

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) 591 REDWOOD HWY., #4000
 Check if different than previously reported. (ACC)
MILL VALLEY CA 94941

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

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

5. Covering Period 01 01 2007 through 01 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer JASON D. KAUNE
Signature of Treasurer Electronically Filed by JASON D. KAUNE Date 02 16 2007

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

**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 |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | |
|---|--|-----------------------------------|--|-----------|---|---|---|---|--|--|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 7 | <table border="1" style="width: 100%;"><tr><td> </td></tr></table> | | <table border="1" style="width: 100%;"><tr><td align="right">197543.58</td></tr></table> | 197543.58 |
| Y | Y | Y | Y | | | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | | | |
| | | | | | | | | | | | | |
| 197543.58 | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | <table border="1" style="width: 100%;"><tr><td align="right">197543.58</td></tr></table> | 197543.58 | | | | | | | | | | |
| 197543.58 | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="width: 100%;"><tr><td align="right">33315.76</td></tr></table> | 33315.76 | <table border="1" style="width: 100%;"><tr><td align="right">33315.76</td></tr></table> | 33315.76 | | | | | | | | |
| 33315.76 | | | | | | | | | | | | |
| 33315.76 | | | | | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <table border="1" style="width: 100%;"><tr><td align="right">230859.34</td></tr></table> | 230859.34 | <table border="1" style="width: 100%;"><tr><td align="right">230859.34</td></tr></table> | 230859.34 | | | | | | | | |
| 230859.34 | | | | | | | | | | | | |
| 230859.34 | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | <table border="1" style="width: 100%;"><tr><td align="right">24000.00</td></tr></table> | 24000.00 | <table border="1" style="width: 100%;"><tr><td align="right">24000.00</td></tr></table> | 24000.00 | | | | | | | | |
| 24000.00 | | | | | | | | | | | | |
| 24000.00 | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table border="1" style="width: 100%;"><tr><td align="right">206859.34</td></tr></table> | 206859.34 | <table border="1" style="width: 100%;"><tr><td align="right">206859.34</td></tr></table> | 206859.34 | | | | | | | | |
| 206859.34 | | | | | | | | | | | | |
| 206859.34 | | | | | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| | 11 07 2006 | CA | | | | | | | | | | |

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 |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| 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 | 12533.34 | 12533.34 |
| (i) Itemized (use Schedule A) | 20714.20 | 20714.20 |
| (ii) Unitemized | 33247.54 | 33247.54 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 33247.54 | 33247.54 |
| 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.) | 68.22 | 68.22 |
| 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)) | 33315.76 | 33315.76 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 33315.76 | 33315.76 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 25000.00 | 25000.00 |
| 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..... | -1000.00 | -1000.00 |
| 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)).. | 24000.00 | 24000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 24000.00 | 24000.00 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 33247.54 | 33247.54 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 33247.54 | 33247.54 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 32 |
| | <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)
DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City State Zip Code
LEWISVILLE TX 75056

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 ▼ 384.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 7

Transaction ID: INC.A.30428

Amount of Each Receipt this Period
192.30

B. Full Name (Last, First, Middle Initial)
MR MICHAEL BARONE

Mailing Address 452 MEDWAY RD

City State Zip Code
HIGHLAND HEIGHTS OH 44143

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 7

Transaction ID: INC.A.30447

Amount of Each Receipt this Period
250.00

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

Mailing Address 4 WINDRUSH LANE

City State Zip Code
WESTPORT CT 06880

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 ▼ 384.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 7

Transaction ID: INC.A.30407

Amount of Each Receipt this Period
192.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 634.30 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 32 |
| | <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 SALLIE BOWDEN | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 |
| Mailing Address 5259 FISHERCREST LN | | Transaction ID: INC.A.30353 |
| City RICHMOND State VA Zip Code 23231 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FORMULARY CONSULTING | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) MS MARY DASCHNER | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 |
| Mailing Address 2926 EWING AVE S | | Transaction ID: INC.A.30181 |
| City MINNEAPOLIS State MN Zip Code 55416 | 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 MEDICARE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 |
| Mailing Address 75 TWEED BLVD | | Transaction ID: INC.A.30061 |
| City UPPER GRANDVIEW State NY Zip Code 10960 | Amount of Each Receipt this Period 192.31 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation CMO SVP MEDICAL&ANLYTC AFFRS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.62 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 584.61 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 32 |
| | <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) A. MR THOMAS FEITEL | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 58 APPLE HILL DR | | Transaction ID: INC.A.30222 | |
| City State Zip Code GILLETTE NJ 07933 | | Amount of Each Receipt this Period 192.23 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP CORP MKTG & E-COMM | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 384.46 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. MS PAMELA GALASSINI | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 333 N. CANAL ST. #1804 | | Transaction ID: INC.A.30393 | |
| City State Zip Code CHICAGO IL 60606 | | Amount of Each Receipt this Period 192.31 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR | | | |
| 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) C. MICHAEL GALVIN | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 34 TOWN VIEW DRIVE | | Transaction ID: INC.A.30416 | |
| City State Zip Code WAPPINGER FALLS NY 12590 | | Amount of Each Receipt this Period 192.31 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP/CHIEF INFRASTRUCTURE OFFR | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 384.62 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 576.85 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) MR THOMAS GILSON | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 2 PELL FARM ROAD | | Transaction ID: INC.A.30389 | |
| City State Zip Code SADDLE RIVER NJ 07458 | | Amount of Each Receipt this Period 192.31 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 384.62 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) MR MARK HALLORAN | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 19 KINGS RIDGE ROAD | | Transaction ID: INC.A.30291 | |
| City State Zip Code LONG VALLEY NJ 07853 | | Amount of Each Receipt this Period 192.31 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHIEF INFO OFFICER | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 384.62 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) MR PETER HARTY | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 19520 YELLOW WING COURT | | Transaction ID: INC.A.30060 | |
| City State Zip Code COLORADO SPRINGS CO 80908 | | Amount of Each Receipt this Period 192.31 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP POLICY | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 384.62 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 576.93 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 32 |
| | <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) A. KENNETH KLEPPER | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 295 GLEN PLACE | | Transaction ID: INC.A.30406 | |
| City FRANKLIN LAKES | State NJ | Zip Code 07417 | Amount of Each Receipt this Period 192.30 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation PRES & CHIEF OPERATING OFFICER | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. MR TODD MARTIN | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 11825 SHEPPARDS CROSSING | | Transaction ID: INC.A.30161 | |
| City CLARKSVILLE | State MD | Zip Code 21029 | Amount of Each Receipt this Period 192.30 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERAL MGR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. MR JEFFREY MAY | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 137 WASHINGTON AVE | | Transaction ID: INC.A.30336 | |
| City HILLSDALE | State NJ | Zip Code 07642 | 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 DRUG DISTRIB & CONTROL | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 576.90 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 32 |
| | <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 COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code
HIGHLAND MILLS NY 10930

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 7

Transaction ID: INC.A.30243

Amount of Each Receipt this Period
192.00

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

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code
WEST MILFORD NJ 07480

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP BUSINESS OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 7

Transaction ID: INC.A.30374

Amount of Each Receipt this Period
192.31

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 SVP Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 7

Transaction ID: INC.A.30064

Amount of Each Receipt this Period
192.00

| | | |
|--|---|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 32 |
| | <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) A. MR KEVIN MURPHY, JR | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 105 COVENTRY LN | | Transaction ID: INC.A.30111 | |
| City State Zip Code TRUMBULL CT 06611 | Amount of Each Receipt this Period 125.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP MKT STRATEGY & DEVELOPMENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. MR ARTHUR NARDIN | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 28 POWDERHORN DR | | Transaction ID: INC.A.30338 | |
| City State Zip Code KINNELON NJ 07405 | 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 PHARMACEUTICAL CONTRACTING | | |
| 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) C. MS KARIN PRINCIVALLE | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 875 ALEXANDRIA CT | | Transaction ID: INC.A.30227 | |
| City State Zip Code RAMSEY NJ 07446 | Amount of Each Receipt this Period 192.30 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP HR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 509.30 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 32 |
| | <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) A. MR MARK PROULX | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 20 BRANDY RIDGE ROAD | | Transaction ID: INC.A.30395 | |
| City State Zip Code SPARTA NJ 07871 | Amount of Each Receipt this Period 192.31 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP PHARMACY & CUST SVC OPS | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.62 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. MR MICHAEL ROMANZO | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 96 LEHMANN STREET | | Transaction ID: INC.A.30173 | |
| City State Zip Code MAHWAH NJ 07430 | Amount of Each Receipt this Period 192.30 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation PRESIDENT SYSTEMED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. MR RICHARD RUBINO | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 5201 RIO VISTA DRIVE | | Transaction ID: INC.A.30327 | |
| City State Zip Code MAHWAH NJ 07430 | Amount of Each Receipt this Period 193.00 | | |
| 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 ▼ 386.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 577.61 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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)

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. JEFFREY SIMEK | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 197 OXFORD RD | | Transaction ID: INC.A.30220 | |
| City State Zip Code CHESTER NY 10918 | Amount of Each Receipt this Period 192.31 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PUBLIC AFFAIRS | | |
| 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. MR DAVID SNOW, JR | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 23 CEDAR GATE ROAD | | Transaction ID: INC.A.30403 | |
| City State Zip Code DARIEN CT 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 ▼ 384.62 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. DR GLEN STETTIN | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 8 MILL GLEN CT | | Transaction ID: INC.A.30391 | |
| City State Zip Code UPPER SADDLE RIVER NJ 07458 | 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/GM CLIN & THERAP SOL GROUP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.62 | | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 576.93 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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)

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. MR DANIEL WALDEN | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 450 BEECHMONT DR | | Transaction ID: INC.A.30302 | |
| City NEW ROCHELLE | State NY | Zip Code 10804 | 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 REGULATORY & MC PROGRAMS | | |
| 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. MR WILLIAM WALLACE | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 5445 GOODWIN AVENUE | | Transaction ID: INC.A.30418 | |
| City DALLAS | State TX | Zip Code 75206 | Amount of Each Receipt this Period 192.31 |
| 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 ▼ 384.62 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. MR TIMOTHY WENTWORTH | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 | |
| Mailing Address 309 WATERVIEW DR | | Transaction ID: INC.A.30150 | |
| City FRANKLIN LAKES | State NJ | Zip Code 07417 | Amount of Each Receipt this Period 192.31 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation PRES, CEO ACCREDO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.62 | | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 576.93 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 32 |
| | <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)
DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City State Zip Code
LEWISVILLE TX 75056

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 ▼ 384.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30830

Amount of Each Receipt this Period
192.30

B. Full Name (Last, First, Middle Initial)
MR MICHAEL BARONE

Mailing Address 452 MEDWAY RD

City State Zip Code
HIGHLAND HEIGHTS OH 44143

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30849

Amount of Each Receipt this Period
250.00

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

Mailing Address 4 WINDRUSH LANE

City State Zip Code
WESTPORT CT 06880

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 ▼ 384.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30809

Amount of Each Receipt this Period
192.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 634.30 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 32 |
| | <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 SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City RICHMOND State VA Zip Code 23231

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FORMULARY CONSULTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30755

Amount of Each Receipt this Period
 200.00

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

Mailing Address 2926 EWING AVE S

City MINNEAPOLIS State MN Zip Code 55416

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR MEDICARE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30584

Amount of Each Receipt this Period
 192.30

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

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 / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30463

Amount of Each Receipt this Period
 192.31

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 584.61 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 / 32 |
| | (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)

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. MR THOMAS FEITEL | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 58 APPLE HILL DR | | Transaction ID: INC.A.30624 | |
| City State Zip Code GILLETTE NJ 07933 | Amount of Each Receipt this Period 192.23 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP CORP MKTG & E-COMM | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.46 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. MS PAMELA GALASSINI | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 333 N. CANAL ST. #1804 | | Transaction ID: INC.A.30795 | |
| City State Zip Code CHICAGO IL 60606 | Amount of Each Receipt this Period 192.31 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERAL MGR | | |
| 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) C. MICHAEL GALVIN | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 34 TOWN VIEW DRIVE | | Transaction ID: INC.A.30818 | |
| City State Zip Code WAPPINGER FALLS NY 12590 | 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/CHIEF INFRASTRUCTURE OFFR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.62 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 576.85 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 32 |
| | <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 GILSON

Mailing Address 2 PELL FARM ROAD

City State Zip Code
SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30791

Amount of Each Receipt this Period
192.31

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

Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code
LONG VALLEY NJ 07853

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CHIEF INFO OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30693

Amount of Each Receipt this Period
192.31

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

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
COLORADO SPRINGS CO 80908

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP POLICY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30462

Amount of Each Receipt this Period
192.31

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 576.93 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 32 |
| | <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)

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. KENNETH KLEPPER | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 295 GLEN PLACE | | Transaction ID: INC.A.30808 | |
| City FRANKLIN LAKES | State NJ | Zip Code 07417 | Amount of Each Receipt this Period 192.30 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation PRES & CHIEF OPERATING OFFICER | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. MR TODD MARTIN | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 11825 SHEPPARDS CROSSING | | Transaction ID: INC.A.30564 | |
| City CLARKSVILLE | State MD | Zip Code 21029 | Amount of Each Receipt this Period 192.30 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERAL MGR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. MR JEFFREY MAY | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 137 WASHINGTON AVE | | Transaction ID: INC.A.30738 | |
| City HILLSDALE | State NJ | Zip Code 07642 | 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 DRUG DISTRIB & CONTROL | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 576.90 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 32 |
| | <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) A. MS COLLEEN MCINTOSH | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 87 ROSELAWN RD | | Transaction ID: INC.A.30645 | |
| City State Zip Code HIGHLAND MILLS NY 10930 | Amount of Each Receipt this Period 192.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation COUNSEL | | |
| 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. MR STEVEN MCNAMARA | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 112 GREEN TERRACE WAY | | Transaction ID: INC.A.30776 | |
| City State Zip Code WEST MILFORD NJ 07480 | 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: <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) C. MR THOMAS MORIARTY | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 86 WELLINGTON AVENUE | | Transaction ID: INC.A.30466 | |
| City State Zip Code SHORT HILLS NJ 07078 | 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 Business Development | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.00 | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 32 |
| | <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) A. MR KEVIN MURPHY, JR | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 105 COVENTRY LN | | Transaction ID: INC.A.30514 | |
| City State Zip Code TRUMBULL CT 06611 | Amount of Each Receipt this Period 125.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP MKT STRATEGY & DEVELOPMENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. MR ARTHUR NARDIN | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 28 POWDERHORN DR | | Transaction ID: INC.A.30740 | |
| City State Zip Code KINNELON NJ 07405 | 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 PHARMACEUTICAL CONTRACTING | | |
| 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) C. MS KARIN PRINCIVALLE | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 875 ALEXANDRIA CT | | Transaction ID: INC.A.30629 | |
| City State Zip Code RAMSEY NJ 07446 | Amount of Each Receipt this Period 192.30 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP HR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 509.30 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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)

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. MR MARK PROULX | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 20 BRANDY RIDGE ROAD | | Transaction ID: INC.A.30797 | |
| City State Zip Code SPARTA NJ 07871 | Amount of Each Receipt this Period 192.31 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP PHARMACY & CUST SVC OPS | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.62 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. MR MICHAEL ROMANZO | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 96 LEHMANN STREET | | Transaction ID: INC.A.30576 | |
| City State Zip Code MAHWAH NJ 07430 | Amount of Each Receipt this Period 192.30 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation PRESIDENT SYSTEMED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. MR RICHARD RUBINO | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7 | |
| Mailing Address 5201 RIO VISTA DRIVE | | Transaction ID: INC.A.30729 | |
| City State Zip Code MAHWAH NJ 07430 | Amount of Each Receipt this Period 193.00 | | |
| 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 ▼ 386.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 577.61 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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)
JEFFREY SIMEK

Mailing Address 197 OXFORD RD

City State Zip Code
CHESTER NY 10918

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30622

Amount of Each Receipt this Period
192.31

B. Full Name (Last, First, Middle Initial)
MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30805

Amount of Each Receipt this Period
192.31

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

Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP/GM CLIN & THERAP SOL GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 7

Transaction ID: INC.A.30793

Amount of Each Receipt this Period
192.31

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 576.93 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. Full Name (Last, First, Middle Initial)
MR DANIEL WALDEN

Mailing Address **450 BEECHMONT DR**

City **NEW ROCHELLE** State **NY** Zip Code **10804**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SVP REGULATORY & MC PROGRAMS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.62**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 20 / 2007

Transaction ID: INC.A.30704

Amount of Each Receipt this Period
192.31

B. Full Name (Last, First, Middle Initial)
MR WILLIAM WALLACE

Mailing Address **5445 GOODWIN AVENUE**

City **DALLAS** State **TX** Zip Code **75206**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP SALES SEGMENT LEADER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.62**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 20 / 2007

Transaction ID: INC.A.30820

Amount of Each Receipt this Period
192.31

C. Full Name (Last, First, Middle Initial)
MR TIMOTHY WENTWORTH

Mailing Address **309 WATERVIEW DR**

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, CEO ACCREDO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.62**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 20 / 2007

Transaction ID: INC.A.30553

Amount of Each Receipt this Period
192.31

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 576.93 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 26 / 32 | |
| | (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"/> 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)
SHERYL STEINBERG MACHLOWITZ

Mailing Address 816 NANCY WAY

City WESTFIELD State NJ Zip Code 07090

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: INC.A.30456

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 12533.34 |

**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. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE | | Transaction ID: EXP:B:30056 Date of Disbursement |
| Mailing Address 120 MARYLAND AVENUE, NE | | <input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2007"/> |
| City WASHINGTON | State DC | Zip Code 20002 |
| Purpose of Disbursement | <input type="text" value="15000.00"/> | |
| Candidate Name GENERAL PURPOSE COMMITTEE | <input type="text" value="011"/> Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. NEW REPUBLICAN MAJORITY FUND PAC | | Transaction ID: EXP:B:30057 Date of Disbursement |
| Mailing Address 201 N. UNION ST., SUITE 530 | | <input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2007"/> |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Purpose of Disbursement | <input type="text" value="2500.00"/> | |
| Candidate Name GENERAL PURPOSE COMMITTEE | <input type="text" value="011"/> Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION PAC (PCMA) | | Transaction ID: EXP:B:30453 Date of Disbursement |
| Mailing Address 601 PENNSYLVANIA AVENUE, NW #740 | | <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2007"/> |
| City WASHINGTON | State DC | Zip Code 20004 |
| Purpose of Disbursement | <input type="text" value="5000.00"/> | |
| Candidate Name GENERAL PURPOSE COMMITTEE | <input type="text" value="011"/> Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="22500.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 32

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. RANGEL FOR CONGRESS

Mailing Address P.O. BOX 5577

City NEW YORK CITY State NY Zip Code 10027

Purpose of Disbursement

Candidate Name
CHARLES B. RANGEL

Office Sought: House
 Senate
 President
State: NY District: 15

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: EXP:B:30459

Date of Disbursement

01 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

25000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT PADGETT FOR OHIO | | Transaction ID: EXP.B.30452 Date of Disbursement |
| Mailing Address 871 WALNUT ST. | | <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2007"/> |
| City COSHOCOTON | State OH | Zip Code 43812 |
| Purpose of Disbursement | <input type="text" value="011"/> Category/Type | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OH | District: | |
| | | Amount of Each Disbursement this Period <input type="text" value="-500.00"/> |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. VILMA LUNA CAMPAIGN | | Transaction ID: EXP.B.30451 Date of Disbursement |
| Mailing Address P.O. BOX 6889 | | <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2007"/> |
| City CORPUS CHRISTI | State TX | Zip Code 78466 |
| Purpose of Disbursement | <input type="text" value="011"/> Category/Type | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TX | District: | |
| | | Amount of Each Disbursement this Period <input type="text" value="-1000.00"/> |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. ELECTION FUND OF KEVIN J. O'TOOLE | | Transaction ID: EXP.B.30455 Date of Disbursement |
| Mailing Address PO BOX 125 | | <input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2007"/> |
| City CLIFFSIDE PARK | State NJ | Zip Code 07010 |
| Purpose of Disbursement | <input type="text" value="011"/> Category/Type | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NJ | District: | |
| | | Amount of Each Disbursement this Period <input type="text" value="-500.00"/> |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="-2000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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. ELECTION FUND OF SENATOR HANK MCNAMARA | | Transaction ID: EXP.B.30454 Date of Disbursement |
| Mailing Address 187 PATTERSON AVE. | | <input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2007"/> |
| City MIDLAND PARK | State NJ | Zip Code 07432 |
| Purpose of Disbursement | <input type="text" value="011"/> Category/Type | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NJ | District: | |
| | | Amount of Each Disbursement this Period <input type="text" value="-500.00"/> |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT PADGETT FOR OHIO | | Transaction ID: EXP.B.30457 Date of Disbursement |
| Mailing Address 871 WALNUT ST. | | <input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2007"/> |
| City COSHOCTON | State OH | Zip Code 43812 |
| Purpose of Disbursement | <input type="text" value="011"/> Category/Type | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OH | District: | |
| | | Amount of Each Disbursement this Period <input type="text" value="500.00"/> |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. DOUG COX CAMPAIGN FUND | | Transaction ID: EXP.B.30458 Date of Disbursement |
| Mailing Address 33471 S. 595 RD. | | <input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2007"/> |
| City GROVE | State OK | Zip Code 74344 |
| Purpose of Disbursement | <input type="text" value="011"/> Category/Type | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OK | District: | |
| | | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="-1000.00"/> |

Image# 27930143293

Form/Schedule: **SB29** CHECK VOIDED; ISSUED IN PRIOR PERIOD
Transaction ID: **EXP.B.30454**

Form/Schedule: **SB29** CHECK VOIDED; ISSUED IN PRIOR PERIOD
Transaction ID: **EXP.B.30455**

Image# 27930143294

Form/Schedule: **SB29** CHECK VOIDED; ISSUED IN PRIOR PERIOD
Transaction ID: **EXP.B.30451**

Form/Schedule: **SB29** CHECK VOIDED; ISSUED IN PRIOR PERIOD
Transaction ID: **EXP.B.30452**
