



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="552435.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="552435.89"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="45615.58"/>	<input type="text" value="45615.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="598051.47"/>	<input type="text" value="598051.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="102130.48"/>	<input type="text" value="102130.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="495920.99"/>	<input type="text" value="495920.99"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13206.52	13206.52
(ii) Unitemized .....	32384.55	32384.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45591.07	45591.07
(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) .....	45591.07	45591.07
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.).....	24.51	24.51
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	45615.58	45615.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45615.58	45615.58

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	130.48	130.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	130.48	130.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100000.00	100000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	102130.48	102130.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102130.48	102130.48

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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) .....	45591.07	45591.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45591.07	45591.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	130.48	130.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	130.48	130.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. KEN BODMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 735  
 City PINE BROOK State NJ Zip Code 07058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF FINANCIAL OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2012  
**Transaction ID : INCA110268**  
 Amount of Each Receipt this Period  
 192.00

**B. MR GABRIEL CAPPUCCI**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 384.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2012  
**Transaction ID : INCA110251**  
 Amount of Each Receipt this Period  
 192.31

**C. MR STEPHEN COURTMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 FAIRWAY TRAIL  
 City SPARTA State NJ Zip Code 07871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACY NETWORK MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2012  
**Transaction ID : INCA110143**  
 Amount of Each Receipt this Period  
 192.31

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.62
<b>TOTAL</b> This Period (last page this line 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 7 OF 34
	<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)**

Full Name (Last, First, Middle Initial) <b>A. MS MARY DASCHNER</b>		Date of Receipt
Mailing Address 2926 EWING AVE S		M M / D D / Y Y Y Y Y Y 01 / 05 / 2012
City	State	Zip Code
MINNEAPOLIS	MN	55416
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : INCA110110</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	GROUP PRES RETIREE SOLUTIONS	192.30
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	384.60	

Full Name (Last, First, Middle Initial) <b>B. MICHEL DUFRESNE</b>		Date of Receipt
Mailing Address 750 COLUMBUS AVE APT PHN		M M / D D / Y Y Y Y Y Y 01 / 05 / 2012
City	State	Zip Code
NEW YORK	NY	10025
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : INCA110368</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	VP ENTERPRISE BUS INTELLIGENCE	192.30
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	384.60	

Full Name (Last, First, Middle Initial) <b>C. MR DANA DUNCAN</b>		Date of Receipt
Mailing Address 125 COMSTOCK TRAIL		M M / D D / Y Y Y Y Y Y 01 / 05 / 2012
City	State	Zip Code
EAST HAMPTON	CT	06424
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : INCA110188</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR DIR TECHNOLOGY	225.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	609.60
<b>TOTAL</b> This Period (last page this line 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 OF 34
	<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)**

Full Name (Last, First, Middle Initial) <b>A. DR ROBERT EPSTEIN</b>		Date of Receipt
Mailing Address 75 TWEED BLVD		M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2012
City	State	Zip Code
UPPER GRANDVIEW	NY	10960
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA109960</b>
C		Amount of Each Receipt this Period
		192.31
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	CMO SVP MEDICAL&ANLYTC AFFRS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	384.62	

Full Name (Last, First, Middle Initial) <b>B. MR THOMAS FEITEL</b>		Date of Receipt
Mailing Address 58 APPLE HILL DR		M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2012
City	State	Zip Code
GILLETTE	NJ	07933
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA110172</b>
C		Amount of Each Receipt this Period
		192.23
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SVP IMAGINEERING & INNOVATION	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	384.46	

Full Name (Last, First, Middle Initial) <b>C. MR JOSEPH FRENDO</b>		Date of Receipt
Mailing Address 9 GREEN HILL TRAIL		M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2012
City	State	Zip Code
TROPHY CLUB	TX	76262
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA110229</b>
C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SVP NATIONAL SERVICE CENTER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	484.54
<b>TOTAL</b> This Period (last page this line 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 OF 34
	<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. MR TRACY FURGIUELE**  
Full Name (Last, First, Middle Initial)

Mailing Address 7773 TILLINGHAST DRIVE

City DUBLIN	State OH	Zip Code 43017
----------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & CHIEF PHARMACIST
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2012

**Transaction ID : INCA110292**

Amount of Each Receipt this Period  

150.00
--------

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

Mailing Address 19520 YELLOW WING COURT

City COLORADO SPRINGS	State CO	Zip Code 80908
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FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP GOVERNMENT AFFAIRS
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.62**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2012

**Transaction ID : INCA109958**

Amount of Each Receipt this Period  

192.31
--------

**C. MR SCOTT HELMUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 VALLEY RD

City SUCCASUNNA	State NJ	Zip Code 07876
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FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLIENT SOLUTIONS
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2012

**Transaction ID : INCA110025**

Amount of Each Receipt this Period  

125.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>467.31</b>
<b>TOTAL</b> This Period (last page this line 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 10 OF 34
	<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. MR STEPHEN HOBSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 LUTH TERRACE

City WEST ORANGE State NJ Zip Code 07052

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACY OPS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2012

**Transaction ID : INCA110217**

Amount of Each Receipt this Period  
 192.00

**B. KENNETH KLEPPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 295 GLEN PLACE

City FRANKLIN LAKES State NJ Zip Code 07417

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation PRES & CHIEF OPERATING OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2012

**Transaction ID : INCA110360**

Amount of Each Receipt this Period  
 192.30

**C. MR MICHAEL KRZAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2735 YORK RD

City COLUMBUS State OH Zip Code 43221

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP MEMBER SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2012

**Transaction ID : INCA110293**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 584.30

**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 11 OF 34  
(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. MR KENNETH MALLEY**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 384.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2012  
**Transaction ID : INCA110109**  
 Amount of Each Receipt this Period  
 192.00

**B. MR JEFFREY MAY**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2012  
**Transaction ID : INCA110282**  
 Amount of Each Receipt this Period  
 192.30

**C. MS COLLEEN MCINTOSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 87 ROSELAWN RD  
 City State Zip Code  
 HIGHLAND MILLS NY 10930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MEDCO HEALTH SOLUTIONS SVP & ASSOCIATE GENERAL COUNSEL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 384.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2012  
**Transaction ID : INCA110204**  
 Amount of Each Receipt this Period  
 192.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.30  
**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 12 OF 34
	<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. MR STEVEN MCNAMARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 GREEN TERRACE WAY  
 City WEST MILFORD State NJ Zip Code 07480  
 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 ▼ 384.62

Date of Receipt 01 / 05 / 2012  
**Transaction ID : INCA110327**  
 Amount of Each Receipt this Period 192.31

**B. MR THOMAS MORIARTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 LAKE ROAD  
 City SHORT HILLS State NJ Zip Code 07078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENL C-SEC-SVP PHARM STRAT SOL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 01 / 05 / 2012  
**Transaction ID : INCA109963**  
 Amount of Each Receipt this Period 192.00

**C. MS KARIN PRINCIVALLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 875 ALEXANDRIA CT  
 City RAMSEY State NJ Zip Code 07446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP HR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 05 / 2012  
**Transaction ID : INCA110178**  
 Amount of Each Receipt this Period 192.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.61  
**TOTAL** This Period (last page this line 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 13 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MR MARK PROULX**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 384.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2012  
**Transaction ID : INCA110345**  
 Amount of Each Receipt this Period  
 192.31

**B. MR RICHARD RUBINO**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 386.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2012  
**Transaction ID : INCA110271**  
 Amount of Each Receipt this Period  
 193.00

**C. BRUCE SCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18650 BEARPATH TRAIL  
 City EDEN PRAIRIE State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACCREDO HEALTH GROUP Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2012  
**Transaction ID : INCA110452**  
 Amount of Each Receipt this Period  
 192.31

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	577.62
<b>TOTAL</b> This Period (last page this line number 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 OF 34  
(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. MR WILLIAM SHANNON III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 BIRCHWOOD DRIVE  
 City WESTBURY State NY Zip Code 11590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CHIEF PROCURE OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 01 / 05 / 2012  
**Transaction ID : INCA110471**  
 Amount of Each Receipt this Period 192.00

**B. MR FRANK SHEEHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 550 KNOLLWOOD ROAD  
 City RIDGEWOOD State NJ Zip Code 07450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACCREDO HEALTH GROUP Occupation GROUP PRES SPEC PHARM SEGMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 01 / 05 / 2012  
**Transaction ID : INCA110057**  
 Amount of Each Receipt this Period 192.00

**C. MR DAVID SNOW JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 CEDAR GATE ROAD  
 City DARIEN State CT Zip Code 06820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.62

Date of Receipt 01 / 05 / 2012  
**Transaction ID : INCA110353**  
 Amount of Each Receipt this Period 192.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.31  
**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 15 OF 34
	<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)**

Full Name (Last, First, Middle Initial) <b>A. MR CHRISTOPHER STATEN</b>		Date of Receipt
Mailing Address 7 FOREST LAKE DR		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
WEST HARRISON	NY	10604
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : INCA110272</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SVP FINANCIAL & ANALYTICAL SVC	<input type="text" value="192.31"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="384.62"/>	

Full Name (Last, First, Middle Initial) <b>B. DR GLEN STETTIN</b>		Date of Receipt
Mailing Address 8 MILL GLEN CT		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
UPPER SADDLE RIVER	NJ	07458
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : INCA110339</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	CHIEF MEDICAL OFFICER	<input type="text" value="192.31"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="384.62"/>	

Full Name (Last, First, Middle Initial) <b>C. MS CLAUDIA TUCKER</b>		Date of Receipt
Mailing Address 713 INDIAN CREEK RD		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
AMHERST	VA	24521
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : INCA110207</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR DIR GOVERNMENT AFFAIRS	<input type="text" value="120.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="504.62"/>
<b>TOTAL</b> 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 16 OF 34
	<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)**

Full Name (Last, First, Middle Initial) <b>A. MR DANIEL WALDEN</b>		Date of Receipt
Mailing Address 450 BEECHMONT DR		M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2012
City	State	Zip Code
NEW ROCHELLE	NY	10804
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : INCA110252</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SVP REGULATORY & MC PROGRAMS	192.31
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	384.62	

Full Name (Last, First, Middle Initial) <b>B. MR WILLIAM WALLACE</b>		Date of Receipt
Mailing Address 5445 GOODWIN AVENUE		M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2012
City	State	Zip Code
DALLAS	TX	75206
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : INCA110373</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	VP SALES SEGMENT LEADER	192.31
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	384.62	

Full Name (Last, First, Middle Initial) <b>C. MR TIMOTHY WENTWORTH</b>		Date of Receipt
Mailing Address 309 WATERVIEW DR		M M M / D D D / Y Y Y Y Y Y 01 / 05 / 2012
City	State	Zip Code
FRANKLIN LAKES	NJ	07417
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : INCA110080</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	GROUP PRES EMPLOYER GROUP	192.31
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	384.62	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line 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 17 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MR KENNETH WERMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26037 N WRANGLER RD  
 City SCOTTSDALE State AZ Zip Code 85255  
 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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2012  
**Transaction ID : INCA110176**  
 Amount of Each Receipt this Period  
 200.00

**B. MR DANIEL ZELEM JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 219 SPOOK ROCK RD.  
 City SUFFERN State NY Zip Code 10901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CHIEF OF BUSINESS TECHNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2012  
**Transaction ID : INCA110234**  
 Amount of Each Receipt this Period  
 192.50

**C. MR JOSEPH FRENDO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 GREEN HILL TRAIL  
 City TROPHY CLUB State TX Zip Code 76262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP NATIONAL SERVICE CENTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2012  
**Transaction ID : INCA110811**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	492.50
<b>TOTAL</b> This Period (last page this line 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 OF 34
	<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)**

Full Name (Last, First, Middle Initial) <b>A. KEN BODMER</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 19 / 2012 <b>Transaction ID : INCA110849</b>
Mailing Address P.O. BOX 735		Amount of Each Receipt this Period 192.00
City PINE BROOK	State NJ	Zip Code 07058
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CHIEF FINANCIAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	

Full Name (Last, First, Middle Initial) <b>B. MR GABRIEL CAPPUCCI</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 19 / 2012 <b>Transaction ID : INCA110832</b>
Mailing Address 119 WASHINGTON AVENUE		Amount of Each Receipt this Period 192.31
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62	

Full Name (Last, First, Middle Initial) <b>C. MR STEPHEN COURTMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 19 / 2012 <b>Transaction ID : INCA110725</b>
Mailing Address 25 FAIRWAY TRAIL		Amount of Each Receipt this Period 192.31
City SPARTA	State NJ	Zip Code 07871
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACY NETWORK MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.62
<b>TOTAL</b> This Period (last page this line 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 19 OF 34
	<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)**

Full Name (Last, First, Middle Initial) <b>A. MS MARY DASCHNER</b>		Date of Receipt
Mailing Address 2926 EWING AVE S		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
MINNEAPOLIS	MN	55416
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>INCA110692</b>
MEDCO HEALTH SOLUTIONS	GROUP PRES RETIREE SOLUTIONS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="384.60"/>	<input type="text" value="192.30"/>

Full Name (Last, First, Middle Initial) <b>B. MICHEL DUFRESNE</b>		Date of Receipt
Mailing Address 750 COLUMBUS AVE APT PHN		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
NEW YORK	NY	10025
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>INCA110943</b>
MEDCO HEALTH SOLUTIONS	VP ENTERPRISE BUS INTELLIGENCE	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="384.60"/>	<input type="text" value="192.30"/>

Full Name (Last, First, Middle Initial) <b>C. MR DANA DUNCAN</b>		Date of Receipt
Mailing Address 125 COMSTOCK TRAIL		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
EAST HAMPTON	CT	06424
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>INCA110770</b>
MEDCO HEALTH SOLUTIONS	SR DIR TECHNOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	<input type="text" value="225.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="609.60"/>
<b>TOTAL</b> 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 20 OF 34
	<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. DR ROBERT EPSTEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 75 TWEED BLVD

City UPPER GRANDVIEW State NY Zip Code 10960

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.62**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 19 / 2012**

**Transaction ID : INCA110543**

Amount of Each Receipt this Period  
**192.31**

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

Mailing Address 58 APPLE HILL DR

City GILLETTE State NJ Zip Code 07933

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP IMAGINEERING & INNOVATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.46**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 19 / 2012**

**Transaction ID : INCA110754**

Amount of Each Receipt this Period  
**192.23**

**C. MR JOSEPH FRENDO**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 GREEN HILL TRAIL

City TROPHY CLUB State TX Zip Code 76262

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP NATIONAL SERVICE CENTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 19 / 2012**

**Transaction ID : INCA110812**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **484.54**

**TOTAL** This Period (last page this line 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 21 OF 34
	<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. MR TRACY FURGIUELE**  
Full Name (Last, First, Middle Initial)

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 ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	19	/	2012

**Transaction ID : INCA110871**

Amount of Each Receipt this Period  

150.00
--------

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

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 ▼ **384.62**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	19	/	2012

**Transaction ID : INCA110541**

Amount of Each Receipt this Period  

192.31
--------

**C. MR SCOTT HELMUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 VALLEY RD

City	State	Zip Code
SUCCASUNNA	NJ	07876

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

Name of Employer	Occupation
MEDCO HEALTH SOLUTIONS	VP CLIENT SOLUTIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	19	/	2012

**Transaction ID : INCA110607**

Amount of Each Receipt this Period  

125.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>467.31</b>
<b>TOTAL</b> This Period (last page this line 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 OF 34
	<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. MR STEPHEN HOBSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 LUTH TERRACE

City WEST ORANGE State NJ Zip Code 07052

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACY OPS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012

**Transaction ID : INCA110799**

Amount of Each Receipt this Period  
**192.00**

**B. KENNETH KLEPPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 295 GLEN PLACE

City FRANKLIN LAKES State NJ Zip Code 07417

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation PRES & CHIEF OPERATING OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012

**Transaction ID : INCA110936**

Amount of Each Receipt this Period  
**192.30**

**C. MR MICHAEL KRZAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2735 YORK RD

City COLUMBUS State OH Zip Code 43221

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP MEMBER SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012

**Transaction ID : INCA110872**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **584.30**

**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 23 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MR KENNETH MALLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 764 W. SADDLE RIVER ROAD  
 City HO HO KUS State NJ Zip Code 07423  
 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 ▼ 384.00

Date of Receipt 01 / 19 / 2012  
**Transaction ID : INCA110691**  
 Amount of Each Receipt this Period 192.00

**B. MR JEFFREY MAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 WASHINGTON AVE  
 City HILLSDALE State NJ Zip Code 07642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMA STRAT & SOLUTIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 19 / 2012  
**Transaction ID : INCA110861**  
 Amount of Each Receipt this Period 192.30

**C. MS COLLEEN MCINTOSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 87 ROSELAWN RD  
 City HIGHLAND MILLS State NY Zip Code 10930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & ASSOCIATE GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 01 / 19 / 2012  
**Transaction ID : INCA110786**  
 Amount of Each Receipt this Period 192.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.30  
**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 24 OF 34
	<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)**

Full Name (Last, First, Middle Initial) <b>A. MR STEVEN MCNAMARA</b>		Date of Receipt
Mailing Address 112 GREEN TERRACE WAY		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
WEST MILFORD	NJ	07480
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA110906</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.31"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SVP BUSINESS OPS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="384.62"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR THOMAS MORIARTY</b>		Date of Receipt
Mailing Address 41 LAKE ROAD		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
SHORT HILLS	NJ	07078
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA110546</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	GENL C-SEC-SVP PHARM STRAT SOL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="384.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MS KARIN PRINCIVALLE</b>		Date of Receipt
Mailing Address 875 ALEXANDRIA CT		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
RAMSEY	NJ	07446
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA110760</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.30"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SVP HR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="384.60"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="576.61"/>
<b>TOTAL</b> 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 25 OF 34  
(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. MR MARK PROULX**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 384.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : INCA110921**  
 Amount of Each Receipt this Period  
 192.31

**B. MR RICHARD RUBINO**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 386.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : INCA110852**  
 Amount of Each Receipt this Period  
 193.00

**C. BRUCE SCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18650 BEARPATH TRAIL  
 City EDEN PRAIRIE State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACCREDO HEALTH GROUP Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : INCA111026**  
 Amount of Each Receipt this Period  
 192.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 577.62  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 34
	<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)**

Full Name (Last, First, Middle Initial) <b>A. MR WILLIAM SHANNON III</b>		Date of Receipt MM / DD / YYYY 01 / 19 / 2012 <b>Transaction ID : INCA111045</b>
Mailing Address 711 BIRCHWOOD DRIVE		Amount of Each Receipt this Period 192.00
City WESTBURY	State NY	Zip Code 11590
FEC ID number of contributing federal political committee. C	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & CHIEF PROCURE OFFICER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	

Full Name (Last, First, Middle Initial) <b>B. MR FRANK SHEEHY</b>		Date of Receipt MM / DD / YYYY 01 / 19 / 2012 <b>Transaction ID : INCA110639</b>
Mailing Address 550 KNOLLWOOD ROAD		Amount of Each Receipt this Period 192.00
City RIDGEWOOD	State NJ	Zip Code 07450
FEC ID number of contributing federal political committee. C	Name of Employer ACCREDITO HEALTH GROUP	Occupation GROUP PRES SPEC PHARM SEGMENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	

Full Name (Last, First, Middle Initial) <b>C. MR DAVID SNOW JR</b>		Date of Receipt MM / DD / YYYY 01 / 19 / 2012 <b>Transaction ID : INCA110929</b>
Mailing Address 23 CEDAR GATE ROAD		Amount of Each Receipt this Period 192.31
City DARIEN	State CT	Zip Code 06820
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 ▼ 384.62	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.31
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 27 OF 34  
(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. MR CHRISTOPHER STATEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 FOREST LAKE DR  
 City WEST HARRISON State NY Zip Code 10604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP FINANCIAL & ANALYTICAL SVC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : INCA110853**  
 Amount of Each Receipt this Period  
 192.31

**B. DR GLEN STETTIN**  
 Full Name (Last, First, Middle Initial)  
 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 CHIEF MEDICAL OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : INCA110916**  
 Amount of Each Receipt this Period  
 192.31

**C. MS CLAUDIA TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 713 INDIAN CREEK RD  
 City AMHERST State VA Zip Code 24521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : INCA110789**  
 Amount of Each Receipt this Period  
 120.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 504.62  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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)**

Full Name (Last, First, Middle Initial) <b>A. MR DANIEL WALDEN</b>		Date of Receipt
Mailing Address 450 BEECHMONT DR		M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2012
City	State	Zip Code
NEW ROCHELLE	NY	10804
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA110833</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		192.31
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SVP REGULATORY & MC PROGRAMS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	384.62	

Full Name (Last, First, Middle Initial) <b>B. MR WILLIAM WALLACE</b>		Date of Receipt
Mailing Address 5445 GOODWIN AVENUE		M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2012
City	State	Zip Code
DALLAS	TX	75206
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA110948</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		192.31
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	VP SALES SEGMENT LEADER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	384.62	

Full Name (Last, First, Middle Initial) <b>C. MR TIMOTHY WENTWORTH</b>		Date of Receipt
Mailing Address 309 WATERVIEW DR		M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2012
City	State	Zip Code
FRANKLIN LAKES	NJ	07417
FEC ID number of contributing federal political committee.		Transaction ID : <b>INCA110662</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		192.31
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	GROUP PRES EMPLOYER GROUP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	384.62	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line 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 OF 34
	<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. MR KENNETH WERMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 26037 N WRANGLER RD

City SCOTTSDALE State AZ Zip Code 85255

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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : INCA110758**

Amount of Each Receipt this Period  
 200.00

**B. MR DANIEL ZELEM JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 219 SPOOK ROCK RD.

City SUFFERN State NY Zip Code 10901

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CHIEF OF BUSINESS TECHNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : INCA110817**

Amount of Each Receipt this Period  
 192.50

**C. MR JOSEPH FRENDO**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 GREEN HILL TRAIL

City TROPHY CLUB State TX Zip Code 76262

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP NATIONAL SERVICE CENTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2012  
**Transaction ID : INCA111392**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	492.50
<b>TOTAL</b> This Period (last page this line number only).....▶	13206.52

# 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 checked="" 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 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)**

Full Name (Last, First, Middle Initial)

### A. BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City State Zip Code  
CORTE MADERA CA 94925

Purpose of Disbursement  
BANKING SUPPLIES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EXPB110529

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**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 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)**

Full Name (Last, First, Middle Initial)

**A. AMERICAN BENEFITS COUNCIL PAC**

Mailing Address 1501 M STREET NW, SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

**GENERAL PURPOSE COMMITTEE**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2012

**Transaction ID : EXPB110530**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 SOUTH CAPITOL ST. SE, 2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**POLITICAL PARTY COMMITTEE**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2012

**Transaction ID : EXPB110531**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Mailing Address 120 MARYLAND AVE. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**POLITICAL PARTY COMMITTEE**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2012

**Transaction ID : EXPB110532**

Amount of Each Disbursement this Period

15000.00

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

35000.00

**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 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)**

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**POLITICAL PARTY COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	2

**Transaction ID : EXPB110533**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND ST. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**POLITICAL PARTY COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	2

**Transaction ID : EXPB110534**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION PAC (PCMA)**

Mailing Address 601 PENNSYLVANIA AVE. NW, STE. 740

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**GENERAL PURPOSE COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	2

**Transaction ID : EXPB110535**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	5	0	0	0	0	0	0	0	0
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1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

**POLITICAL PARTY COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : EXPB110536**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
2012 RECOUNT FUND

Candidate Name

**POLITICAL PARTY COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : EXPB110537**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**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)**

Full Name (Last, First, Middle Initial)

**A. CONNERS FOR ASSEMBLY**

Mailing Address 907 MORGAN AVE.

City PALMYRA State NJ Zip Code 08065

Purpose of Disbursement  
VOIDED CHECK ORIGINALLY ISSUED 6/28/2011

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012

**Transaction ID : EXPB111099**

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN PARTY OF WISCONSIN**

Mailing Address 148 EAST JOHNSON STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012

**Transaction ID : EXPB111098**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2000.00

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

2000.00