKFORD IL 61108

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

Name of Employer Occupation
ACCREDO HEALTH GROUP AVP SALES-HEMOPHILIA

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88674

Amount of Each Receipt this Period

25.00

B.

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 ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88638

Amount of Each Receipt this Period

25.00

C.

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 VP/GM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88552

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 29 / 230
	<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 BECKIE BARATKO		Date of Receipt
	Mailing Address 80 N. WOODLAND STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	ENGLEWOOD	NJ	07631
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88427
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP PROPOSAL UNIT	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"/>
		<input type="text"/> 1050.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) MR THOMAS BARATTA		Date of Receipt
	Mailing Address 69 SKYLINE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	UPPER SADDLE RIVER	NJ	07458
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88347
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP INFO 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"/>
		<input type="text"/> 1050.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) MR THOMAS BARDZELL		Date of Receipt
	Mailing Address 77 HIGHLAND AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MIDLAND PARK	NJ	07432
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88484
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 ▼	<input type="text"/>
		<input type="text"/> 525.00	<input type="text"/> 25.00

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: (check only one)	PAGE 30 / 230
	<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 ROBYN BARILLARI		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 3 DELANEY COURT		Transaction ID: INCA88558		
	City BRIDGEWATER	State NJ	Zip Code 08807	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 MEDICARE OPS	Aggregate Year-to-Date 630.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) JANE BARLOW		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 3 AVALON COURT		Transaction ID: INCA88598		
	City HOPEWELL JUNCTION	State NY	Zip Code 12533	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 MEDICAL POLICIES	Aggregate Year-to-Date 1050.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MR MICHAEL BARONE		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 452 MEDWAY ROAD		Transaction ID: INCA88639		
	City HIGHLAND HEIGHTS	State OH	Zip Code 44143	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR	Aggregate Year-to-Date 4032.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	272.00
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 / 230
(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 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 ▼ 1218.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88492
Amount of Each Receipt this Period 58.00

B.

Full Name (Last, First, Middle Initial)
JAMES BECKER

Mailing Address 35 BIRCH STREET

City Emerson State NJ Zip Code 07630

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR ENTERPRISE BUSINESS INTELL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88500
Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
MR DONALD BELFER

Mailing Address 1270A VALLEY ROAD

City Wayne State NJ Zip Code 07470

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS ANALYSIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88591
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 108.00

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 / 230
(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 BELL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 24 GLENWOOD ROAD		Transaction ID: INCA88512		
	City UPPER SADDLE RIVER	State NJ	Zip Code 07458	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 ▼ 1050.00			

B.	Full Name (Last, First, Middle Initial) MS FRANCINE BELLOFATTO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 2981 NORTHWEST BLVD		Transaction ID: INCA88189		
	City UPPER ARLINGTON	State OH	Zip Code 43221	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: <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 THERESA BENSHOOF		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 1332 SE 78TH ST		Transaction ID: INCA88197		
	City RUNNELLS	State IA	Zip Code 50237	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 ▼ 525.00			

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 33 / 230
(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 JOANNE BERARDINELLI

Mailing Address 27 PAULINE DR

City State Zip Code
NUTLEY NJ 07110

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 ▼ 210.00

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

Transaction ID: INCA88429

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
MS MARYBETH BERENQUER

Mailing Address 2 WEXLER CT

City State Zip Code
GARNERVILLE NY 10923

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: INCA88364

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS CARMEN BERG

Mailing Address P O BOX 1373

City State Zip Code
MEDICAL LAKE WA 99022

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 ▼ 512.50

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

Transaction ID: INCA88415

Amount of Each Receipt this Period
12.50

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 34 / 230
(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 ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88688
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 ▼ 455.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88569
Amount of Each Receipt this Period: 25.00

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 ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88345
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 35 / 230

(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)
INDERPAL BHANDARI

Mailing Address 220 ARDSLEY 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 CLINICAL SVCS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88578

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MS EILEEN BIDELE

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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88341

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR ANDREW BIDINOTTO

Mailing Address 7728 GRACE DRIVE

City State Zip Code
NORTH RICHLAND HIL TX 76182

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS BUSINESS PROCESS CHAMPION

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 512.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88079

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

87.50

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 36 / 230
	<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 FLOYD BILLINGS	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 4273 BROGDAN FARM COURT	Transaction ID: INCA88356
	City State Zip Code BUFORD GA 30518	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 ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) CALVIN BINGHAM	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 13702 W. 48TH ST.	Transaction ID: INCA88664
	City State Zip Code SHAWNEE KS 66216	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP DIR CLINICAL OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 26 DAYLILY DRIVE	Transaction ID: INCA88566
	City State Zip Code MOUNT LAUREL NJ 08054	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 HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

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 37 / 230
(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 SUZANNE BLACKBURN
 Mailing Address **4520 LINWOOD LANE**
 City **DEEPHAVEN** State **MN** Zip Code **55331**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88491
 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 CLIENT & MKT STRATEGIC DEV**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1050.00**

B. Full Name (Last, First, Middle Initial)
MS JESSICA BLANTON
 Mailing Address **410 CORNELIA ST. #4**
 City **BOONTON** State **NJ** Zip Code **07005**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88199
 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 PROPOSAL DEPARTMENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **525.00**

C. Full Name (Last, First, Middle Initial)
MR JONATHAN BLAUMAN
 Mailing Address **50 NEW ENGLAND DR**
 City **RAMSEY** State **NJ** Zip Code **07446**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88300
 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 MKTING & PRODUCT DEV**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1050.00**

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 38 / 230

(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) JAMES BLONDIN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 115 AUBURN MEADOWS DR		Transaction ID: INCA88672		
	City FORISTELL	State MO	Zip Code 63348	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 - MULTI BRANCH			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

B.	Full Name (Last, First, Middle Initial) MR STEVEN BLOOM		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 17818 ARBOR GREENE DR		Transaction ID: INCA88299		
	City TAMPA	State FL	Zip Code 33647	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 FIELD HR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00			

C.	Full Name (Last, First, Middle Initial) KEN BODMER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address P.O. BOX 381947		Transaction ID: INCA88389		
	City GERMANTOWN	State TN	Zip Code 38183	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDO HEALTH GROUP	Occupation COO - ACCREDO HEALTH GROUP INC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4032.00			

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 39 / 230
(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 SR DIR TECHNOLOGY

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88494

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 ▼ 525.00

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

Transaction ID: INCA88239

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 ▼ 210.00

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

Transaction ID: INCA88113

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 40 / 230
(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 Occupation
MEDCO HEALTH SOLUTIONS VP SALES

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88118

Amount of Each Receipt this Period
25.00

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

Mailing Address 6527 SHORBURGH DRIVE

City State Zip Code
INDIANAPOLIS IN 46278

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 ▼ 1025.00

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

Transaction ID: INCA88024

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
RUSS BOURNE

Mailing Address 1241 MAGNOLIA ST.

City State Zip Code
TUNICA MS 38676

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP BUS DEV

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88685

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 41 / 230
	<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 SALLIE BOWDEN		Date of Receipt
	Mailing Address 5259 FISHERCREST LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
	City	State	Zip Code
	RICHMOND	VA	23231
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88437
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FORMULARY CONSULTING	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"/> 200.00
		<input type="text"/> 4200.00	

B.	Full Name (Last, First, Middle Initial) KAREN BOWE		Date of Receipt
	Mailing Address 177 N. MILL ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
	City	State	Zip Code
	HARRISBURG	PA	17112
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88646
Name of Employer ACCREDO HEALTH GROUP		Occupation DIR NATL CUST RELATIONS	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"/> 525.00	

C.	Full Name (Last, First, Middle Initial) MS HEIDI BOWMAN		Date of Receipt
	Mailing Address 15 DAWN LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
	City	State	Zip Code
	RINGWOOD	NJ	07456
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88488
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation EXEC DIR STRAT PRODUCT 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"/> 50.00
		<input type="text"/> 1050.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 275.00
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 42 / 230
(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 BRADBURY

Mailing Address 3 DEER HORN TRAIL

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 DIABETES SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88122

Amount of Each Receipt this Period
15.00

B.

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88088

Amount of Each Receipt this Period
25.00

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 ▼
1785.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88416

Amount of Each Receipt this Period
85.00

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 43 / 230
	<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 JOHN BRENNAN	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 2 CARMEN LANE	Transaction ID: INCA88537
	City State Zip Code FLEMINGTON NJ 08822	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 AUDIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

B.	Full Name (Last, First, Middle Initial) MR JAMES BREWER, III	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1888 BROADHAVEN DR	Transaction ID: INCA88263
	City State Zip Code MIDDLEBURG FL 32068	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 ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) MS LINDA BRIDGE	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 136 BEECH ST	Transaction ID: INCA88214
	City State Zip Code BELLEVILLE NJ 07109	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 CLIENT/MEMBER COMM	
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)	▶	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 44 / 230
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) MR PAUL BRISSON		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 469 MANOR LANE		Transaction ID: INCA88204		
	City PELHAM MANOR	State NY	Zip Code 10803	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 PRODUCT DEVELOPMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

B.	Full Name (Last, First, Middle Initial) MR RICHARD BROOKLER		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 9 ROMARY COURT		Transaction ID: INCA88081		
	City GLEN ROCK	State NJ	Zip Code 07452	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 FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

C.	Full Name (Last, First, Middle Initial) MR GREGORY BROWN		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 1162 PLAINS ROAD		Transaction ID: INCA88037		
	City WALLKILL	State NY	Zip Code 12589	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			
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 45 / 230
(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 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 ▼ 1050.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88115
Amount of Each Receipt this Period: 50.00

B. 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 ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88666
Amount of Each Receipt this Period: 25.00

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

Mailing Address 120 EAST MAIN ST

City WASHINGTONVILLE State NY Zip Code 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 ▼ 420.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88388
Amount of Each Receipt this Period: 20.00

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 46 / 230

(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)

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
ACCREDITO HEALTH GROUP VP REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88659

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

GEORGE BURNITE

Mailing Address 68 WOODLAND DRIVE

City State Zip Code
CHURCHVILLE PA 18966

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP DIR SALES PLANNING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88522

Amount of Each Receipt this Period

25.00

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 Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88273

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 47 / 230
	(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) KAREN CALANDRO		Date of Receipt
	Mailing Address 306 FOREST LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	SCHAUMBURG	IL	60139
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88625
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 ▼ 450.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) MRS DOREEN CALDER		Date of Receipt
	Mailing Address 441 S ELM STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	MAYWOOD	NJ	07607
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88021
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PRODUCT DEVELOPMENT	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 ▼ 840.00	<input type="text"/> 40.00

C.	Full Name (Last, First, Middle Initial) MR FRANK CANNISTRARO		Date of Receipt
	Mailing Address 146 SEMINOLE AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	NEW MILFORD	NJ	07646
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88128
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR FINANCE	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 ▼ 525.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
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 48 / 230

(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 ▼ 4038.51

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

Transaction ID: INCA88369

Amount of Each Receipt this Period
192.31

B.

Full Name (Last, First, Middle Initial)
MR GERALD CARDONE

Mailing Address 2 CLEEVES COURT

City NEW WINDSOR State NY Zip Code 12553

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 ▼ 210.00

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

Transaction ID: INCA88454

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 ▼ 262.50

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

Transaction ID: INCA88417

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 49 / 230
(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 BARBARA CARIGAN

Mailing Address 5589 W. TECO AVE.

City LAS VEGAS State NV Zip Code 89118

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1025.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88557
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 66 BIRDSONG PARKWAY

City ORCHARD PARK State NY Zip Code 14127

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR HLTH CARE OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88323
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 24 SHERI DRIVE

City ALLENDALE State NJ Zip Code 07401

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1102.50

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88384
 Amount of Each Receipt this Period: 52.50

SUBTOTAL of Receipts This Page (optional) ► 102.50

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 50 / 230
(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)
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 ACCREDO HEALTH GROUP Occupation DIR PROFESSIONAL PRACTICES

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88344

Amount of Each Receipt this Period
25.00

B.

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 MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

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

Transaction ID: INCA88447

Amount of Each Receipt this Period
13.00

C.

Full Name (Last, First, Middle Initial)
MR BARRY CESANEK

Mailing Address 5 LEXINGTON CT

City State Zip Code
SHAMONG NJ 08088

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 ▼ 337.50

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

Transaction ID: INCA88282

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional) ► **50.50**

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 51 / 230
(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 MARVEN CHIN

Mailing Address 1604 SNOWBERRY DR.

City State Zip Code
WILLIAMSTOWN NJ 08094

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR QUALITY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 512.50

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88545

Amount of Each Receipt this Period
12.50

B.

Full Name (Last, First, Middle Initial)
HWEI-CHUNG 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 ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88608

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 186 CROWN POINT RD.

City State Zip Code
PARSIPPANY NJ 07054

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 ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88550

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 52 / 230

(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 MARLENE CLEMENT

Mailing Address 42 MESQUITE VILLAGE CIR

City State Zip Code
HENDERSON NV 89012

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 ▼
512.50

Date of Receipt

M M / D D / Y Y Y Y
10 / 09 / 2010

Transaction ID: INCA88236

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)

MR DANIEL COLE

Mailing Address 2901 HIDDEN HILLS WAY

City State Zip Code
CORONA CA 92882

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

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
GENERAL MGR - MULTI BRANCH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
485.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 09 / 2010

Transaction ID: INCA88652

Amount of Each Receipt this Period

25.00

C.

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
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 09 / 2010

Transaction ID: INCA88252

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: (check only one)	PAGE 53 / 230
	<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 SUSAN COLUCCI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 703 SUCCASUNNA RD.		Transaction ID: INCA88563		
	City LANDING	State NJ	Zip Code 07850	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 HLTH MGMT	Aggregate Year-to-Date 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) WILLIAM CONSIDINE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 130 WEST 67TH STREET, #4J		Transaction ID: INCA88525		
	City NEW YORK	State NY	Zip Code 10023	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 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MR ROBERT COOK		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 270 S FRANKLIN TURNPIKE		Transaction ID: INCA88100		
	City RAMSEY	State NJ	Zip Code 07446	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 HLTH CARE OPS	Aggregate Year-to-Date 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 54 / 230
(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)
JEFFREY COOLE
 Mailing Address **155 ASTON HALL DRIVE**
 City **EADS** State **TN** Zip Code **38028**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88658
 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 TAX AND REGULATORY REPORT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1050.00**

B. Full Name (Last, First, Middle Initial)
ANTONIO CORREIA
 Mailing Address **19 WILLIAMS LANE**
 City **CHAPPAQUA** State **NY** Zip Code **10514**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88581
 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 BUSINESS DEV**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1050.00**

C. Full Name (Last, First, Middle Initial)
MRS BARBARA COSGRIFF
 Mailing Address **2045 MAYFAIR MCLEAN COURT**
 City **FALLS CHURCH** State **VA** Zip Code **22043**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88623
 Amount of Each Receipt this Period: **195.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SVP PUBLIC POL&EXTRNL AFFAIRS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **4095.00**

SUBTOTAL of Receipts This Page (optional) **295.00**
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 55 / 230
	<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 STEPHEN COURTMAN		Date of Receipt
	Mailing Address 25 FAIRWAY TRAIL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	SPARTA	NJ	07871
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88238
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP PHARMACY NETWORK 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"/> 192.31
		<input type="text"/> 4038.51	

B.	Full Name (Last, First, Middle Initial) MR HART COVEN		Date of Receipt
	Mailing Address 28 OAK LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	MORRISTOWN	NJ	07960
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88354
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP BIAC	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"/> 1050.00	

C.	Full Name (Last, First, Middle Initial) JONATHAN COX		Date of Receipt
	Mailing Address 9638 DOVE SPRING COVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	GERMANTOWN	TN	38139
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88620
Name of Employer ACCREDO HEALTH GROUP		Occupation VP BUS DEV	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"/> 525.00	

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 56 / 230
	(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 ROBERT CRAIG		Date of Receipt
	Mailing Address 7979 E SANTA CATALINA DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	SCOTTSDALE	AZ	85255
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88219
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation EXEC DIR PRODUCT	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"/> 60.00
		<input type="text"/> 1260.00	

B.	Full Name (Last, First, Middle Initial) MR PETER CSUTOROS		Date of Receipt
	Mailing Address 16 PLEASANT AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	LINCOLN PARK	NJ	07035
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88517
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR FINANCE	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"/> 525.00	

C.	Full Name (Last, First, Middle Initial) MR DAVID CUNNOLD		Date of Receipt
	Mailing Address 5005 JONQUILLA DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	ALPHARETTA	GA	30004
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88577
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"/> 525.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 110.00
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 57 / 230
(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 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 ▼ 525.00

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

Transaction ID: INCA88290

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
JANET DAGLEY

Mailing Address 721 BROWNLEE DRIVE

City State Zip Code
NASHVILLE TN 37205

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 ▼ 525.00

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

Transaction ID: INCA88687

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR AJAY DALAL

Mailing Address 4603 NEWCASTLE DRIVE

City State Zip Code
FRISCO TX 75034

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 ▼ 475.00

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

Transaction ID: INCA88572

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 58 / 230
	<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 DALY	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 46 BLUEBELL CT	Transaction ID: INCA88400
	City State Zip Code PARAMUS NJ 07652	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 ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) MS ROSELIN DANIEL	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 17 DEVONSHIRE DRIVE	Transaction ID: INCA88363
	City State Zip Code RANDOLPH NJ 07869	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 ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MR KENNETH DANIELS	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 4156 DUNMORE DRIVE	Transaction ID: INCA88339
	City State Zip Code LAKE WALES FL 33859	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 ▼ 1025.00	

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 59 / 230
	<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 MARY DASCHNER	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 2926 EWING AVE S	Transaction ID: INCA88196
	City State Zip Code MINNEAPOLIS MN 55416	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP PRES RETIREE SOLUTIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

B.	Full Name (Last, First, Middle Initial) DR AMITA DASMAHAPATRA	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 24 CHARLOTTE HILL DR	Transaction ID: INCA88095
	City State Zip Code BERNARDSVILLE NJ 07924	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MEDICAL POLICY & PROG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) MR ANDREW DAVIS	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 5616 BROOK DRIVE	Transaction ID: INCA88216
	City State Zip Code EDINA MN 55439	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 STRATEGIC INIT/GOVT PROGRAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

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 60 / 230

(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 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 SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4032.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	0

Transaction ID: INCA88430

Amount of Each Receipt this Period

192.00

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 BUS DEV

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	0

Transaction ID: INCA88684

Amount of Each Receipt this Period

25.00

C.

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

Mailing Address 908 STERLING DRIVE

City State Zip Code
FRANKLIN LAKES NJ 07417

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 ▼ 1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	0

Transaction ID: INCA88385

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) ▶

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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: (check only one)	PAGE 61 / 230
	<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 CARLTON DEBRULE	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 12 OAKLAND DR	Transaction ID: INCA88433
	City State Zip Code MONTVALE NJ 07645	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACCREDO HEALTH GROUP Occupation VP BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1155.00	

B.	Full Name (Last, First, Middle Initial) MS KATHLEEN DEFABIIS	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 104 HUDSON AVE	Transaction ID: INCA88473
	City State Zip Code WALDWICK NJ 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 CLIENT SVC DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address N108 W7045 BERKSHIRE STREET	Transaction ID: INCA88310
	City State Zip Code CEDARBURG WI 53012	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 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)	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 62 / 230
(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 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 ▼ 210.00

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

Transaction ID: INCA88434

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE 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 ASST COUNSEL

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88268

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City State Zip Code
WEST MILFORD NJ 07480

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 ▼ 525.00

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

Transaction ID: INCA88536

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 63 / 230
(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 ANN-MARGARET DEMARCO

Mailing Address 1 RUGBY ROAD

City State Zip Code
CEDAR GROVE NJ 07009

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 ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2010

Transaction ID: INCA88101

Amount of Each Receipt this Period
25.00

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

Mailing Address 17 RICHWOOD PLACE

City State Zip Code
DENVERVILLE 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 ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2010

Transaction ID: INCA88555

Amount of Each Receipt this Period
25.00

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

Mailing Address 78 SHERWOOD 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 FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2010

Transaction ID: INCA88217

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 64 / 230
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) MR PATRICK DENNIS		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 2344 FRENCH ALPS AVE.		Transaction ID: INCA88160		
	City HENDERSON	State NV	Zip Code 89044	Amount of Each Receipt this Period 12.50	
	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 ▼ 512.50			

B.	Full Name (Last, First, Middle Initial) MR JOHN DERRICO		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 195 HACKENSACK AVENUE		Transaction ID: INCA88502		
	City HARRINGTON PARK	State NJ	Zip Code 07640	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 MARKETING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

C.	Full Name (Last, First, Middle Initial) JUDITH DERRINGER		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 3306 SHALLOW COVE COURT		Transaction ID: INCA88669		
	City CRESTWOOD	State KY	Zip Code 40014	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 - MULTI BRANCH			
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)	▶	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: (check only one)	PAGE 65 / 230
	<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 LAURA DEVEAU	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 2289 BEDFORD ST APT D2	Transaction ID: INCA88301
	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 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 ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) MS KAREN DEZEARN	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 4740 BRINKLEY LANE NE	Transaction ID: INCA88064
	City State Zip Code ATLANTA GA 30342	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 ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MR FRANK DICALOGERO	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 36 ARTHUR STREET	Transaction ID: INCA88094
	City State Zip Code RIDGEFIELD PARK NJ 07660	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 ▼ 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: (check only one)	PAGE 66 / 230
	<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 TAMARA DIDYK	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 136 BEAVER RUN RD	Transaction ID: INCA88314
	City State Zip Code LAFAYETTE NJ 07848	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 ENTERPRISE OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.50	

B.	Full Name (Last, First, Middle Initial) MR BENJAMIN DIMARCO	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 4 ANN STREET	Transaction ID: INCA88105
	City State Zip Code VERONA NJ 07044	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM AUDIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) MS PATRICIA DODDS	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 28W250 RIVIERA CT	Transaction ID: INCA88120
	City State Zip Code BARTLETT IL 60103	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP SPECIALTY NATL SALES EXEC	
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)	72.50
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 67 / 230
	<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) ANDREW DOEDYNS		Date of Receipt
	Mailing Address 117 CREST DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	BEAVER	PA	15009
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88644
Name of Employer ACCREDO HEALTH GROUP		Occupation DIR REGIONAL OPS	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 ▼ 525.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MR ROBERT DOLAN		Date of Receipt
	Mailing Address 9 CRANE AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	WEST CALDWELL	NJ	07006
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88367
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation 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 ▼ 525.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MS JUDITH DONNELLY		Date of Receipt
	Mailing Address 3 IRONWORKS ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	MONROE	NY	10950
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88470
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR FINANCE	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 ▼ 525.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
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 68 / 230
(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 LYNDA DOREMUS
 Mailing Address **16 E HOMESTEAD AVE**
 City **COLLINGSWOOD** State **NJ** Zip Code **08108**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88285
 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: **550.00**

B. Full Name (Last, First, Middle Initial)
MS MERIDITH DORNER
 Mailing Address **8010 ORCHARD VIEW LANE**
 City **FOGELSVILLE** State **PA** Zip Code **18051**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88089
 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: **525.00**

C. Full Name (Last, First, Middle Initial)
STEPHANIE DUCKER
 Mailing Address **4630 HICKORY RIDGE VIEW COURT**
 City **EUREKA** State **MO** Zip Code **63025**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88632
 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: Primary General 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: (check only one)	PAGE 69 / 230
	<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) MICHEL DUFRESNE	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 41ELM ST APT 3P	Transaction ID: INCA88515
	City MORRISTOWN 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 4038.30	

B.	Full Name (Last, First, Middle Initial) MR DANA DUNCAN	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 125 COMSTOCK TRAIL	Transaction ID: INCA88289
	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 525.00	

C.	Full Name (Last, First, Middle Initial) MR PETER DUNLEAVY	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 2 DECKER TERRACE	Transaction ID: INCA88123
	City KINNELON State NJ Zip Code 07405	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 FINANCE 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)	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 70 / 230

(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 DUNLEAVY		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 14026 KNOX STREET		Transaction ID: INCA88156		
	City OVERLAND PARK	State KS	Zip Code 66221	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 SALES SEGMENT LEADER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00			

B.	Full Name (Last, First, Middle Initial) MR MARK DUNN		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 2 OLD MILL ROAD		Transaction ID: INCA88127		
	City SANDY HOOK	State CT	Zip Code 06482	Amount of Each Receipt this Period 35.00	
	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 ▼ 735.00			

C.	Full Name (Last, First, Middle Initial) MR PETER DURAN		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 875 HARRISTOWN RD		Transaction ID: INCA88107		
	City GLEN ROCK	State NJ	Zip Code 07452	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 ▼ 525.00			

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 71 / 230
(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 SUZANNE DURY		Date of Receipt
Mailing Address 147 MIDLAND AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
City State Zip Code PARK RIDGE NJ 07656		Transaction ID: INCA88366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <input type="text"/> 25.00
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 ▼ <input type="text"/> 525.00	

B.

Full Name (Last, First, Middle Initial) MS REBECCA DYER		Date of Receipt
Mailing Address 1400 POPLAR ESTATES PKY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
City State Zip Code GERMANTOWN TN 38138		Transaction ID: INCA88665
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <input type="text"/> 25.00
Name of Employer ACCREDO HEALTH GROUP	Occupation DIR RN PERF MGMT & IMPROVEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 525.00	

C.

Full Name (Last, First, Middle Initial) MS ARLENE EDLIN		Date of Receipt
Mailing Address 16 CHESTNUT STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
City State Zip Code CORNWALL NY 12518		Transaction ID: INCA88438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <input type="text"/> 25.00
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 ▼ <input type="text"/> 525.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
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 72 / 230
(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 JANET EDWARDS
 Mailing Address **N8W27837 WOODRIDGE LANE**
 City **WAUKESHA** State **WI** Zip Code **53188**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88562
 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 **525.00**

B. Full Name (Last, First, Middle Initial)
MR MICHAEL EDWARDS
 Mailing Address **109 KAREN PLACE**
 City **WYCKOFF** State **NJ** Zip Code **07481**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88114
 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: Primary General Other (specify)
 Aggregate Year-to-Date **1050.00**

C. Full Name (Last, First, Middle Initial)
DR EDWARD EISENBERG, MD
 Mailing Address **128 SUMMIT AVENUE**
 City **UPPER MONTCLAIR** State **NJ** Zip Code **07043**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88540
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **MEDICARE CHIEF MEDICAL OFFICER**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

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 73 / 230
	<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
	Mailing Address 106 GRAHAM TERRACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	SADDLE BROOK	NJ	07663
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88352
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 ▼ 525.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MR SCOTT ENOS		Date of Receipt
	Mailing Address 22 BARNARD RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	WARWICK	RI	02886
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88244
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation 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 ▼ 210.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN		Date of Receipt
	Mailing Address 359 LONG HILL ROAD EAST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	BRIARCLIFF MANOR	NY	10510
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88542
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP CORP COMMUNICATIONS	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 ▼ 1050.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 85.00
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 74 / 230
(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)
DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.51

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

Transaction ID: INCA88013

Amount of Each Receipt this Period
192.31

B. Full Name (Last, First, Middle Initial)
MR SCOTT ERHARDT

Mailing Address 11540 39TH AVE N

City State Zip Code
PLYMOUTH MN 55441

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88223

Amount of Each Receipt this Period
50.00

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

Mailing Address 100 WINSTON DRIVE
17 C NORTH

City State Zip Code
CLIFFSIDE PARK NJ 07010

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 ▼ 525.00

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

Transaction ID: INCA88475

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 75 / 230
(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 BRIAN EZROW
 Mailing Address **2524 WIEAND ROAD**
 City **QUAKERTOWN** State **PA** Zip Code **18951**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88172
 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 E-COM STRAT & DELI**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **525.00**

B. Full Name (Last, First, Middle Initial)
MR STEVEN FANDETTI
 Mailing Address **15804 SORAWATER DR.**
 City **LITHIA** State **FL** Zip Code **33547**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88137
 Amount of Each Receipt this Period: **50.00**
 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: **1050.00**

C. Full Name (Last, First, Middle Initial)
RICHARD FARIS
 Mailing Address **2020 HEATHER COVE**
 City **MEMPHIS** State **TN** Zip Code **38119**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88682
 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 HEALTH OUTCOME SOLUTIONS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1050.00**

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 76 / 230
(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)
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 OCCUPATION
ACCREDITO HEALTH GROUP VP CLIENT SLS AND MGD CARE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88650

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS KATHARINE FEDUSKA

Mailing Address 2354 DOLPHIN CT

City State Zip Code
HENDERSON NV 89074

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 ▼ 1389.51

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

Transaction ID: INCA88270

Amount of Each Receipt this Period
15.00

C. 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 OCCUPATION
MEDCO HEALTH SOLUTIONS VP CARE ENHANCING SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88205

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 77 / 230
(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 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 Occupation
MEDCO HEALTH SOLUTIONS SVP CORP MKTG & E-COMM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4036.83

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

Transaction ID: INCA88274

Amount of Each Receipt this Period
192.23

B. 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 TECHNOLOGY

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88010

Amount of Each Receipt this Period
25.00

C. 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 SR DIR BUSINESS REQUIREMENTS

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88439

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 242.23

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 78 / 230
	(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 THOMAS FERRAZZANO		Date of Receipt
	Mailing Address 464 SPRING 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 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	RIDGEWOOD	NJ	07450
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR TECHNOLOGY	Transaction ID: INCA88386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 525.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MS EDYTHE FERRIS		Date of Receipt
	Mailing Address 246 SLATER RD		<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 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	TOLLAND	CT	06084
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation EXEC DIR CLINICAL SVCS	Transaction ID: INCA88104
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 500.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) RONALD FIELMANN		Date of Receipt
	Mailing Address 2061 ARLEEN CT		<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 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	SCHAUMBURG	IL	60194
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer ACCREDO HEALTH GROUP		Occupation AVP SALES	Transaction ID: INCA88651
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 525.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
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 79 / 230

(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 FINIZIO

Mailing Address 58 DARLING AVENUE

City State Zip Code
BLOOMFIELD NJ 07003

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 ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88576

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DON FISCHER

Mailing Address 10 TRACY CIRCLE

City State Zip Code
CAMPBELL HALL NY 10916

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 ▼
525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88124

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City State Zip Code
RIDGEWOOD NJ 07450

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 ▼
1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88190

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 80 / 230
	(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 THERESA FITCH	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 180 COOK STREET #107	Transaction ID: INCA88641
	City State Zip Code DENVER CO 80206	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 ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1933 MT. OLIVE AGOSTA ROAD	Transaction ID: INCA88324
	City State Zip Code NEW BLOOMINGTON OH 43341	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 HLTH CARE OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MR JOHN FORD	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 6 SILVER LAKE DRIVE	Transaction ID: INCA88288
	City State Zip Code SHAMONG NJ 08088	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.00	

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 81 / 230
(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)
CHAD FOREMAN
 Mailing Address **9544 DOGWOOD ESTATES**
 City **GERMANTOWN** State **TN** Zip Code **38139**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88689
 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 FINANCE II**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **525.00**

B. Full Name (Last, First, Middle Initial)
HOLLEY FORTH
 Mailing Address **115 BAYSIDE COURT**
 City **RICHMOND** State **CA** Zip Code **94804**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88679
 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 PRODUCT LINE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **525.00**

C. Full Name (Last, First, Middle Initial)
MR PAUL FORTUNATO, III
 Mailing Address **18 WINDING RIDGE**
 City **OAKLAND** State **NJ** Zip Code **07436**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88130
 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 NATL ACCT EXEC**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **210.00**

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 82 / 230
	<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) KEVIN FRANCO	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 140 BELLAIR ROAD UNIT Q	Transaction ID: INCA88401
	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 SR DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

B.	Full Name (Last, First, Middle Initial) MR JOSEPH FREND0	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 9 GREEN HILL TRAIL	Transaction ID: INCA88343
	City TROPHY CLUB State TX Zip Code 76262	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP NATIONAL SERVICE CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3096.10	

C.	Full Name (Last, First, Middle Initial) MR ANDREW FRIEDEL	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1434 NARRAGANSETT BLVD	Transaction ID: INCA88149
	City CRANSTON State RI Zip Code 02905	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 GOV AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

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 83 / 230
(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
							17

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

A.

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 ▼
1050.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88606

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR TRACY FURGIUELE

Mailing Address 7773 TILLINGHAST DRIVE

City State Zip Code
DUBLIN OH 43017

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 ▼
735.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88420

Amount of Each Receipt this Period
35.00

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 ▼
525.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88662

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 84 / 230

(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 CARISSA GABOROW

Mailing Address 6 JUHASZ ROAD

City State Zip Code
NORWALK CT 06854

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
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88307

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 ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88009

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 ▼ 4038.51

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88487

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 85 / 230
(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 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 ▼ 525.00

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

Transaction ID: INCA88440

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 ▼ 1050.00

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

Transaction ID: INCA88319

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 ▼ 4038.51

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

Transaction ID: INCA88520

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 86 / 230
(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 OMHARAI SRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City MORRIS PLAINS State NJ Zip Code 07950

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 ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88529
Amount of Each Receipt this Period: 25.00

B.

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

Mailing Address 1201 BRIDGE STREET

City ASBURY PARK State NJ Zip Code 07712

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP TREASURY & FINANCIAL EVALS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88008
Amount of Each Receipt this Period: 60.00

C.

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

Mailing Address 20 BROOKSHIRE DR

City ROBBINSVILLE State NJ Zip Code 08691

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 ▼ 1050.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88162
Amount of Each Receipt this Period: 50.00

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 87 / 230
(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 **10 / 09 / 2010**
Transaction ID: INCA88593
 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 ▼ **1575.00**

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 **10 / 09 / 2010**
Transaction ID: INCA88086
 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 OPS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **512.50**

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 **10 / 09 / 2010**
Transaction ID: INCA88479
 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 & GENERAL MGR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **4038.51**

SUBTOTAL of Receipts This Page (optional) ► **279.81**
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 88 / 230
(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 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 ▼ 4038.30

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

Transaction ID: INCA88014

Amount of Each Receipt this Period
192.30

B.

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 ▼ 1050.00

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

Transaction ID: INCA88098

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 28 BARBARA DRIVE

City State Zip Code
WARWICK NY 10990

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 ▼ 525.00

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

Transaction ID: INCA88182

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 89 / 230
(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 PAUL GOERDT

Mailing Address 1700 SUNRISE COURT

City State Zip Code
BURNSVILLE MN 55306

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88286

Amount of Each Receipt this Period
50.00

B.

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 ▼ 315.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88402

Amount of Each Receipt this Period
15.00

C.

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 ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88103

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: (check only one)	PAGE 90 / 230
	<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 GRANT, II	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1928 BEVERLY LANE	Transaction ID: INCA88181
	City State Zip Code BUFFALO GROVE IL 60089	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 FINANCIAL INSIGHTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

B.	Full Name (Last, First, Middle Initial) LAURIE GREENBERG	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 27760 WOODLAND GREEN	Transaction ID: INCA88603
	City State Zip Code BOERNE TX 78015	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 THERAPEUTICS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MR EDWARD GRIX	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 525 ORANGEBURG RD	Transaction ID: INCA88209
	City State Zip Code PEARL RIVER NY 10965	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 BUSINESS REQUIREMENTS	
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)	▶	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 91 / 230
(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 GINA GRUHN
 Mailing Address **13 WEATHER VANE DRIVE**
 City **CONVENT STATION** State **NJ** Zip Code **07960**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88260
 Amount of Each Receipt this Period: **40.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **REGIONAL VP SALES-SYSTEMED**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **840.00**

B. Full Name (Last, First, Middle Initial)
MS TRACY GRUNSFELD
 Mailing Address **211 NORTH END AVENUE
 APT 3C**
 City **NEW YORK** State **NY** Zip Code **10282**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88091
 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 CONSUMER DRIVEN MKTS**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **1050.00**

C. Full Name (Last, First, Middle Initial)
MRS CAROLYN GUGLIELMO
 Mailing Address **42 VETERANS PARKWAY**
 City **PEARL RIVER** State **NY** Zip Code **10965**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88403
 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: **525.00**

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 92 / 230
(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 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 ▼ 1890.00

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

Transaction ID: INCA88032

Amount of Each Receipt this Period
90.00

B. 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 ▼ 525.00

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

Transaction ID: INCA88180

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS VALERIE HAERTEL

Mailing Address 7 PARSLOE COURT

City State Zip Code
MAHWAH NJ 07430

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INVESTOR RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88573

Amount of Each Receipt this Period
50.00

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: PAGE 93 / 230
(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 RICHARD HALPERN

Mailing Address 23 MAPLEMOOR LANE

City State Zip Code
WHITE PLAINS NY 10605

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 ▼
525.00

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

Transaction ID: INCA88096

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MRS INCORONATA HAMWAY

Mailing Address 7 ALLYSON CT

City State Zip Code
LONG VALLEY NJ 07853

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 ▼
420.00

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

Transaction ID: INCA88396

Amount of Each Receipt this Period
20.00

C.

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 ▼
1050.00

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

Transaction ID: INCA88486

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 94 / 230

(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 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	1	0

Transaction ID: INCA88076

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
ACCREDITO HEALTH GROUP

Occupation
DIR HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	1	0

Transaction ID: INCA88653

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS SHANA HART

Mailing Address 20 FAIR GREEN DRIVE

City State Zip Code
TROPHY CLUB TX 76262

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 ▼
1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	1	0

Transaction ID: INCA88254

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) ▶

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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 95 / 230
(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 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 ▼ 525.00

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

Transaction ID: INCA88225

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 ▼ 4038.51

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

Transaction ID: INCA88011

Amount of Each Receipt this Period
192.31

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 ▼ 525.00

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

Transaction ID: INCA88647

Amount of Each Receipt this Period
25.00

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: (check only one)	PAGE 96 / 230
	<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 HEGGESTAD		Date of Receipt
	Mailing Address 13210 N. 11TH AVE.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
	City	State	Zip Code
	PHOENIX	AZ	85029
	FEC ID number of contributing federal political committee.		Transaction ID: INCA88119
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP SALES	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"/> 525.00	

B.	Full Name (Last, First, Middle Initial) MS EILEEN HEINZ		Date of Receipt
	Mailing Address 27 DOGWOOD LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
	City	State	Zip Code
	MONTVALE	NJ	07645
	FEC ID number of contributing federal political committee.		Transaction ID: INCA88476
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR BUSINESS DEV	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"/> 10.00
		<input type="text"/> 210.00	

C.	Full Name (Last, First, Middle Initial) MR THOMAS HEKKER		Date of Receipt
	Mailing Address 28 WEST THRID STREET #1332		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
	City	State	Zip Code
	SOUTH ORANGE	NJ	07079
	FEC ID number of contributing federal political committee.		Transaction ID: INCA88526
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"/> 30.00
		<input type="text"/> 630.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 65.00
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: (check only one)	PAGE 97 / 230
	<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 SCOTT HELMUS	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 23 VALLEY RD	Transaction ID: INCA88092
	City State Zip Code SUCCASUNNA NJ 07876	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CLIENT SOLUTIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2225.00	

B.	Full Name (Last, First, Middle Initial) MR GLENN HERDLING	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 646 JAMES LN	Transaction ID: INCA88242
	City State Zip Code RIVER VALE NJ 07675	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 CREATIVE DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MS PATRICIA HERZBERG	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 302 AUTUMN HILL DR	Transaction ID: INCA88030
	City State Zip Code MORGANVILLE NJ 07751	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 GENERIC DRUG PURCHASING	
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)	▶	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 98 / 230
(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 **FLANDERS** State **NJ** Zip Code **07836**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88194
 Amount of Each Receipt this Period: **60.00**
 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: **1260.00**

B. Full Name (Last, First, Middle Initial)
MS JANE HILDEBRANDT
 Mailing Address **35 CASCADE WAY**
 City **BUTLER** State **NJ** Zip Code **07405**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88220
 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 E-COM STRAT & DELIV**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **525.00**

C. Full Name (Last, First, Middle Initial)
MR DANIEL HLUDZINSKI
 Mailing Address **385 WASHINGTON ST**
 City **TAPPAN** State **NY** Zip Code **10983**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88468
 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: **525.00**

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 99 / 230

(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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 16 LUTH TERRACE		Transaction ID: INCA88322		
	City WEST ORANGE	State NJ	Zip Code 07052	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACY OPS	Aggregate Year-to-Date 2612.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 974 HILLCREST ROAD		Transaction ID: INCA88404		
	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 VP FACILITIES	Aggregate Year-to-Date 1050.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 9 HIRLE ST		Transaction ID: INCA88215		
	City CORNWALL ON HUDSON	State NY	Zip Code 12520	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	Aggregate Year-to-Date 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 100 / 230

(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 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
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88315

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS PLANNING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88326

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT HOLLIS

Mailing Address 88 MILLS STREET

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR INTERNATL BUSINESS DEV

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88200

Amount of Each Receipt this Period

25.00

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 101 / 230
(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)
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 ACCREDO HEALTH GROUP Occupation ASSISTANT GENERAL COUNSEL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	1	0

Transaction ID: INCA88677

Amount of Each Receipt this Period
40.00

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

Mailing Address 789 WESTON PARK DR

City State Zip Code
POWELL OH 43065

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	1	0

Transaction ID: INCA88278

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR STEPHEN HOLODAK

Mailing Address 5 SUNCLIFF DR

City State Zip Code
TARRYTOWN NY 10591

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INTERVENTION DELIVERY SYST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	1	0

Transaction ID: INCA88350

Amount of Each Receipt this Period
80.00

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: (check only one)	PAGE 102 / 230
	<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) RITA HOLT	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1558 N PISGAH ROAD	Transaction ID: INCA88655
	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 REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

B.	Full Name (Last, First, Middle Initial) MS CYNTHIA HORN	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 9553 ANDREW DR	Transaction ID: INCA88642
	City State Zip Code TWINSBURG OH 44087	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 CUST SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

C.	Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 4 MELISSA COURT	Transaction ID: INCA88567
	City State Zip Code MONTVILLE NJ 07045	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 PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

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 103 / 230
(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)
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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	0

Transaction ID: INCA88661

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR BERNARD HUKILL

Mailing Address 17219 CLOVIS

City State Zip Code
HELOTES TX 78023

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM OPS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	0

Transaction ID: INCA88377

Amount of Each Receipt this Period

50.00

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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	0

Transaction ID: INCA88327

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional) ▶

107.00

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 104 / 230
(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 DONALD HUMPHREY

Mailing Address 93 WINCHESTER DRIVE

City State Zip Code
MONROE NY 10950

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 ▼ 525.00

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

Transaction ID: INCA88359

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MRS KIMBERLY HUMPHRIES

Mailing Address 10010 POINTE COVE

City State Zip Code
LAKELAND TN 38002

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 ▼ 1050.00

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

Transaction ID: INCA88678

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 INT'L STAKEHOLDER RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88016

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 105 / 230
(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 Gainesville State FL Zip Code 32608

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 ▼ 1000.00

Date of Receipt 10 / 09 / 2010

Transaction ID: INCA88027

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MS MARIANNE JACKS

Mailing Address 329 MORRIS AVENUE

City Mountain Lakes State NJ Zip Code 07046

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 ▼ 1050.00

Date of Receipt 10 / 09 / 2010

Transaction ID: INCA88067

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
BRENDA JACKSON

Mailing Address 1841 BROADHAVEN DRIVE

City Middleburg State FL Zip Code 32068

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PRODUCT DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 09 / 2010

Transaction ID: INCA88574

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 106 / 230
(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 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 SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: INCA88093

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS MICHELLE JAEGER

Mailing Address 302 HERMAN TERRACE

City State Zip Code
HOPKINS MN 55343

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 ▼ 525.00

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

Transaction ID: INCA88531

Amount of Each Receipt this Period
25.00

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 ▼ 735.00

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

Transaction ID: INCA88020

Amount of Each Receipt this Period
35.00

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 107 / 230
(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 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 ▼
1050.00

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

Transaction ID: INCA88471

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
ROBERT JINKS

Mailing Address 22 PAGE AVE

City State Zip Code
LYNDHURST NJ 07071

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

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

Transaction ID: INCA88082

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM JOEL

Mailing Address 32 VENTOSA DR

City State Zip Code
MORRISTOWN NJ 07960

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 ▼
525.00

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

Transaction ID: INCA88264

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 / 230
(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)
CHARLES JOHNSON

Mailing Address 8277 FLORAL SPRINGS

City State Zip Code
CORDOVA TN 38016

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: INCA88618

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
LATASHA JONES

Mailing Address 7761 THUNDERSTONE CL S

City State Zip Code
MEMPHIS TN 38125

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP DIR PAYER CONTRACTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: INCA88690

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS REGINA JONES

Mailing Address POST OFFICE BOX 38342

City State Zip Code
GERMANTOWN TN 38183

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

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP VP CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

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

Transaction ID: INCA88193

Amount of Each Receipt this Period
75.00

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 109 / 230
(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 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 ▼ 1025.00

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

Transaction ID: INCA88406

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City State Zip Code
PRIOR LAKE MN 55372

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 ▼ 900.00

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

Transaction ID: INCA88253

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR HECTOR JUST

Mailing Address 5329 BAYSHORE BLVD.

City State Zip Code
TAMPA FL 33611

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FACILITY PLANNING & DESIGN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

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

Transaction ID: INCA88407

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional) ► 87.50

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 110 / 230
(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 DENNIS KACKLEY

Mailing Address 32 EAST RIVERGLEN DR

City State Zip Code
WORTHINGTON OH 43085

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 ▼ 512.50

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

Transaction ID: INCA88329

Amount of Each Receipt this Period
12.50

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

Mailing Address 8202 MARSH GLEN CT

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARMACY COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88383

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR STEVEN KARATY

Mailing Address 19 PARK AVE

City State Zip Code
POMPTON PLAINS NJ 07444

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS PLANNING

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88039

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **87.50**

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 111 / 230
	(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 BECKY KAUS	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address N81 W18359 TOURS DR	Transaction ID: INCA88233
	City State Zip Code MENOMONEE FALLS WI 53051	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 ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) MR WILLIAM KEELER	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 63 MOUNTAIN GLEN ROAD	Transaction ID: INCA88493
	City State Zip Code RINGWOOD NJ 07456	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 ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MS DEEPTI KEHOE	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 995 PINES TERR	Transaction ID: INCA88133
	City State Zip Code FRANKLIN LAKES NJ 07417	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 ▼ 1050.00	

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 112 / 230
(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 MICHELLE KEHOE

Mailing Address 26-1 FARMHOUSE LANE

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ENTERPRISE BUSINESS INTELL

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88059

Amount of Each Receipt this Period
25.00

B. 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 ▼ 1050.00

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

Transaction ID: INCA88320

Amount of Each Receipt this Period
50.00

C. 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 ▼ 525.00

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

Transaction ID: INCA88065

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 113 / 230

(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 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 SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88441

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City State Zip Code
EDISON NJ 08820

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 ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88523

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 State Zip Code
LAKEWOOD OH 44107

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88640

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 114 / 230
(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 ▼ 1050.00

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

Transaction ID: INCA88455

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 ▼ 4038.30

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

Transaction ID: INCA88506

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
ACCREDITO HEALTH GROUP AVP MANAGED CARE

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88668

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 115 / 230

(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 LORI KOEHNEN

Mailing Address 6920 DYLAN LANE

City State Zip Code
INDEPENDENCE MN 55359

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR GENERIC STRAT & CUST DV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y
10 / 09 / 2010

Transaction ID: INCA88294

Amount of Each Receipt this Period 25.00

B.

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 ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y
10 / 09 / 2010

Transaction ID: INCA88444

Amount of Each Receipt this Period 25.00

C.

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 ▼ 1050.00

Date of Receipt M M / D D / Y Y Y Y
10 / 09 / 2010

Transaction ID: INCA88099

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 116 / 230
	<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 ANNE KRAFT	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 28 ROSEMILT PLACE	Transaction ID: INCA88596
	City State Zip Code MORRISTOWN NJ 07960	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) MS JOANN KRENITSKY	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 143 DEERFIELD TERRACE	Transaction ID: INCA88142
	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 EXEC DIR PRODUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

C.	Full Name (Last, First, Middle Initial) MR ALEXANDER KRYNICKI	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 60 BEECH ROAD	Transaction ID: INCA88041
	City State Zip Code RANDOLPH NJ 07869	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 ▼ 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 117 / 230
(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 INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

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

Transaction ID: INCA88360

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 SVP MEMBER SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2510.00

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

Transaction ID: INCA88421

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR DEEPAK KUMAR

Mailing Address 50 MANCHESTER CT

City State Zip Code
KINNELON NJ 07405

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 ▼ 525.00

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

Transaction ID: INCA88303

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 280.00

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 118 / 230
(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 State Zip Code
TOWACO NJ 07082

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS BUSINESS PROCESS CHAMPION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

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

Transaction ID: INCA88348

Amount of Each Receipt this Period
30.00

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

Mailing Address 18 LADIK PL

City State Zip Code
MONTVALE NJ 07645

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SVC DELIVERY SYSTEM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

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

Transaction ID: INCA88355

Amount of Each Receipt this Period
75.00

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

Mailing Address 10921 MAIN RANGE TRAIL

City State Zip Code
LITTLETON CO 80127

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP SVP FINANCIAL ADMIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88670

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **155.00**

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 119 / 230
(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 EDWARD LAPUSHCHIK

Mailing Address 2 OLD LANE

City State Zip Code
MONTVILLE NJ 07045

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 ▼ 525.00

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

Transaction ID: INCA88518

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR MARCELO LAROSA

Mailing Address 162 HILLTOP ROAD

City State Zip Code
MONROE NY 10950

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLIENT SVC DELIVERY

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88066

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS CYNTHIA LAUBACHER

Mailing Address 1100 KIMBERLY COURT

City State Zip Code
ROSEVILLE CA 95661

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 ▼ 2100.00

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

Transaction ID: INCA88309

Amount of Each Receipt this Period
100.00

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 120 / 230
(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)
MICHELE LAW

Mailing Address 600 KINGFRED DR

City NORTH HUNTINGDON State PA Zip Code 15642

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR TRC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88671
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
PAUL LEAPO

Mailing Address 1 CHRISTIAN DRIVE

City EAST BRUNSWICK State NJ Zip Code 08816

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 ▼ 546.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88503
 Amount of Each Receipt this Period: 26.00

C.

Full Name (Last, First, Middle Initial)
JOSEPH LENZ

Mailing Address 1735 LINKENHOLT COVE

City COLLIERVILLE State TN Zip Code 38017

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

Name of Employer ACCREDO HEALTH GROUP Occupation VP PERFORMANCE STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88543
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **101.00**

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 / 230
(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) EMMA LEVIN		Date of Receipt
	Mailing Address 18 SALEM RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	EAST BRUNSWICK	NJ	08816
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88571
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 ▼ 525.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MARK LEWICKI		Date of Receipt
	Mailing Address 44 MEADOWVIEW COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	NEWINGTON	CT	06111
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88580
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation MGR PROPOSAL UNIT	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 ▼ 210.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) MR DORIAN LO		Date of Receipt
	Mailing Address 202 MORRIS AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	MOUNTAIN LAKES	NJ	07046
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88312
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP 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 ▼ 1050.00	<input type="text"/> 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 122 / 230
(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 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 ▼ 1050.00

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

Transaction ID: INCA88297

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
DAVID LOSCHINSKEY

Mailing Address 4500 MT GILLESPIE DR

City State Zip Code
LAKELAND TN 38002

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP BIAC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88675

Amount of Each Receipt this Period
50.00

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 SR DIR TRC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 512.50

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

Transaction ID: INCA88257

Amount of Each Receipt this Period
12.50

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 123 / 230
(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 ▼ 1230.00

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

Transaction ID: INCA88155

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MS SHARON MACCOY

Mailing Address 9248 TALWAY CIR

City State Zip Code
BOYNTON BEACH FL 33472

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 ▼ 500.00

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

Transaction ID: INCA88298

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS VERONA MACMAHON

Mailing Address 1504 WEST CULLOM AVE
UNIT G

City State Zip Code
CHICAGO IL 60613

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 ▼ 525.00

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

Transaction ID: INCA88472

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 124 / 230
(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 MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

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 SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2612.00

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

Transaction ID: INCA88195

Amount of Each Receipt this Period
192.00

B. 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 ▼ 1050.00

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

Transaction ID: INCA88029

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS COLLEEN MANLEY

Mailing Address 70 RIDGE ROAD

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 GENERIC STRAT & CUST DV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: INCA88508

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 252.00

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 / 230
(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)
JOE MARABITO

Mailing Address 637 WYCKOFF AVENUE
UNIT 351

City WYCKOFF State NJ Zip Code 07481

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CONSUMER DRIVEN MKTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88595
Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City WOODCLIFF LAKE DR State NJ Zip Code 07675

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 ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88371
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 MENDHAM State NJ Zip Code 07945

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 ▼ 210.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88187
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 126 / 230
(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 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 SR DIR MEDICARE OPS

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88138

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 ▼ 1050.00

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

Transaction ID: INCA88592

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS TAMARA MARSHALL-IGUNBOR

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 VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88229

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 127 / 230
(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 MARSIGLIANO
 Mailing Address **11 ECHO HILL ROAD**
 City **MONTVALE** State **NJ** Zip Code **07645**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88594
 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: **525.00**

B. Full Name (Last, First, Middle Initial)
SHELLY MARTIN
 Mailing Address **9536 DOE MEADOW DR**
 City **GERMANTOWN** State **TN** Zip Code **38139**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88681
 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 HR**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **525.00**

C. Full Name (Last, First, Middle Initial)
MR TODD MARTIN
 Mailing Address **11825 SHEPPARDS CROSSING**
 City **CLARKSVILLE** State **MD** Zip Code **21029**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88174
 Amount of Each Receipt this Period: **192.30**
 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: **4038.30**

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 128 / 230
(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 WILLIAM MARTIN

Mailing Address 2601 FOX HLL CIRCLE EAST

City State Zip Code
GERMANTOWN TN 38139

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP GROUP VP BUS DEV

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88600

Amount of Each Receipt this Period

50.00

B.

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 ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88527

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 PHARMA STRAT & SOLUTIONS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4038.30

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88408

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 129 / 230
(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		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 496 FRANKLIN AVE		Transaction ID: INCA88168		
	City WYCKOFF	State NJ	Zip Code 07481	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 E-COM STRATEGY & DELIVERY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

B.	Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 19 FARMINGTON COURT		Transaction ID: INCA88206		
	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 ACCREDITO HEALTH GROUP	Occupation VP SALES AND MARKETING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00			

C.	Full Name (Last, First, Middle Initial) THOMAS MCCANN		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 9600 DOVE SPRING CV		Transaction ID: INCA88683		
	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			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00			

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 130 / 230
(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 SHANNON MCCRUDDEN

Mailing Address 8309 SANCTUARY BLVD

City RIVERDALE State NJ Zip Code 07457

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRICING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88528
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
MR GARY MCDONALD

Mailing Address 583 HAMILTON PL

City RIVERVALE State NJ Zip Code 07675

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 ▼ 225.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88208
 Amount of Each Receipt this Period: 25.00

C.

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

Mailing Address 0-45 27TH ST

City FAIR LAWN State NJ Zip Code 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 ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88351
 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 131 / 230
(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 **HIGHLAND MILLS** State **NY** Zip Code **10930**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88308
 Amount of Each Receipt this Period: **192.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **ASST GENERAL COUNSEL**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **4032.00**

B. Full Name (Last, First, Middle Initial)
MR WILLIAM MCLAUGHLIN
 Mailing Address **8 BATES CIRCLE**
 City **FLORIDA** State **NY** Zip Code **10921**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88483
 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: **525.00**

C. Full Name (Last, First, Middle Initial)
MR STEVEN MCNAMARA
 Mailing Address **112 GREEN TERRACE WAY**
 City **WEST MILFORD** State **NJ** Zip Code **07480**
 Date of Receipt: **10 / 09 / 2010**
Transaction ID: INCA88464
 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 BUSINESS OPS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **4038.51**

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 132 / 230
(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 EDWARD MCNEILEY

Mailing Address 2623 KENCHESTER LOOP

City State Zip Code
 WESLEY CHAPEL FL 33543

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 ▼ 512.50

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

Transaction ID: INCA88203

Amount of Each Receipt this Period
 12.50

B.

Full Name (Last, First, Middle Initial)
 CRAIG MEARS

Mailing Address 106 MEADOWLAKE CT

City State Zip Code
 HENDERSONVILLE TN 37075

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

Name of Employer Occupation
 ACCREDO HEALTH GROUP PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: INCA88654

Amount of Each Receipt this Period
 50.00

C.

Full Name (Last, First, Middle Initial)
 MRS WENDY MELLO

Mailing Address 5147 BLUE SPRUCE DR

City State Zip Code
 YPSILANTI MI 48197

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR MKTING & STRATEGIC ANAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

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

Transaction ID: INCA88108

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional) ► **82.50**

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 133 / 230
(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 LAURA MENVILLE

Mailing Address 23 UNION HILL RD

City MORRIS PLAINS State NJ Zip Code 07950

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 ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88495
 Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City ORADELL State NJ Zip Code 07649

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUS PLANNING & ADMIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88090
 Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City DERRY State PA Zip Code 15627

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

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88645
 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 134 / 230
(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 MESAROS		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 10565 96TH ST NORTH		Transaction ID: INCA88280		
	City LARGO	State FL	Zip Code 33773	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ATTORNEY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

B.	Full Name (Last, First, Middle Initial) MR DAN MILKENS		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 826 DOWNING STREET		Transaction ID: INCA88295		
	City NORTHBROOK	State IL	Zip Code 60062	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 ▼ 525.00			

C.	Full Name (Last, First, Middle Initial) DAVID MILLER		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 7 CLOVER LANE		Transaction ID: INCA88038		
	City RANDOLPH	State NJ	Zip Code 07869	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00			

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 135 / 230
(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)

<p>A. Full Name (Last, First, Middle Initial) EDDY MILLER</p> <p>Mailing Address 450 ARCARO WAY APT: 101</p> <p>City State Zip Code CORDOVA TN 38018</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ACCREDITO HEALTH GROUP VP INFRASTRUCTURE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: INCA88629</p> <p>Amount of Each Receipt this Period 25.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) MRS KAREN MILLER</p> <p>Mailing Address 34 MACKENZIE LANE NORTH</p> <p>City State Zip Code DENVILLE NJ 07834</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR INTERNAL AUDIT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1050.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: INCA88028</p> <p>Amount of Each Receipt this Period 50.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) PAMELA MILLER</p> <p>Mailing Address 158 SUMMIT AVENUE</p> <p>City State Zip Code HACKENSACK NJ 07601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SUSTAIN & COMMUNITY INVEST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1155.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: INCA88516</p> <p>Amount of Each Receipt this Period 55.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	1	0												

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 136 / 230
(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 ▼ 525.00

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

Transaction ID: INCA88481

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR BHUPESH MISTRY

Mailing Address 92 REDSTONE DR

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 ▼ 525.00

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

Transaction ID: INCA88048

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR DAVID MITCHELL

Mailing Address 222 WEST 14TH STREET
APT. 4B

City State Zip Code
NEW YORK NY 10011

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MKTING & PRODUCT DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88541

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 230
(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)
MONALISA MOHANTY

Mailing Address 1574 WHITMAR PLACE

City State Zip Code
MEMPHIS TN 38120

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
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88627

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 ▼ 1050.00

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

Transaction ID: INCA88183

Amount of Each Receipt this Period
50.00

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

Mailing Address 24 ABBINGTON TERRACE

City State Zip Code
GLEN ROCK NJ 07452

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 ▼ 525.00

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

Transaction ID: INCA88559

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 138 / 230
(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 ERICK MONCAYO

Mailing Address 404 HAMILTON 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 SR DIR CLINICAL THERAPEUTICS

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88055

Amount of Each Receipt this Period
25.00

B.

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 ▼ 525.00

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

Transaction ID: INCA88191

Amount of Each Receipt this Period
25.00

C.

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 GENL C-SEC-SVP PHARM STRAT SOL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4032.00

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

Transaction ID: INCA88017

Amount of Each Receipt this Period
192.00

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)
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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 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 ▼ 1050.00

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

Transaction ID: INCA88409

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR CRAIG MORRIS

Mailing Address N 49 W 25648 MCKERROW DR

City State Zip Code
PEWAUKEE WI 53072

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 ▼ 1050.00

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

Transaction ID: INCA88228

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
JACQUELINE MORRIS

Mailing Address 750 COLUMBUS AVE
APT 06S

City State Zip Code
NEW YORK NY 10025

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR INT'L BUSINESS DEV

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88607

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 140 / 230
(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 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 ▼ 420.00

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

Transaction ID: INCA88458

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
MR PHILLIP MUELLER

Mailing Address 16329 RIVERBIRCH DRIVE

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 SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: INCA88281

Amount of Each Receipt this Period
25.00

C. 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 ▼ 1050.00

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

Transaction ID: INCA88426

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**

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FOR LINE NUMBER: PAGE 141 / 230
(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)
MRS KATHLEEN MURPHY

Mailing Address 206 TARRYTOWN DRIVE

City State Zip Code
RICHMOND VA 23229

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 ▼ 250.00

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

Transaction ID: INCA88431

Amount of Each Receipt this Period
25.00

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 ▼ 1050.00

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

Transaction ID: INCA88097

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 ▼ 525.00

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

Transaction ID: INCA88102

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 142 / 230
	<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) JANARDHAN NARAYANAN	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 32 BLACKSTONE DRIVE	Transaction ID: INCA88604
	City State Zip Code PRINCETON NJ 08540	Amount of Each Receipt this Period 29.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MARKET STRATEGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 659.00	

B.	Full Name (Last, First, Middle Initial) MS BARBARA NEAVERTH	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address PO BOX 523	Transaction ID: INCA88073
	City State Zip Code SUGAR LOAF NY 10981	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 BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) BRIAN NEMIROFF	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 335 VILLAGE PLACE	Transaction ID: INCA88605
	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 DIR ORG DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	79.00
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 / 230
(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)
CHRISTIAN NICKERSON

Mailing Address 20 MELVILLE ROAD

City State Zip Code
PRINCETON NJ 08550

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 ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88602

Amount of Each Receipt this Period
25.00

B.

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 INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88463

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MS EVELYN NIXON

Mailing Address 10011 BELLONA CT

City State Zip Code
HENRICO VA 23233

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 ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88432

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

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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 ARLENE NOLAN

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 ▼ 1050.00

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

Transaction ID: INCA88140

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR HAIK NOVSHADIAN

Mailing Address 45 DAVIS ROAD

City State Zip Code
SPARTA NJ 07871

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 ▼ 798.00

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

Transaction ID: INCA88232

Amount of Each Receipt this Period
38.00

C. 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 ▼ 580.00

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

Transaction ID: INCA88296

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **118.00**

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

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

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

A. Full Name (Last, First, Middle Initial)
DENISE O'CALLAGHAN

Mailing Address 4 HIGHLAND AVE
P.O. BOX 408

City State Zip Code
PEAPACK NJ 07977

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 ▼ 1050.00

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

Transaction ID: INCA88597

Amount of Each Receipt this Period
50.00

B. 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 ▼ 525.00

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

Transaction ID: INCA88135

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
SUSAN O'CONNOR

Mailing Address 5 HICKORY DRIVE

City State Zip Code
NANUET NY 10954

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 ▼ 525.00

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

Transaction ID: INCA88609

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 146 / 230
(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 ▼ 1050.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88442
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 ▼ 525.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88051
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 ▼ 1050.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88380
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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FOR LINE NUMBER: PAGE 147 / 230
(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 BRYAN OLENIK

Mailing Address 653 E. DEVON DRIVE

City State Zip Code
GILBERT AZ 85296

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 ▼ 475.00

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

Transaction ID: INCA88423

Amount of Each Receipt this Period
12.50

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 ▼ 1000.00

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

Transaction ID: INCA88390

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 ▼ 525.00

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

Transaction ID: INCA88435

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 87.50

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 148 / 230
(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 PATRICE OLSON

Mailing Address 9933 TOLEDO DRIVE NORTH

City State Zip Code
BROOKLYN PARK MN 55443

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 ▼ 275.00

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

Transaction ID: INCA88453

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS CYNTHIA O'NEILL

Mailing Address 69 SUMMIT AVE

City State Zip Code
MONTVALE NJ 07645

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS & INSTALLATION SVCS

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88365

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
ALEXANDER 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 ▼ 525.00

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

Transaction ID: INCA88549

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 149 / 230
	<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 NATALYA ONIK	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1 SCHINDLER CT	Transaction ID: INCA88267
	City State Zip Code UPPER SADDLE RIVER NJ 07458	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 BIAC SYSTEMS SOLUTIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) MR KIPP OTTLEY	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 672 PETWORTH CT	Transaction ID: INCA88192
	City State Zip Code POWELL OH 43065	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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MS DAWN PAGANO	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 185 PASCACK ROAD	Transaction ID: INCA88368
	City State Zip Code PARK RIDGE NJ 07656	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 150 / 230
(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 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 ▼ 525.00

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

Transaction ID: INCA88361

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 ▼ 1050.00

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

Transaction ID: INCA88255

Amount of Each Receipt this Period
50.00

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 SR DIR PHARMACY REGULATORY

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88501

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 151 / 230
(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 JUN PARK

Mailing Address 2843 HONEYSUCKLE LANE

City Hilliard State OH Zip Code 43026

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation BUSINESS PROCESS CHAMPION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 512.50

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88539
Amount of Each Receipt this Period 12.50

B.

Full Name (Last, First, Middle Initial)
MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City Monmouth Junction State NJ Zip Code 08852

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88249
Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City Hawthorne State NJ Zip Code 07506

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 ▼ 525.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88535
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 152 / 230
(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 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 ▼ 1050.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88075
 Amount of Each Receipt this Period: 50.00

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 ▼ 1025.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88111
 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 ▼ 630.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88211
 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: (check only one)	PAGE 153 / 230
	<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) MERRI PENDERGRASS, MD		Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 3201 QUEENSBURY WAY WEST		Transaction ID: INCA88616
	City	State	Zip Code
	COLLEYVILLE	TX	76034
	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 NATIONAL PRACTICE LEADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00	

B.	Full Name (Last, First, Middle Initial) MR VICTOR PERINI		Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 9304 GROVE PARK COVE		Transaction ID: INCA88619
	City	State	Zip Code
	GERMANTOWN	TN	38139
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ACCREDO HEALTH GROUP		Occupation VP TRC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00	

C.	Full Name (Last, First, Middle Initial) JIMMY PERREN		Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1250 BRAY PARK DR EAST		Transaction ID: INCA88648
	City	State	Zip Code
	COLLIERVILLE	TN	38017
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer ACCREDO HEALTH GROUP		Occupation VP REGULATORY COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1575.00	

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 154 / 230
(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 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 ▼ 525.00

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

Transaction ID: INCA88346

Amount of Each Receipt this Period
25.00

B. 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 ▼ 525.00

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

Transaction ID: INCA88224

Amount of Each Receipt this Period
25.00

C. 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 VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88167

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 155 / 230
(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)
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 SR ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88582

Amount of Each Receipt this Period
25.00

B.

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 ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88497

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 10297 E. LAKE DR.

City State Zip Code
ENGLEWOOD CO 80111

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88570

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 156 / 230
(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)
DR PAGE PIGG

Mailing Address 9297 ANGLER TRL

City State Zip Code
MECHANICSVILLE VA 23116

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 ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88221

Amount of Each Receipt this Period
25.00

B. 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 ▼ 4038.30

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88031

Amount of Each Receipt this Period
192.30

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

Mailing Address 10 DISTILLERY PATH

City State Zip Code
NEWBURGH NY 12550

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP PRICING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88474

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **247.30**

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 157 / 230
(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 JANET PORAT		Date of Receipt MM / DD / YYYY 10 / 09 / 2010
Mailing Address 5 CRABAPPLE CT		Transaction ID: INCA88170
City MONSEY	State NY	Zip Code 10952
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 TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B.

Full Name (Last, First, Middle Initial) MS LYDIA POTTER		Date of Receipt MM / DD / YYYY 10 / 09 / 2010
Mailing Address 19642 S.W. 88 LOOP		Transaction ID: INCA88443
City DUNNELLON	State FL	Zip Code 34432
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 OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.

Full Name (Last, First, Middle Initial) MR NEIL PREZIOSO		Date of Receipt MM / DD / YYYY 10 / 09 / 2010
Mailing Address 10258 WINDSOR WAY		Transaction ID: INCA88330
City POWELL	State OH	Zip Code 43065
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 HLTH CARE OPS/FORMULARY/CDP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

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 / 230
(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 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 ▼ 4038.30

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

Transaction ID: INCA88279

Amount of Each Receipt this Period
192.30

B.

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

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

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 ▼ 525.00

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

Transaction ID: INCA88397

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 3601 LEANNE DRIVE

City State Zip Code
FLOWER MOUND TX 75022

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88496

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: PAGE 159 / 230
(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 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 **CHIEF OF OPERATIONS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4038.51**

Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88489
 Amount of Each Receipt this Period **192.31**

B.

Full Name (Last, First, Middle Initial)
MS CATHERINE PURDUE

Mailing Address **318 NEWBURY DRIVE**

City **MONROEVILLE** State **PA** Zip Code **15146**

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 ▼ **375.00**

Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88425
 Amount of Each Receipt this Period **25.00**

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 ▼ **525.00**

Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88480
 Amount of Each Receipt this Period **25.00**

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: (check only one)	PAGE 160 / 230
	<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		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 800 SANDY TRAIL		Transaction ID: INCA88514		
	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 ▼
1025.00

B.	Full Name (Last, First, Middle Initial) MS FRANCES RAO		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 19 ROSS ROAD		Transaction ID: INCA88068		
	City SCARSDALE	State NY	Zip Code 10583	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR REGULATORY	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1575.00

C.	Full Name (Last, First, Middle Initial) MRS DOLORES RAPUANO		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 57660 BEAVER VALLEY RD		Transaction ID: INCA88449		
	City QUAKER CITY	State OH	Zip Code 43773	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 ELIGIBILITY	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)	▶	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 161 / 230
	<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 MONICA REED		Date of Receipt	
	Mailing Address 8475 DUNHAM STATION DRIVE		M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: INCA88275
	TAMPA	FL	33647	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 PROF PRA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00		

B.	Full Name (Last, First, Middle Initial) MS MARGARET REICHENBACHER		Date of Receipt	
	Mailing Address 26 UNDERWOOD DR		M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: INCA88293
	WEST ORANGE	NJ	07052	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 TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00		

C.	Full Name (Last, First, Middle Initial) MRS HEATHER REIGLE		Date of Receipt	
	Mailing Address 10816 BARBADOS ISLE DRIVE		M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: INCA88070
	TAMPA	FL	33647	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 CUST SVC		
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)	▶	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 / 230
(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 REINCKENS	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 204 TOKENEKE RD	Transaction ID: INCA88188
	City State Zip Code DARIEN CT 06820	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 BIAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

B.	Full Name (Last, First, Middle Initial) MR VICTOR RENNA	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 8 CARLA ANN CT	Transaction ID: INCA88446
	City State Zip Code FLANDERS NJ 07836	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 PROCUREMENT & INVENTORY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

C.	Full Name (Last, First, Middle Initial) MRS YVETTE RENNIE	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1 RED OAK LANE	Transaction ID: INCA88050
	City State Zip Code KINNELON NJ 07405	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 PRICING	
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)	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 163 / 230
(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 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 ▼ 1470.00

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

Transaction ID: INCA88511

Amount of Each Receipt this Period
70.00

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

Mailing Address 10701 S. OCEAN DRIVE #643

City State Zip Code
JENSEN BEACH FL 34957

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP NATL ACCT MGR PHARM MANUFACT

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88649

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS ANGELA RIECK

Mailing Address 5 EGBERT AVENUE

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PERFORMANCE CONSULTING

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88621

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 164 / 230
(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 JACQUELINE RIMSKY		Date of Receipt
	Mailing Address 13 HILLCREST ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	TOWACO	NJ	07082
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88560
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR FINANCE	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 ▼ 500.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MR WILLIAM RINCON		Date of Receipt
	Mailing Address 32 CLINTON VIEW TERRACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	HEWITT	NJ	07421
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88321
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation 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 ▼ 525.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) ELIZABETH RITCHIE		Date of Receipt
	Mailing Address 27 DAY RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	PLEASANT VALLEY	CT	06063
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88575
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR BUSINESS DEVELOPMENT	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 ▼ 1050.00	<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 165 / 230
(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 VIRGINIA RIVAS

Mailing Address 7845 E 5TH ST

City State Zip Code
DOWNEY CA 90241

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 ▼ 525.00

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

Transaction ID: INCA88034

Amount of Each Receipt this Period
25.00

B.

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 SR DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: INCA88116

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MRS JENNIFER ROBERTS

Mailing Address 1342 DALTON CT

City State Zip Code
FAIRFIELD OH 45014

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 ▼ 512.50

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

Transaction ID: INCA88158

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: (check only one)	PAGE 166 / 230
	<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		Date of Receipt
	Mailing Address 19 FARMINGTON COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
	City	State	Zip Code
	RAMSEY	NJ	07446
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88040
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation 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 ▼ <input type="text"/> 525.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MS SORAYA RODRIGUEZ-BALZAC		Date of Receipt
	Mailing Address 22 PAPOOSE TRAIL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
	City	State	Zip Code
	ANDOVER	NJ	07821
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88510
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR MARKETING	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"/> 525.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) ERIC ROELOFS		Date of Receipt
	Mailing Address 9 STRATFORD WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 09 / 2010
	City	State	Zip Code
	MORRIS PLAINS	NJ	07950
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA88613
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation 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"/> 525.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
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 167 / 230
(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 855 CLUB MOSS CT.

City State Zip Code
MARIETTA GA 30068

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 ▼ 4038.30

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

Transaction ID: INCA88186

Amount of Each Receipt this Period
192.30

B. Full Name (Last, First, Middle Initial)
DAVID ROOT

Mailing Address 212 SPRING BRANCH ROAD

City State Zip Code
WAVERLY VA 23890

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR STATE GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: INCA88590

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 State Zip Code
KINNELON NJ 07405

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS-CLINICAL TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88398

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 168 / 230
	<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) DR CHRISTINE ROTTAS	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 7227 RAMOTH DRIVE	Transaction ID: INCA88143
	City State Zip Code JACKSONVILLE FL 32226	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 FORMULARY CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

B.	Full Name (Last, First, Middle Initial) MR CHRISTOPHERJOHN ROWLAND	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 16725 OLIVE CIRCLE	Transaction ID: INCA88057
	City State Zip Code FOUNTAIN VALLEY CA 92708	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) MS LAUREN RUBENSTEIN	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 345 WINTHROP DRIVE	Transaction ID: INCA88445
	City State Zip Code NUTLEY NJ 07110	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 ▼ 525.00	

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 169 / 230
(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 RUBINO

Mailing Address 3 APACHE DRIVE

City OAKLAND State NJ Zip Code 07436

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP FINANCE & CHIEF FIN OFFCR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4053.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88394
 Amount of Each Receipt this Period 193.00

B. 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 ▼ 1050.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88213
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MS KAREN 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 ▼ 525.00

Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88062
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 268.00

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 / 230
(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

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 ▼ 1050.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88084
Amount of Each Receipt this Period: 50.00

B. 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 ▼ 1050.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88340
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
MS JENNIFER RUSSO

Mailing Address 35 DEAN ST.

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 MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88532
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 171 / 230
(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)
JULIANA RUTH

Mailing Address 1 UNDERCLIFF TERRACE

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 BUSINESS DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88624

Amount of Each Receipt this Period
50.00

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 ▼ 630.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88533

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 ▼ 1566.80

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88387

Amount of Each Receipt this Period
78.34

SUBTOTAL of Receipts This Page (optional) ► **158.34**

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 172 / 230
(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 CYNTHIA RYDER

Mailing Address 74 CHOCTAW TRAIL

City State Zip Code
RINGWOOD NJ 07456

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 ▼ 525.00

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

Transaction ID: INCA88049

Amount of Each Receipt this Period
25.00

B. 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 ▼ 525.00

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

Transaction ID: INCA88424

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS SARA SABIN

Mailing Address 133 MOUNTAIN ROAD

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 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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88247

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 173 / 230
	<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 RYAN SADLER		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 247 8TH ST. NE APT 202		Transaction ID: INCA88599		
	City WASHINGTON	State DC	Zip Code 20002	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 GOVERNMENT AFFAIRS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

B.	Full Name (Last, First, Middle Initial) CHRISTOPHER SANDERS		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 7475 MINK HOLLOW ROAD		Transaction ID: INCA88612		
	City HIGHLAND	State MD	Zip Code 20777	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 CAOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

C.	Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 7 AHERN WAY		Transaction ID: INCA88250		
	City WEST ORANGE	State NJ	Zip Code 07052	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 ENTERPRISE BUS INTELLIG			
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 174 / 230
(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 MATTHEW SARDY
 Mailing Address **230 FAIRFIELD AVE.**
 City **RIDGEWOOD** State **NJ** Zip Code **07450**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88121
 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 ▼ **1050.00**

B. Full Name (Last, First, Middle Initial)
MS BETH SAVARE
 Mailing Address **27 JONES LN**
 City **BLAIRSTOWN** State **NJ** Zip Code **07825**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88391
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **525.00**

C. Full Name (Last, First, Middle Initial)
MS TRINA SAYLER
 Mailing Address **56 LAKESIDE DRIVE**
 City **RAMSEY** State **NJ** Zip Code **07446**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88466
 Amount of Each Receipt this Period **15.00**
 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 ▼ **315.00**

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 175 / 230
(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 MITCHELL SCHERF

Mailing Address 739 CAMBERWELL DR

City State Zip Code
EAGAN MN 55123

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 ▼ 525.00

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

Transaction ID: INCA88210

Amount of Each Receipt this Period
25.00

B. 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 ▼ 1050.00

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

Transaction ID: INCA88393

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR DENNIS SCHONBACHLER

Mailing Address 6 TRIBECA AVE
UNIT 207

City State Zip Code
JERSEY CITY NJ 07305

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR INTERNATIONAL MARKETS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: INCA88587

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 176 / 230
(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) ERIC SCHUPP		Date of Receipt																					
	Mailing Address 340 S. MAIN		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	0	9	/	2	0	1	0														
	City	State	Zip Code	Transaction ID: INCA88601																				
MEMPHIS	TN	38103	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	25.00																					
Name of Employer ACCREDITO HEALTH GROUP		Occupation DIR PRODUCT LINE II																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		525.00																						

B.	Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ		Date of Receipt																					
	Mailing Address 9111 N KARLOV		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	0	9	/	2	0	1	0														
	City	State	Zip Code	Transaction ID: INCA88112																				
SKOKIE	IL	60076	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	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 ▼																						
		1050.00																						

C.	Full Name (Last, First, Middle Initial) BRUCE SCOTT		Date of Receipt																					
	Mailing Address 18650 BEARPATH TRAIL		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	0	9	/	2	0	1	0														
	City	State	Zip Code	Transaction ID: INCA88615																				
EDEN PRAIRIE	MN	55347	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	192.31																					
Name of Employer ACCREDITO HEALTH GROUP		Occupation PRESIDENT																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		4038.51																						

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 177 / 230
(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 ▼ 1050.00

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

Transaction ID: INCA88035

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 ▼ 1050.00

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

Transaction ID: INCA88448

Amount of Each Receipt this Period
50.00

C. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88025

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: (check only one)	PAGE 178 / 230
	<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 ROBERT SENDEWICZ	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1220 CROSSING WAY	Transaction ID: INCA88072
	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 TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) MR GEORGE SERPIKOV	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 66 PROSPECT AVE	Transaction ID: INCA88477
	City State Zip Code WESTWOOD NJ 07675	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 ▼ 1050.00	

C.	Full Name (Last, First, Middle Initial) MRS PATRICIA SGARELLA	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 275 MAIN STREET	Transaction ID: INCA88485
	City State Zip Code GLEN ROCK NJ 07452	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 PRICING	
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)	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 179 / 230
	<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 THOMAS SHANAHAN, III	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1767 FAIRMOUNT STREET	Transaction ID: INCA88306
	City State Zip Code CARMEL IN 46032	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ONCOLOGY TRC OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1860.00	

B.	Full Name (Last, First, Middle Initial) MR ROBERT SHANNON	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 59 DANNER AVE	Transaction ID: INCA88399
	City State Zip Code HARRISON NY 10528	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 ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MR JOHN SHEA	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 62 FRANKLIN TURNPIKE	Transaction ID: INCA88047
	City State Zip Code ALLENDALE NJ 07401	Amount of Each Receipt this Period 40.00
	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 ▼ 840.00	

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 180 / 230
(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 SHEEHY

Mailing Address 550 KNOLLWOOD ROAD

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 ▼ 4032.00

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

Transaction ID: INCA88132

Amount of Each Receipt this Period
192.00

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

Mailing Address 63 BRAMSHILL DRIVE

City State Zip Code
MAHWAH NJ 07430

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP & COO INTL STRATEGY & OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88583

Amount of Each Receipt this Period
50.00

C. 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 ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88018

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 292.00

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 / 230
(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)
WENDELL SHERRELL

Mailing Address PO BOX 748

City State Zip Code
COLLIERVILLE TN 38027

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP DIR ACCDO CORP HR & TALENT MGT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

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

Transaction ID: INCA88611

Amount of Each Receipt this Period
30.00

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
ACCREDITO HEALTH GROUP DIR PRICING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: INCA88241

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 ▼ 525.00

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

Transaction ID: INCA88147

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 182 / 230
(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 67 FAIRHAVEN DRIVE

City State Zip Code
ALLENDALE NJ 07401

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR GENERIC STRAT & CUST DV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

Transaction ID: INCA88022

Amount of Each Receipt this Period
15.00

B. 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 ▼ 375.00

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

Transaction ID: INCA88410

Amount of Each Receipt this Period
25.00

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

Mailing Address 3555 GRANDE TUSCANY WAY

City State Zip Code
NEW SMYRNA BEACH FL 32168

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 ▼ 1635.86

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

Transaction ID: INCA88271

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 183 / 230
(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 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 VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88459

Amount of Each Receipt this Period
50.00

B. 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 ▼ 1000.00

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

Transaction ID: INCA88316

Amount of Each Receipt this Period
50.00

C. 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 ▼ 630.00

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

Transaction ID: INCA88071

Amount of Each Receipt this Period
30.00

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 184 / 230
(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 ▼ 525.00

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

Transaction ID: INCA88379

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 ▼ 525.00

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

Transaction ID: INCA88240

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
ARUNBABU SIVAGAMINATHAN

Mailing Address 11 LINDA CT

City State Zip Code
LINCOLN PARK NJ 07035

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 ▼ 275.00

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

Transaction ID: INCA88561

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 185 / 230
(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 BRADLEY SKATTER

Mailing Address 6433 FRANKLIN HILLS RD

City State Zip Code
INDEPENDENCE MN 55359

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 ▼ 1050.00

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

Transaction ID: INCA88053

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR EDWARD SKRIPATA

Mailing Address 70 RIVER ROAD
UNIT D9

City State Zip Code
CLIFTON NJ 07014

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 ▼ 525.00

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

Transaction ID: INCA88357

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 ▼ 625.00

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

Transaction ID: INCA88248

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 186 / 230
(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 WESTON State FL Zip Code 33327

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 ▼ 210.00

Date of Receipt: 10 / 09 / 2010

Transaction ID: INCA88218

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 RAMSEY State NJ Zip Code 07446

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 09 / 2010

Transaction ID: INCA88419

Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
MR ERIC SMITHER

Mailing Address 1132 NORTH ST RT 123

City LEBANON State OH Zip Code 45036

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 10 / 09 / 2010

Transaction ID: INCA88165

Amount of Each Receipt this Period: 12.50

SUBTOTAL of Receipts This Page (optional) ► 72.50

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 187 / 230
(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 SNOW, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 23 CEDAR GATE ROAD		Transaction ID: INCA88498		
	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 ▼ 4038.51			

B.	Full Name (Last, First, Middle Initial) MR ALAN SOKALER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 30 MICHELLE WAY		Transaction ID: INCA88534		
	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 ▼ 1050.00			

C.	Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 1 0		
	Mailing Address 6108 HUNTER LANE		Transaction ID: INCA88332		
	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 ▼ 1025.00			

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 188 / 230
	<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 MICHELE ST CLAIR	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 7 EVERGREEN DRIVE UNIT 47	Transaction ID: INCA88467
	City State Zip Code CLIFTON NJ 07014	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 FORMULARY & COVERAGE MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) BRENDA STAFFORD	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 647 BERKELEY AVENUE	Transaction ID: INCA88617
	City State Zip Code ORANGE NJ 07050	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 ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MR RALPH STAIANO	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1 LAMBROS DRIVE	Transaction ID: INCA88036
	City State Zip Code MONROE NY 10950	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 BUSINESS REQUIREMENTS	
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 189 / 230
(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) PETER STARK	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 4840 COLE ROAD	Transaction ID: INCA88676
	City State Zip Code MEMPHIS TN 38117	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ACCREDITO HEALTH GROUP	Occupation CHIEF FINANCIAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
B.	Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 7 FOREST LAKE DR	Transaction ID: INCA88395
	City State Zip Code WEST HARRISON NY 10604	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 FINANCIAL & ANALYTICAL SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.51	
C.	Full Name (Last, First, Middle Initial) CHANNING STAVE	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 77 HIGHVIEW AVE	Transaction ID: INCA88588
	City State Zip Code TUCKAHOE NY 10707	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 MARKETING	
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) ►

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 190 / 230
(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 ▼ 1050.00

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

Transaction ID: INCA88462

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 SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88175

Amount of Each Receipt this Period
50.00

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 ▼ 210.00

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

Transaction ID: INCA88019

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 191 / 230
(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 728 GULF BOULEVARD
C/O PO BOX 834

City INDIAN ROCKS BEACH State FL Zip Code 33785

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP NATIONAL PRACTICE LEADER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88230
Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
MS LEAH STERMAN-KABRT

Mailing Address 24 OAK PL

City NORTH CALDWELL State NJ Zip Code 07006

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 ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88245
Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
DR GLEN STETTIN

Mailing Address 8 MILL GLEN 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 SVP/GM ADVANCED CLINICAL SLTNS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.51

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88482
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: (check only one)	PAGE 192 / 230
	<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 GERARD STOCKER, JR		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 80 ALGONQUIN TRL		Transaction ID: INCA88176		
	City OAKLAND	State NJ	Zip Code 07436	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	Aggregate Year-to-Date 1050.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MS JANNA STOUL		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 4 APACHE WAY		Transaction ID: INCA88058		
	City MONTVILLE	State NJ	Zip Code 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	Aggregate Year-to-Date 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MS SUZANNE STREDNAK		Date of Receipt MM / DD / YYYY 10 / 09 / 2010		
	Mailing Address 157 WATCHUNG DR		Transaction ID: INCA88117		
	City HAWTHORNE	State NJ	Zip Code 07506	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 CLINICAL SVCS	Aggregate Year-to-Date 1050.00		
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 193 / 230
(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 STRETE

Mailing Address **19275 PAVER BARNES ROAD**

City **MARYSVILLE** State **OH** Zip Code **43040**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR CLINICAL THERAPEUTICS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88106
 Amount of Each Receipt this Period **25.00**

B.

Full Name (Last, First, Middle Initial)
MILAYNA SUBAR, MD

Mailing Address **11 RIVERSIDE DRIVE #8CE**

City **NEW YORK** State **NY** Zip Code **10023**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP NATIONAL PRACTICE LEADER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88614
 Amount of Each Receipt this Period **30.00**

C.

Full Name (Last, First, Middle Initial)
MRS WILARENE SUGGS

Mailing Address **5111 FLUSS CV N**

City **BARTLETT** State **TN** Zip Code **38018**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88333
 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 194 / 230
(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 ▼ 525.00

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

Transaction ID: INCA88460

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 BUSINESS PROCESS SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88044

Amount of Each Receipt this Period
50.00

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 SR DIR PROJECT MGMT

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88126

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 195 / 230
(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 ▼ 840.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88136
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 ▼ 1825.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88185
Amount of Each Receipt this Period: 25.00

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

Mailing Address 1374 SAWMILL CREEK LANE

City CORDOVA State TN Zip Code 38018

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR MEDICAL INFORMATICS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88673
Amount of Each Receipt this Period: 30.00

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: (check only one)	PAGE 196 / 230
	<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) NICOLETTE TAPAY		Date of Receipt	
	Mailing Address 1338 KENYON ST. N.W.		M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: INCA88626
	WASHINGTON	DC	20010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		60.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1260.00		

B.	Full Name (Last, First, Middle Initial) MS JOANNE TAYLOR		Date of Receipt	
	Mailing Address 39 ROCKAWAY PLACE		M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: INCA88046
	PARSIPPANY	NJ	07054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
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 ▼ 315.00		

C.	Full Name (Last, First, Middle Initial) MR NICHOLAS TAYLOR		Date of Receipt	
	Mailing Address 2847 NORTHWEST BLVD		M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: INCA88490
	UPPER ARLINGTON	OH	43221	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 CLINICAL SVCS		
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)	▶	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 197 / 230
(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)
AMI THAKKAR
 Mailing Address **1040 W ADAMS STREET
 UNIT 248**
 City **CHICAGO** State **IL** Zip Code **60607**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88507
 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 **525.00**

B. Full Name (Last, First, Middle Initial)
MR BOOBALAN THANGAVELU
 Mailing Address **13 BIRCH TERRACE**
 City **MT ARLINGTON** State **NJ** Zip Code **07856**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88519
 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 **525.00**

C. Full Name (Last, First, Middle Initial)
MS MELINDA THIEL
 Mailing Address **27 GARVEY ROAD**
 City **WAYNE** State **NJ** Zip Code **07470**
 Date of Receipt **10 / 09 / 2010**
Transaction ID: INCA88146
 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: Primary General 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 198 / 230
	(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 MELISSA THOMET	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 721 HINMAN AVE #1E	Transaction ID: INCA88052
	City EVANSTON State IL Zip Code 60202	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 OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) MS MARY THORSBY	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 17326 ELLEN DR	Transaction ID: INCA88207
	City LIVONIA State MI Zip Code 48152	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 NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1575.00	

C.	Full Name (Last, First, Middle Initial) DREW THRAEN	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 63 STILES AVE	Transaction ID: INCA88579
	City MORRIS PLAINS State NJ Zip Code 07950	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 OPS 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)	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 199 / 230
(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 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 ▼ 1050.00

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

Transaction ID: INCA88060

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS CHINNERETH TORRACA

Mailing Address 95 ERNST AVENUE

City State Zip Code
BLOOMFIELD NJ 07003

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 ▼ 475.00

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

Transaction ID: INCA88077

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
SHERRY TOWNSEND

Mailing Address 1327 FAIRWAY FOREST DRIVE EAST

City State Zip Code
CORDOVA TN 38016

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP DIR PHARMACY PRACTICE

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88656

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 200 / 230
(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 DAVID TRICE		Date of Receipt
	Mailing Address 150 BRADFORD DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	SCHWENKSVILLE	PA	19473
	FEC ID number of contributing federal political committee.		Transaction ID: INCA88012
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 ▼ 525.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER		Date of Receipt
	Mailing Address 713 INDIAN CREEK RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	AMHERST	VA	24521
	FEC ID number of contributing federal political committee.		Transaction ID: INCA88311
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR GOVERNMENT AFFAIRS	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 ▼ 2220.00	<input type="text"/> 120.00

C.	Full Name (Last, First, Middle Initial) MR GARY TULLY		Date of Receipt
	Mailing Address 16 FIELDHEDGE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	City	State	Zip Code
	HILLSBOROUGH	NJ	08844
	FEC ID number of contributing federal political committee.		Transaction ID: INCA88469
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CLIENT SVC DELIVERY	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 ▼ 630.00	<input type="text"/> 30.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 175.00
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: (check only one)	PAGE 201 / 230
	<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 DENISE TULP	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	Mailing Address 273 STEVES LN	Transaction ID: INCA88262
	City State Zip Code FRANKLIN LAKES NJ 07417	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 SAFETY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

B.	Full Name (Last, First, Middle Initial) ANN TURI	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	Mailing Address 764 COMANCHE LANE	Transaction ID: INCA88630
	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 ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) MR JEFFREY TYLER	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 0
	Mailing Address 37 KNOLL TERRACE	Transaction ID: INCA88265
	City State Zip Code HAZLET NJ 07730	Amount of Each Receipt this Period 30.77
	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 ▼ 646.17	

SUBTOTAL of Receipts This Page (optional)	▶	105.77
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 202 / 230
(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) JEFF ULANET		Date of Receipt MM / DD / YYYY 10 / 09 / 2010	
Mailing Address 8803 BELMART RD		Transaction ID: INCA88622	
City POTOMAC	State MD	Zip Code 20854	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 BUS DEV - ONCOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00		

B.

Full Name (Last, First, Middle Initial) MR KEITH URICH		Date of Receipt MM / DD / YYYY 10 / 09 / 2010	
Mailing Address 12495 SOUTH 1745 EAST		Transaction ID: INCA88234	
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 ▼ 525.00		

C.

Full Name (Last, First, Middle Initial) MRS JENNIFER UTTERDYKE		Date of Receipt MM / DD / YYYY 10 / 09 / 2010	
Mailing Address 1881 GREENTREE ROAD		Transaction ID: INCA88152	
City LEBANON	State OH	Zip Code 45036	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR MEDICATION SAFETY/QUALITY		
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)	▶	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 203 / 230
(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 ▼ 1050.00

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

Transaction ID: INCA88198

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 ▼ 4032.00

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

Transaction ID: INCA88643

Amount of Each Receipt this Period
192.00

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 ▼ 525.00

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

Transaction ID: INCA88083

Amount of Each Receipt this Period
25.00

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 204 / 230
(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 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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88304

Amount of Each Receipt this Period
50.00

B. 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 PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88134

Amount of Each Receipt this Period
30.00

C. 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 COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88129

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 205 / 230
(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 GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City WESTFIELD State NJ Zip Code 07090

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 ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88015
 Amount of Each Receipt this Period: 25.00

B.

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 DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88521
 Amount of Each Receipt this Period: 25.00

C.

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 ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88554
 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 / 230
(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 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 ▼ 525.00

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

Transaction ID: INCA88358

Amount of Each Receipt this Period
25.00

B.

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 ▼ 315.00

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

Transaction ID: INCA88231

Amount of Each Receipt this Period
15.00

C.

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 ▼ 4038.51

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

Transaction ID: INCA88370

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► **232.31**

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 207 / 230
(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 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 ▼ 525.00

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

Transaction ID: INCA88033

Amount of Each Receipt this Period
25.00

B. 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 ▼ 4038.51

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

Transaction ID: INCA88524

Amount of Each Receipt this Period
192.31

C. 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 ▼ 2050.00

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

Transaction ID: INCA88318

Amount of Each Receipt this Period
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 208 / 230
(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)
LYNETTE WASHINGTON

Mailing Address 4272 MELWOOD OAK DR

City State Zip Code
LAKELAND TN 38002

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR TRC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88657
Amount of Each Receipt this Period: 25.00

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 MEDCO HEALTH SOLUTIONS Occupation VP NATL ACCTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88063
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 MEDCO HEALTH SOLUTIONS Occupation DIR BENEFIT DELIVERY SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88362
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 209 / 230
(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 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 ▼ 210.00

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

Transaction ID: INCA88283

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
MR SHERMAN WEAVER

Mailing Address 4940 BAYBERRY DRIVE

City State Zip Code
CUMMING GA 30040

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR DUR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

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

Transaction ID: INCA88568

Amount of Each Receipt this Period
26.00

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 ▼ 2100.00

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

Transaction ID: INCA88291

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 136.00

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 / 230
(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
ACCREDITO HEALTH GROUP AVP QA AND PRODUCT INTEGRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88246

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 ▼ 1050.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88586

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 ▼ 4038.51

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88161

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: (check only one)	PAGE 211 / 230
	<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 KENNETH WERMES	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 26037 N WRANGLER RD	Transaction ID: INCA88277
	City State Zip Code SCOTTSDALE AZ 85255	Amount of Each Receipt this Period 100.00
	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 ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) MR PETER WHITE	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 2241 E. PINCHOT AVE. #17F	Transaction ID: INCA88045
	City State Zip Code PHOENIX AZ 85016	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 ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) MRS TAMARA WHITLEY	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 5847 CLENDENIN AVE	Transaction ID: INCA88026
	City State Zip Code DALLAS TX 75228	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 BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

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 212 / 230
(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 STEPHEN WILKINS, SR
 Mailing Address 500 PARKER OAKS LN
 City HUDSON OAKS State TX Zip Code 76087
 Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88373
 Amount of Each Receipt this Period: 15.00
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: MEDCO HEALTH SOLUTIONS Occupation: DIR BUSINESS PLANNING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 450.00

B. Full Name (Last, First, Middle Initial)
 MR CHRISTOPHER WILSON
 Mailing Address 2 TIFFANY ROAD
 City MORRISTOWN State NJ Zip Code 07960
 Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88243
 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 MKTING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 1050.00

C. Full Name (Last, First, Middle Initial)
 MS COLETTE WILSON
 Mailing Address 16608 56TH PL W
 City LYNNWOOD State WA Zip Code 98037
 Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88169
 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: 525.00

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 213 / 230
	(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 BEVERLY WINKLER	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 17 LYNWOOD RD	Transaction ID: INCA88392
	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) <input type="checkbox"/> Aggregate Year-to-Date 525.00	

B.	Full Name (Last, First, Middle Initial) JAMES WINTRAUB	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 2166 BROADWAY APT 8F	Transaction ID: INCA88589
	City NEW YORK State NY Zip Code 10024	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 CREATIVE DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 525.00	

C.	Full Name (Last, First, Middle Initial) MARY JANE WISEMAN	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 33 KNOLL ROAD	Transaction ID: INCA88680
	City WAYNE State NJ Zip Code 07470	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACCREDO HEALTH GROUP Occupation VP NURSING SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> 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 / 230
(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 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 ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88461

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 SVP FINANCIAL & ANALYTICAL SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88179

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 ▼ 630.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2010

Transaction ID: INCA88061

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: (check only one)	PAGE 215 / 230
	<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 TARA WOLCKENHAUER	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 1730 DOGWOOD CREEK DRIVE	Transaction ID: INCA88258
	City State Zip Code GERMANTOWN TN 38139	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ACCREDO HEALTH GROUP	Occupation GROUP VP HR	
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) MS CYNTHIA WOOD	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 4002 FALCON LAKE DR	Transaction ID: INCA88378
	City State Zip Code ARLINGTON TX 76016	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 PROFESS PRACTICES POLICIES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MS JUDITH WOOD	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 76 COLONIAL ROAD	Transaction ID: INCA88450
	City State Zip Code STILLWATER NY 12170	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 OPS	
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)	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 216 / 230
(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 State Zip Code
GERMANTOWN TN 38138

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR HEALTH OUTCOMES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88660
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City State Zip Code
POMPTON LAKES NJ 07442

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 ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88125
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 State Zip Code
WESTFIELD NJ 07090

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 09 / 2010
Transaction ID: INCA88259
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 217 / 230
(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)
CHARLOTTE YOUNG

Mailing Address 3862 OAK FOREST DRIVE

City State Zip Code
MEMPHIS TN 38135

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR FINANCE

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88686

Amount of Each Receipt this Period
25.00

B. 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 MEDCO HEALTH SOLUTIONS Occupation SVP & CHIEF INFO OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: INCA88349

Amount of Each Receipt this Period
50.00

C. 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 MEDCO HEALTH SOLUTIONS Occupation SR DIR CONSOLIDATION PLAN

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 0 / 0 9 / 2 0 1 0

Transaction ID: INCA88411

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 218 / 230
(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)
ANATOLY ZHELEZNYAK
Mailing Address 5 DENISE COURT
City MANALAPAN State NJ Zip Code 07726
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 ▼ 525.00
Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88504
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR JAMES ZIRPOLI
Mailing Address 6691 DEERVIEW DRIVE
City LOVELAND State OH Zip Code 45140
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 ▼ 1025.00
Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88227
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR ANTHONY ZOLFO
Mailing Address 726 HIGH MOUNTAIN ROAD
City FRANKLIN LAKES State NJ Zip Code 07417
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 ▼ 525.00
Date of Receipt 10 / 09 / 2010
Transaction ID: INCA88530
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) ► 27312.00

**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 219 / 230

<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) COBURN FOR SENATE 2010 <hr/> Mailing Address P.O. BOX 977 <hr/> City MUSKOGEE State OK Zip Code 74402 <hr/> Purpose of Disbursement <hr/> Candidate Name THOMAS A. COBURN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District:	Transaction ID: EXPB87961 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DAN 10 <hr/> Mailing Address 1088 BISHOP STREET, SUITE 1009 <hr/> City HONOLULU State HI Zip Code 96813 <hr/> Purpose of Disbursement <hr/> Candidate Name DANIEL K. INOUE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District:	Transaction ID: EXPB87962 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC. <hr/> Mailing Address P.O. BOX 1000 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement <hr/> Candidate Name CHARLES E. GRASSLEY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: EXPB87964 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 4000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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 220 / 230

<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)

L.A. P.A.C.

Mailing Address 6380 WILSHIRE BOULEVARD, SUITE 161

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement

011
Category/
Type

Candidate Name
LEADERSHIP PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXPB87963

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

RICHARD BURR COMMITTEE

Mailing Address P.O. BOX 5928

City State Zip Code
WINSTON-SALEM NC 27113

Purpose of Disbursement

011
Category/
Type

Candidate Name
RICHARD BURR

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District:

Transaction ID: EXPB87960

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

TARGET STATE VICTORY FUND

Mailing Address 228 SOUTH WASHINGTON STREET, SUITE

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement

011
Category/
Type

Candidate Name
JOINT FUNDRAISING COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXPB87959

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) ▶

24000.00

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 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) PROSPERITY PAC	Transaction ID: EXPB87995
	Mailing Address 1006 PENDLETON ST.	Date of Disbursement 10 / 08 / 2010
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name LEADERSHIP 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) STIVERS FOR CONGRESS	Transaction ID: EXPB87993
	Mailing Address 4679 WINTERSET DRIVE	Date of Disbursement 10 / 08 / 2010
	City COLUMBUS State OH Zip Code 43220	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name STEVE STIVERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) THE HAWKEYE PAC	Transaction ID: EXPB87994
	Mailing Address P.O. BOX 192	Date of Disbursement 10 / 08 / 2010
	City DES MOINES State IA Zip Code 50301	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name LEADERSHIP 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)	6500.00
TOTAL This Period (last page this line number only)	41500.00

**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 222 / 230

<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) CHARLIE GEREN CAMPAIGN <hr/> Mailing Address P.O. BOX 1440 <hr/> City FORT WORTH State TX Zip Code 76101 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87984 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CLIFF ALDRIDGE FOR SENATE <hr/> Mailing Address P.O. BOX 10946 <hr/> City Midwest City State OK Zip Code 73140 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87969 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) COALITION TO ELECT LARRY TAYLOR <hr/> Mailing Address PO BOX 1208 <hr/> City FRIENDSWOOD State TX Zip Code 77549 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87991 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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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) DENNIS BONNEN CAMPAIGN <hr/> Mailing Address 122 E. MYRTLE <hr/> City Angleton State TX Zip Code 77515 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87980 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DIANE PATRICK CAMPAIGN <hr/> Mailing Address PO BOX 13944 <hr/> City ARLINGTON State TX Zip Code 76094 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87989 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FLORENCE SHAPIRO CAMPAIGN <hr/> Mailing Address PO BOX 260844 <hr/> City PLANO State TX Zip Code 75026 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87979 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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) FRANK SIMPSON FOR SENATE 2010 <hr/> Mailing Address PO BOX 1525 <hr/> City ARDMORE State OK Zip Code 73402 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87972 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF DAN SULLIVAN 2010 <hr/> Mailing Address 4306 SOUTH PEORIA <hr/> City Tulsa State OK Zip Code 74105 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87976 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF EDDIE FIELDS 2010 <hr/> Mailing Address PO BOX 517 <hr/> City WYNONA State OK Zip Code 73731 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87971 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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) ▶	(Empty box)

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 JASON NELSON 2010

Mailing Address 4177 NW 58TH STREET

City OKLAHOMA CITY State OK Zip Code 73112

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: OK District:

Transaction ID: EXPB87975
Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF SKYE MCNIEL 2010

Mailing Address PO BOX 118

City BRISTOW State OK Zip Code 74010

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: OK District:

Transaction ID: EXPB87974
Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
GARY ELKINS CAMPAIGN

Mailing Address 16430 KOESTER

City HOUSTON State TX Zip Code 77040

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: TX District:

Transaction ID: EXPB87983
Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

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) GOODWIN FOR SENATE			Transaction ID: EXPB87965	
	Mailing Address 100 BEGONIA COURT			Date of Disbursement	
	City JACKSON State NJ Zip Code 08527			10 / 07 / 2010	
	Purpose of Disbursement			Amount of Each Disbursement this Period	
	Candidate Name NON-FEDERAL CONTRIBUTION			1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2010		
State: NJ District:			<input type="checkbox"/> Primary <input type="checkbox"/> General		
			<input checked="" type="checkbox"/> Other (specify) ▼		
			011 Category/Type		
B.	Full Name (Last, First, Middle Initial) GREENSTEIN FOR SENATE			Transaction ID: EXPB87966	
	Mailing Address PO BOX 492			Date of Disbursement	
	City PLAINSBORO State NJ Zip Code 08536			10 / 07 / 2010	
	Purpose of Disbursement			Amount of Each Disbursement this Period	
	Candidate Name NON-FEDERAL CONTRIBUTION			1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2010		
State: NJ District:			<input type="checkbox"/> Primary <input type="checkbox"/> General		
			<input checked="" type="checkbox"/> Other (specify) ▼		
			011 Category/Type		
C.	Full Name (Last, First, Middle Initial) JIM DUNNAM CAMPAIGN			Transaction ID: EXPB87982	
	Mailing Address PO BOX 8418			Date of Disbursement	
	City WACO State TX Zip Code 76714			10 / 07 / 2010	
	Purpose of Disbursement			Amount of Each Disbursement this Period	
	Candidate Name NON-FEDERAL CONTRIBUTION			1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2010		
State: TX District:			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
			<input type="checkbox"/> Other (specify) ▼		
			011 Category/Type		

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) JIM JACKSON CAMPAIGN <hr/> Mailing Address 1120 METROCREST DR., SUITE 109 <hr/> City CARROLLTON State TX Zip Code 75006 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87985 Date of Disbursement 10 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
	B. Full Name (Last, First, Middle Initial) JIM KEFFER CAMPAIGN <hr/> Mailing Address 1105 SOUTH SEMAN <hr/> City EASTLAND State TX Zip Code 76448 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JIM PITTS CAMPAIGN <hr/> Mailing Address 310 WEST JEFFERSON <hr/> City WAXAHACHIE State TX Zip Code 75165 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87990 Date of Disbursement 10 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 1500.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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) JOHN OTTO CAMPAIGN <hr/> Mailing Address P.O. BOX 965 <hr/> City DAYTON State TX Zip Code 77535 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87988 Date of Disbursement 10 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) JOHN TREBILCOCK 2010 <hr/> Mailing Address P.O. BOX 140299 <hr/> City Broken Arrow State OK Zip Code 74014 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87977 Date of Disbursement 10 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) KASICH FOR OHIO <hr/> Mailing Address 14 EAST GAY STREET, SECOND FLOOR <hr/> City COLUMBUS State OH Zip Code 43215 <hr/> Purpose of Disbursement <hr/> Candidate Name NON-FEDERAL CONTRIBUTION <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB87967 Date of Disbursement 10 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 1395.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3395.00

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)
KIM DAVID FOR STATE SENATE 2010

Mailing Address PO BOX 371

City WAGONER State OK Zip Code 74477

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: OK District:

Transaction ID: EXPB87970

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
KIM HOLLAND FOR OKLAHOMA 2010

Mailing Address 1723 SOUTH ROCKFORD AVENUE

City TULSA State OK Zip Code 74120

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: OK District:

Transaction ID: EXPB87968

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
NORTHWEST OKLAHOMANS FOR JEFF HICKMAN 2010

Mailing Address RR1, BOX 7

City DACOMA State OK Zip Code 73731

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: OK District:

Transaction ID: EXPB87973

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

500.00

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)

PAGE 230 / 230

<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)
ROBERT NICHOLS CAMPAIGN

Mailing Address 214 E. COMMERCE, SUITE D

City JACKSONVILLE State TX Zip Code 75766

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TX District:

Transaction ID: EXPB87978

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
RUTH JONES MCCLENDON CAMPAIGN

Mailing Address 3811 WILLOWOOD BOULEVARD

City San Antonio State TX Zip Code 78219

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TX District:

Transaction ID: EXPB87987

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
YVONNE DAVIS CAMPAIGN

Mailing Address P.O. BOX 763368

City DALLAS State TX Zip Code 75376

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TX District:

Transaction ID: EXPB87981

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

26895.00