

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 11 28 2006 through 12 31 2006

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 01 17 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		225102.30
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	180271.01									
(c) Total Receipts (from Line 19)	32272.57	447073.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	212543.58	672176.00								
7. Total Disbursements (from Line 31)	15000.00	474632.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	197543.58	197543.58								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	30030.14	387144.08
(i) Itemized (use Schedule A)	2130.50	59011.90
(ii) Unitemized	32160.64	446155.98
(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)	32160.64	446155.98
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.)	111.93	917.72
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))	32272.57	447073.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32272.57	447073.70

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	3282.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	3282.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	317500.00
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.....	12000.00	153850.00
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))..	15000.00	474632.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15000.00	474632.42

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)	32160.64	446155.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32160.64	446155.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3282.42
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	3282.42

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 / 242
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. MS MARIA ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 4605 W SUNSET BLVD		Transaction ID: INC:A:29523	
City State Zip Code TAMPA FL 33629		Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CUST SVC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. MR DAVID BAUGH		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 1813 ADONIS AVE		Transaction ID: INC:A:29608	
City State Zip Code HENDERSON NV 89074		Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS MGR BENEFIT DELIVERY SYSTEMS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 715.00	

Full Name (Last, First, Middle Initial) C. MR BARRY BOUDREAU		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 3380 SADDLEBROOK STREET		Transaction ID: INC:A:29277	
City State Zip Code LAS VEGAS NV 89141		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	35.00
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 / 242
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

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

Transaction ID: INC:A:29484

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS ROBBIN DICESARE

Mailing Address 1003T HIGH STREET

City State Zip Code
BURLINGTON TOWNSHI NJ 08016

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR MGR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
482.56

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

Transaction ID: INC:A:29520

Amount of Each Receipt this Period
9.28

C. Full Name (Last, First, Middle Initial)
MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

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

Transaction ID: INC:A:29361

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **59.28**

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 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS GEORGIA EDDLEMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 908 EDGEMEER LANE		Transaction ID: INC:A:29589	
City SOUTHLAKE	State TX	Amount of Each Receipt this Period 34.45	
Zip Code 76092			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1791.40		

Full Name (Last, First, Middle Initial) B. MR JOSEPH FREND0		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 9 GREEN HILL TRAIL		Transaction ID: INC:A:29490	
City TROPHY CLUB	State TX	Amount of Each Receipt this Period 50.00	
Zip Code 76262			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00		

Full Name (Last, First, Middle Initial) C. MR ROBERT GIBBS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 544 DENMOOR COURT		Transaction ID: INC:A:29310	
City GALLOWAY	State OH	Amount of Each Receipt this Period 12.50	
Zip Code 43119			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 412.50		

SUBTOTAL of Receipts This Page (optional) ▶	96.95
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 / 242
	<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 J. HOLLINGER

Mailing Address 784 CAPE HENRY DR

City State Zip Code
COLUMBUS OH 43228

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.84

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

Transaction ID: INC:A:29474

Amount of Each Receipt this Period
4.17

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

Mailing Address 12 WADE HAMPTON TRAIL

City State Zip Code
HENDERSON NV 89052

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 784.16

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

Transaction ID: INC:A:29544

Amount of Each Receipt this Period
15.08

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

Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

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

Transaction ID: INC:A:29464

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	44.25
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 / 242
	<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 ROSS LUCE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 2116 BELLANCA CT.		Transaction ID: INC:A:29356	
City FLOWER MOUND	State TX	Zip Code 75028	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) B. MR EDWARD MCNEILEY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 5646 BIRCHWOOD CIRCLE		Transaction ID: INC:A:29392	
City LAS VEGAS	State NV	Zip Code 89120	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. MR GILBERT RAINES		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 800 SANDY TRAIL		Transaction ID: INC:A:29623	
City KELLER	State TX	Zip Code 76248	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional) ▶	40.00
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 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS MARSHA REYNOLDS

Mailing Address 310 S. WILLOW #D

City State Zip Code
TAMPA FL 33606

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: INC:A:29486

Amount of Each Receipt this Period
5.00

B. Full Name (Last, First, Middle Initial)
MR FRANK SCHULTE

Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code
LAS VEGAS NV 89117

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.56

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

Transaction ID: INC:A:29377

Amount of Each Receipt this Period
25.00

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

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.40

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

Transaction ID: INC:A:29448

Amount of Each Receipt this Period
28.85

SUBTOTAL of Receipts This Page (optional)	▶	58.85
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 12 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 TIMOTHY SWETT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE		Transaction ID: INC:A:29379	
City State Zip Code TAMPA FL 33647	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2035.00		

Full Name (Last, First, Middle Initial) B. MR LARRY THOMAS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 3915 SILKWOOD TRAIL		Transaction ID: INC:A:29516	
City State Zip Code ARLINGTON TX 76016	Amount of Each Receipt this Period 4.41		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MANAGING PHARMACIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.32		

Full Name (Last, First, Middle Initial) C. MR TIMOTHY TIDD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 7974 FLAMETREE CT		Transaction ID: INC:A:29442	
City State Zip Code LAS VEGAS NV 89123	Amount of Each Receipt this Period 12.50		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional) ▶	66.91
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 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MR HECTOR TORRES

Mailing Address 6023 HOMESTEAD COURT

City HILLIARD State OH Zip Code 43026

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SUPV INVENTORY CONTROL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 222.56

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

Transaction ID: INC:A:29480

Amount of Each Receipt this Period
4.28

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

Mailing Address 5 APPLE ORCHARD RD

City MOORESTOWN State NJ Zip Code 08057

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: INC:A:29461

Amount of Each Receipt this Period
12.50

C. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City COLUMBUS State OH Zip Code 43235

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

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

Transaction ID: INC:A:29469

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	41.78
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 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS LESLIE ACHTER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 821 ALBEMARLE STREET		Transaction ID: INC:A:29355	
City State Zip Code WYCKOFF NJ 07481	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ANALYTICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.50		

Full Name (Last, First, Middle Initial) B. MR EDWARD ADAMCIK		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 1021 SUNSET RIDGE		Transaction ID: INC:A:29294	
City State Zip Code BRIDGEWATER NJ 08807	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARM CONTRACT & CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. MR STEPHEN ADLER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 139 BELLVALE LAKES RD		Transaction ID: INC:A:29354	
City State Zip Code WARWICK NY 10990	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 4 DEERPOND CT

City State Zip Code
FLEMINGTON NJ 08822

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29373

Amount of Each Receipt this Period
15.00

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

Mailing Address 3031 MOUNT HILL DR

City State Zip Code
MIDLOTHIAN VA 23113

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29353

Amount of Each Receipt this Period
50.00

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

Mailing Address 4405 WISMER ROAD

City State Zip Code
DOYLESTOWN PA 18901

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29645

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 242
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE NY 10583

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29413

Amount of Each Receipt this Period
50.00

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

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code
CHAPPAQUA NY 10514

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29619

Amount of Each Receipt this Period
50.00

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

Mailing Address 4605 W SUNSET BLVD

City State Zip Code
TAMPA FL 33629

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29524

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional)	▶	105.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 242
	<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 ▼ 3719.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29639

Amount of Each Receipt this Period
192.30

B. Full Name (Last, First, Middle Initial)
MS JAYME ANTONOPIOS

Mailing Address 48 WITTE ROAD

City State Zip Code
HEWITT NJ 07421

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR EXEC CORR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29483

Amount of Each Receipt this Period
25.00

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

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29427

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **242.30**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 242
	<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. ERIK BAGIN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 73 HIGHLAND AVENUE		Transaction ID: INC:A:29648	
City State Zip Code GLEN RIDGE NJ 07028	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP VP FINANCE		
Receipt For: <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. MS BECKIE BARATKO		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 80 N. WOODLAND STREET		Transaction ID: INC:A:29558	
City State Zip Code ENGLEWOOD NJ 07631	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PROPOSAL UNIT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00		

Full Name (Last, First, Middle Initial) C. MR THOMAS BARATTA		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 69 SKYLINE DR		Transaction ID: INC:A:29494	
City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00		

SUBTOTAL of Receipts This Page (optional) ▶	135.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MRS BRENDA BASSETT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 1752 BLACKSTONE DRIVE		Transaction ID: INC:A:29557	
City State Zip Code CARROLLTON TX 75007	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP NATL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) B. MR DAVID BAUGH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 1813 ADONIS AVE		Transaction ID: INC:A:29609	
City State Zip Code HENDERSON NV 89074	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MGR BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00		

Full Name (Last, First, Middle Initial) C. MR PETER BEGANS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 1605 CHARNITA CT		Transaction ID: INC:A:29455	
City State Zip Code VIENNA VA 22182	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00		

SUBTOTAL of Receipts This Page (optional) ▶	155.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 242
	<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 STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29622

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS ELIZABETH BERGMAN

Mailing Address 36 LONGACRE DR

City State Zip Code
LIVINGSTON NJ 07039

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29559

Amount of Each Receipt this Period
10.00

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

Mailing Address 71 WASHINGTON CT.

City State Zip Code
TOWACO NJ 07082

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29489

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
BUFORD GA 30518

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29503

Amount of Each Receipt this Period
25.00

B. 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 ▼ 4992.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29617

Amount of Each Receipt this Period
192.00

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

Mailing Address 4520 LINWOOD LANE

City State Zip Code
DEEPHAVEN MN 55331

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29607

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	267.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 242
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City State Zip Code
RAMSEY NJ 07446

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29446

Amount of Each Receipt this Period
50.00

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

Mailing Address 80 LEONA CT

City State Zip Code
LEVITTOWN NY 11756

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29611

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS HEATHER BONOME

Mailing Address 305 10TH STREET NE

City State Zip Code
WASHINGTON DC 20002

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29415

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MR DUANE BOSCH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 3935 BALSAM LA		Transaction ID: INC:A:29327	
City State Zip Code PLYMOUTH MN 55441	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. MR JOSEPH BOTTA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 109 ARBOR PL		Transaction ID: INC:A:29332	
City State Zip Code BRYN MAWR PA 19010	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR BARRY BOUDREAUX		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 3380 SADDLEBROOK STREET		Transaction ID: INC:A:29278	
City State Zip Code LAS VEGAS NV 89141	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
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 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS SALLIE BOWDEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 5259 FISHERCREST LN		Transaction ID: INC:A:29563	
City RICHMOND	State VA	Amount of Each Receipt this Period 200.00	
Zip Code 23231			
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 ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. MS HEIDI BOWMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 15 DAWN LANE		Transaction ID: INC:A:29604	
City RINGWOOD	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 07456			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR HLTH MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) C. MR CHRISTOPHER BRADBURY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 10 HILLSIDE AVENUE		Transaction ID: INC:A:29335	
City UPPER SADDLE RIVER	State NJ	Amount of Each Receipt this Period 10.00	
Zip Code 07458			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CARE ENHANCING SOLUTIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	240.00
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 / 242
	<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 PATRICIA BRANUM		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address PO BOX 708		Transaction ID: INC:A:29553	
City COATESVILLE	State PA	Zip Code 19320	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO & PROCESS ENGINEERING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1775.00		

Full Name (Last, First, Middle Initial) B. MR DAVID BREEN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 27 SEALS DR		Transaction ID: INC:A:29534	
City MONROE	State NY	Zip Code 10950	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ANALYTICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR PAUL BRISSON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 469 MANOR LANE		Transaction ID: INC:A:29394	
City PELHAM MANOR	State NY	Zip Code 10803	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

SUBTOTAL of Receipts This Page (optional) ▶	115.00
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 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR KENNETH BROWN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 540 GIORDANO DRIVE		Transaction ID: INC:A:29329	
City YORKTOWN HEIGHTS	State NY	Zip Code 10598	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) B. MS VIVIAN BULGER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 120 EAST MAIN ST		Transaction ID: INC:A:29532	
City WASHINGTONVILLE	State NY	Zip Code 10992	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) C. MS MARY BURKE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 638 LENOX AVE		Transaction ID: INC:A:29388	
City WESTFIELD	State NJ	Zip Code 07090	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR MEDICARE CLIENT PRODU		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	80.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 242
	(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 GEORGE BURNITE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 68 WOODLAND DRIVE		Transaction ID: INC:A:29628	
City State Zip Code CHURCHVILLE PA 18966	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PHARM OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) B. MR KEVIN BURON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 301 TEMPLETON CT		Transaction ID: INC:A:29431	
City State Zip Code GRANITE BAY CA 95746	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MRS PEGEEN BUTTERFIELD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 23 NUTTING PLACE		Transaction ID: INC:A:29363	
City State Zip Code WEST CALDWELL NJ 07006	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MEMBER STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	70.00
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 28 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City State Zip Code
MAYWOOD NJ 07607

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29275

Amount of Each Receipt this Period
40.00

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

Mailing Address 3 MEADOW LANE

City State Zip Code
ANNANDALE NJ 08801

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29577

Amount of Each Receipt this Period
10.00

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

Mailing Address 24 SHERI DRIVE

City State Zip Code
ALLENDALE NJ 07401

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29526

Amount of Each Receipt this Period
52.50

SUBTOTAL of Receipts This Page (optional)	▶	102.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS CATHERINE CASALE

Mailing Address 16345 HEATHROW DRIVE

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 338.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29573

Amount of Each Receipt this Period
13.00

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

Mailing Address 822 CEDAR AVE

City State Zip Code
HADDENFIELD NJ 08033

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29436

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City State Zip Code
WEST COLUMBIA SC 29172

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29297

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 242
	(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 FRANK COLIANO		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 5176 BALDWIN TERRACE		Transaction ID: INC:A:29366	
City State Zip Code MARIETTA GA 30068	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) B. MR JOSEPH CONOSHENTI, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 5 MAGNOLIA DRIVE		Transaction ID: INC:A:29303	
City State Zip Code MARLBORO NJ 07746	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR DUR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. WILLIAM CONSIDINE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 130 WEST 67TH STREET, #4J		Transaction ID: INC:A:29630	
City State Zip Code NEW YORK NY 10023	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUSINESS PLANNING & DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	65.00
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 31 / 242						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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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 ROBERT COOK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 270 S FRANKLIN TURNPIKE		Transaction ID: INC:A:29322	
City State Zip Code RAMSEY NJ 07446		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR HLTH CARE OPS-TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. MR STEPHEN COURTMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 25 FAIRWAY TRAIL		Transaction ID: INC:A:29414	
City State Zip Code SPARTA NJ 07871		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP PHARMACY NETWORK MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1025.00	

Full Name (Last, First, Middle Initial) C. MR ANGELO CUOZZO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 19 IDA COURT		Transaction ID: INC:A:29440	
City State Zip Code STATEN ISLAND NY 10312		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 335.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 242
	(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. MS ROSELIN DANIEL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 17 DEVONSHIRE DRIVE		Transaction ID: INC:A:29507	
City State Zip Code RANDOLPH NJ 07869		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BENEFIT DELIVERY SYS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. MR KENNETH DANIELS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 2903 CHUKKAR COURT		Transaction ID: INC:A:29485	
City State Zip Code PLANT CITY FL 33567		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. MS MARY DASCHNER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 2926 EWING AVE S		Transaction ID: INC:A:29390	
City State Zip Code MINNEAPOLIS MN 55416		Amount of Each Receipt this Period 192.30	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR MEDICARE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4999.80	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 242
	<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 AMITA DASMAHAPATRA

Mailing Address 24 CHARLOTTE HILL DR

City State Zip Code
BERNARDSVILLE NJ 07924

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29318

Amount of Each Receipt this Period
10.00

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

Mailing Address 5616 BROOK DRIVE

City State Zip Code
EDINA MN 55439

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29402

Amount of Each Receipt this Period
50.00

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

Mailing Address 402 HIGHLAND AVE

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PRICING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29527

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	110.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 242
	(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

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. MR LUCA DEFLORENTIIS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address W62 N1032 FAIRHAVEN CT		Transaction ID: INC:A:29456	
City CEDARBURG	State WI	Zip Code 53012	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MS BARBARA DELLEDONNA		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 199 SANFORD AVE		Transaction ID: INC:A:29560	
City EMERSON	State NJ	Zip Code 07630	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM BUSINESS OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. MR PAUL DELLO RUSSO		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 80 HILLSIDE AVENUE		Transaction ID: INC:A:29429	
City GLEN RIDGE	State NJ	Zip Code 07028	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS KAREN DEZEARN

Mailing Address 3625 PATTERSTONE DR

City State Zip Code
ALPHARETTA GA 30022

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29299

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS ROBBIN DICESARE

Mailing Address 1003T HIGH STREET

City State Zip Code
BURLINGTON TOWNSHI NJ 08016

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR MGR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 482.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29521

Amount of Each Receipt this Period
9.28

C. Full Name (Last, First, Middle Initial)
MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29362

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	59.28
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 36 / 242
	(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 ROBERT DOLAN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 9 CRANE AVENUE		Transaction ID: INC:A:29508	
City State Zip Code WEST CALDWELL NJ 07006	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MS MERIDITH DORNER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 4448 CREEK ROAD		Transaction ID: INC:A:29313	
City State Zip Code ALLENTOWN PA 18104	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR H. RONALD DRIZIN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 17 DAYBREAK		Transaction ID: INC:A:29564	
City State Zip Code IRVINE CA 92614	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CONTRACT ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 242
	<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 DANA DUNCAN

Mailing Address 72 HALLEY DR

City POMONA State NY Zip Code 10970

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29439

Amount of Each Receipt this Period
25.00

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

Mailing Address 14026 KNOX STREET

City OVERLAND PARK State KS Zip Code 66221

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 ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29358

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR YAACOV DUSHEK

Mailing Address 312 MEGAN CT

City WYCKOFF State NJ Zip Code 07481

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BENEFIT DELIVERY SYS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29499

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 242
	(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. MS GEORGIA EDDLEMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 908 EDGEMEER LANE		Transaction ID: INC:A:29590	
City SOUTHLAKE	State TX	Zip Code 76092	Amount of Each Receipt this Period 34.45
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1791.40		

Full Name (Last, First, Middle Initial) B. MR MICHAEL EDWARDS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 109 KAREN PLACE		Transaction ID: INC:A:29328	
City WYCKOFF	State NJ	Zip Code 07481	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. DR WOODY EISENBERG, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 128 SUMMIT AVENUE		Transaction ID: INC:A:29637	
City UPPER MONTCLAIR	State NJ	Zip Code 07043	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MEDICARE CHIEF MEDICAL OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1135.00		

SUBTOTAL of Receipts This Page (optional) ▶	109.45
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 39 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 FREDERICK ELSTON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 106 GRAHAM TERRACE		Transaction ID: INC:A:29500	
City State Zip Code SADDLE BROOK NJ 07663		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. MR SCOTT ENOS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 22 BARNARD RD		Transaction ID: INC:A:29418	
City State Zip Code WARWICK RI 02886		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. MR BRAD EPSTEIN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 359 LONG HILL ROAD EAST		Transaction ID: INC:A:29643	
City State Zip Code BRIARCLIFF MANOR NY 10510		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1090.00	

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 242
	<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 ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3481.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29269

Amount of Each Receipt this Period
192.31

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

Mailing Address 11505 40TH AVE N

City State Zip Code
PLYMOUTH MN 55441

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29406

Amount of Each Receipt this Period
15.00

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

Mailing Address 25 STONEHEDGE DR

City State Zip Code
WEST NYACK NY 10994

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BENEFIT DELIVERY SYS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29595

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	232.31
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 242
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR EDWARD FARGIS

Mailing Address 216 ELMWOOD AVENUE

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 COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29618

Amount of Each Receipt this Period
50.00

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

Mailing Address 32 EILEEN DR

City MAHWAH State NJ Zip Code 07430

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CARE ENHANCING SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29395

Amount of Each Receipt this Period
50.00

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

Mailing Address 58 APPLE HILL DR

City GILLETTE State NJ Zip Code 07933

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4997.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29432

Amount of Each Receipt this Period
192.23

SUBTOTAL of Receipts This Page (optional)	▶	292.23
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) MS DAWN FELDNER Mailing Address 275 BIRCH STREET City State Zip Code EMERSON NJ 07630 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6 Transaction ID: INC:A:29565 Amount of Each Receipt this Period 25.00
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B. Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 138 HEIGHTS ROAD City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00	Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6 Transaction ID: INC:A:29528 Amount of Each Receipt this Period 25.00
---	--

C. Full Name (Last, First, Middle Initial) MR DON FISCHER Mailing Address 132 PROSPECT RD City State Zip Code MONROE NY 10950 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR E-COM STRAT & DELIV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6 Transaction ID: INC:A:29336 Amount of Each Receipt this Period 25.00
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SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	75.00

**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 43 / 242
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29385

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE AGOSTA ROAD

City State Zip Code
NEW BLOOMINGTON OH 43341

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29473

Amount of Each Receipt this Period
25.00

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

Mailing Address 18 WINDING RIDGE

City State Zip Code
OAKLAND NJ 07436

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29339

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 JOSEPH FREND0		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 9 GREEN HILL TRAIL		Transaction ID: INC:A:29491	
City State Zip Code TROPHY CLUB TX 76262	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00		

Full Name (Last, First, Middle Initial) B. MR ANDREW FRIEDEL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 55 WHEELER		Transaction ID: INC:A:29352	
City State Zip Code EDGEWOOD RI 02905	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR STATE GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) C. MR JOSEPH GALARDI		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 24 MOREHOUSE PL		Transaction ID: INC:A:29267	
City State Zip Code NEW PROVIDENCE NJ 07974	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MANAGING COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional) ▶	130.00
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 45 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS PAMELA GALASSINI		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 333 N. CANAL ST. #1804		Transaction ID: INC:A:29603	
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 ▼ 3061.55		

Full Name (Last, First, Middle Initial) B. MS IRENE GALE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 3 MAIZE TRAIL		Transaction ID: INC:A:29381	
City State Zip Code PLACITAS NM 87043	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. MS IVY GALLACCHI		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 11 LAKE AVENUE		Transaction ID: INC:A:29636	
City State Zip Code MALTA NY 12020	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	212.31
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 46 / 242
	<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 PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City State Zip Code
COLUMBUS OH 43235

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29566

Amount of Each Receipt this Period
15.00

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

Mailing Address 69 LAKEVIEW DR

City State Zip Code
OLD TAPPAN NJ 07675

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLIENT RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1031.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29463

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MICHAEL GALVIN

Mailing Address 34 TOWN VIEW DRIVE

City State Zip Code
WAPPINGER FALLS NY 12590

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP/CHIEF INFRASTRUCTURE OFFR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3519.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29626

Amount of Each Receipt this Period
192.31

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 242
	<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 OMHARAISRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City MORRIS PLAINS State NJ Zip Code 07950

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29631

Amount of Each Receipt this Period
25.00

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

Mailing Address 1201 BRIDGE STREET

City ASBURY PARK State NJ Zip Code 07712

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCIAL EVALUATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29266

Amount of Each Receipt this Period
50.00

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

Mailing Address 20 BROOKSHIRE DR

City ROBBINSVILLE State NJ Zip Code 08691

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29360

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. MR ROBERT GIBBS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 544 DENMOOR COURT		Transaction ID: INC:A:29311	
City State Zip Code GALLOWAY OH 43119	Amount of Each Receipt this Period 12.50		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 412.50		

Full Name (Last, First, Middle Initial) B. MR THOMAS GILSON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 2 PELL FARM ROAD		Transaction ID: INC:A:29599	
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 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 ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. MS MICHELE GLYNN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 5333 EAST HELENA DRIVE		Transaction ID: INC:A:29511	
City State Zip Code SCOTTSDALE AZ 85254	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	229.81
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 49 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 26 HILLSIDE AVE.

City State Zip Code
GLEN ROCK NJ 07452

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ORG DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29542

Amount of Each Receipt this Period
15.00

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

Mailing Address 11 WASHBURN RD

City State Zip Code
CANTON CT 06022

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29323

Amount of Each Receipt this Period
25.00

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

Mailing Address 1928 BEVERLY LANE

City State Zip Code
BUFFALO GROVE IL 60089

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCIAL INSIGHTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29375

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 242
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29398

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code
CONVENT STATION NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29425

Amount of Each Receipt this Period
25.00

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

Mailing Address 264 HARVEST AVE

City State Zip Code
STATEN ISLAND NY 10310

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CONSUMER DRIVEN MKTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29315

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 65.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 RICHARD GUIOR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 50 BELLEVUE AVE		Transaction ID: INC:A:29284	
City State Zip Code SUMMIT NJ 07901		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS & INSTALLATION SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2340.00	

Full Name (Last, First, Middle Initial) B. MR MARK HALLORAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 19 KINGS RIDGE ROAD		Transaction ID: INC:A:29501	
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 ▼ 2769.24	

Full Name (Last, First, Middle Initial) C. MR GREGORY HANSEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 1659 ISABELLA PARKWAY		Transaction ID: INC:A:29602	
City State Zip Code CHASKA MN 55318		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ACCT SVCS & ADMIN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional) ▶	332.31
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:	PAGE 52 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MS KELLY HANZAWA

Mailing Address 1116 OAKCROFT LANE

City State Zip Code
SOMERSET NJ 08873

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ACCT MGMT OPS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29567

Amount of Each Receipt this Period
25.00

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

Mailing Address 5505 CEDAR CREEK DRIVE

City State Zip Code
SNYDER TX 79549

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29422

Amount of Each Receipt this Period
10.00

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

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
COLORADO SPRINGS CO 80908

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP POLICY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4773.89

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29268

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional)	▶	227.31
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 BILL HEAD

Mailing Address 501 SLATERS LANE #816

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29650

Amount of Each Receipt this Period
25.00

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

Mailing Address 13210 N. 11TH AVE.

City PHOENIX State AZ Zip Code 85029

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29333

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS EILEEN HEINZ

Mailing Address 27 DOGWOOD LN

City MONTVALE State NJ Zip Code 07645

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29596

Amount of Each Receipt this Period
10.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 SCOTT HELMUS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 23 VALLEY RD		Transaction ID: INC:A:29316	
City State Zip Code SUCCASUNNA NJ 07876		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP RETIREE SOLUTIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. MR ERIC HESS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 10 CARLTON RD		Transaction ID: INC:A:29387	
City State Zip Code FLANDERS NJ 07836		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ENGINEERING & OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. MR STEPHEN HOBSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 1 HERITAGE RD		Transaction ID: INC:A:29471	
City State Zip Code FLORHAM PARK NJ 07932		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional) ▶	150.00
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 55 / 242
	<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 GLENN HOFFMAN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 974 HILLCREST ROAD		Transaction ID: INC:A:29543	
City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FACILITIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) B. MR TIMOTHY HOGAN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 9 HIRLE ST		Transaction ID: INC:A:29401	
City CORNWALL ON HUDSON	State NY	Zip Code 12520	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR J. HOLLINGER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 784 CAPE HENRY DR		Transaction ID: INC:A:29475	
City COLUMBUS	State OH	Zip Code 43228	Amount of Each Receipt this Period 4.17
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.84		

SUBTOTAL of Receipts This Page (optional) ▶	59.17
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 56 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 STEPHEN HOLODAK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 49 S HILLSIDE AVE		Transaction ID: INC:A:29497	
City ELMSFORD	State NY	Zip Code 10523	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INTERVENTION DELIVERY SYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00		

Full Name (Last, First, Middle Initial) B. MS CYNTHIA HORN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 9553 ANDREW DR		Transaction ID: INC:A:29656	
City TWINSBURG	State OH	Zip Code 44087	Amount of Each Receipt this Period 14.69
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CUST SVC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.94		

Full Name (Last, First, Middle Initial) C. MR STEVEN HOROWITZ		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 30 AVENUE AT PORT IMPERIAL APT. 415		Transaction ID: INC:A:29654	
City WEST NEW YORK	State NJ	Zip Code 07093	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	144.69
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 57 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 WALTER HOSP

Mailing Address 1 OLD LANE

City State Zip Code
SCARSDALE NY 10583

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP TREASURY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29451

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR JEFFREY HULL

Mailing Address 2616 S 3B'S & K RD

City State Zip Code
GALENA OH 43021

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PROFESSIONAL PRACTICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29476

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS JANE HULSE

Mailing Address 95 GORDON RD

City State Zip Code
ESSEX FELLS NJ 07021

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29531

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 242
	<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 JEANNINE INFANTINO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 34 MOHEGAN TRL		Transaction ID: INC:A:29309	
City State Zip Code SADDLE RIVER NJ 07458		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCIAL APPLICATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. MR DAVID ISRAEL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 730 COLUMBUS AVENUE		Transaction ID: INC:A:29271	
City State Zip Code NEW YORK NY 10025		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BUSINESS DEV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MS SUSAN ITO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 6366 SW 90TH STREET		Transaction ID: INC:A:29280	
City State Zip Code GAINESVILLE FL 32608		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 242
	<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 TERESE JACKSON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 6085 S. PRESTON LANE		Transaction ID: INC:A:29317	
City State Zip Code NEW BERLIN WI 53151		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. MR WILLIAM JACKSON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 105 ROOSEVELT AVE		Transaction ID: INC:A:29576	
City State Zip Code WEST ORANGE NJ 07052		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MEDICARE OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. MR TODD JEFFREY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 15 ELIZABETH STREET		Transaction ID: INC:A:29588	
City State Zip Code DUMONT NJ 07628		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 242
	<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. MISS ANNE JOHNSTON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 256 MADISON AVE		Transaction ID: INC:A:29585	
City State Zip Code RIVER EDGE NJ 07661	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) B. MR RICHARD JONES		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 12 WADE HAMPTON TRAIL		Transaction ID: INC:A:29545	
City State Zip Code HENDERSON NV 89052	Amount of Each Receipt this Period 15.08		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 784.16		

Full Name (Last, First, Middle Initial) C. MS KATHRYN JONSRUD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 16357 VICTORIA CURVE SE		Transaction ID: INC:A:29421	
City State Zip Code PRIOR LAKE MN 55372	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLIENT & MKT PROG STRAT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	70.08
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 61 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 JOHN KAPIOSKI		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 8202 MARSH GLEN CT		Transaction ID: INC:A:29525	
City State Zip Code TAMPA FL 33647		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM AUDIT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. MS BECKY KAUS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address N81 W18359 TOURS DR		Transaction ID: INC:A:29412	
City State Zip Code MENOMONEE FALLS WI 53051		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MR WILLIAM KEELER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 63 MOUNTAIN GLEN ROAD		Transaction ID: INC:A:29610	
City State Zip Code RINGWOOD NJ 07456		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR WILLIAM KELLEY, III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 1970 WOODLANDS PL		Transaction ID: INC:A:29465	
City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) B. MR KEVIN KELLY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 251 POPLAR AVE		Transaction ID: INC:A:29300	
City State Zip Code HACKENSACK NJ 07601	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLIENT SVC DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MS LISA KETNER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 7 POINT VIEW		Transaction ID: INC:A:29452	
City State Zip Code OAKLAND NJ 07436	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MKTING & PRODUCT DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MS KARIN KLEINEGGER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 121 CONKLING TOWN ROAD		Transaction ID: INC:A:29578	
City CHESTER	State NY	Zip Code 10918	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HLTH MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) B. KENNETH KLEPPER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 295 GLEN PLACE		Transaction ID: INC:A:29616	
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 ▼ 4807.50		

Full Name (Last, First, Middle Initial) C. MR JON KLINE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 36 CORTLAND TL		Transaction ID: INC:A:29612	
City MAHWAH	State NJ	Zip Code 07430	Amount of Each Receipt this Period 50.54
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1314.04		

SUBTOTAL of Receipts This Page (optional) ▶	292.84
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 64 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 BRADFORD KOGEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 555 FORBUSH STREET		Transaction ID: INC:A:29571	
City State Zip Code BOONTON NJ 07005	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLIENT RETAIL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) B. MS KATHLEEN KORDUCKI		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 920 CLARK STREET		Transaction ID: INC:A:29321	
City State Zip Code BOWLING GREEN OH 43402	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00		

Full Name (Last, First, Middle Initial) C. MS JOANN KRENITSKY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 143 DEERFIELD TERRACE		Transaction ID: INC:A:29347	
City State Zip Code MAHWAH NJ 07430	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUS PLANNING & ADMIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00		

SUBTOTAL of Receipts This Page (optional) ▶	95.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 242
	(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. MS BARBARA KRZAK		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6
Mailing Address 495 ISLAND WAY		Transaction ID: INC:A:29504
City FRANKLIN LAKES	State NJ	Zip Code 07417
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 55.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM STRATEGY & DELIVERY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1265.00	

Full Name (Last, First, Middle Initial) B. MR MICHAEL KRZAN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6
Mailing Address 2735 YORK RD		Transaction ID: INC:A:29555
City COLUMBUS	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation REGIONAL VP PHARMACIES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. MR MANOJ KUMAR		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6
Mailing Address 7 SUNRISE WAY		Transaction ID: INC:A:29495
City TOWACO	State NJ	Zip Code 07082
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLIENT REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	▶	130.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 7017 COBALT WAY

City State Zip Code
CITRUS HEIGHTS CA 95621

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29454

Amount of Each Receipt this Period
100.00

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

Mailing Address 6 SHERMAN AVE

City State Zip Code
WALDWICK NJ 07463

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKET STRATEGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29644

Amount of Each Receipt this Period
25.00

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

Mailing Address 18 HARLIND TERRACE

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29445

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 ROSS LUCE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 2116 BELLANCA CT.		Transaction ID: INC:A:29357	
City State Zip Code FLOWER MOUND TX 75028	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) B. MS DEBRA LUDGATE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 238 WOODLAND AVE		Transaction ID: INC:A:29404	
City State Zip Code SUMMIT NJ 07901	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CREATIVE SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MS CHERYL MACDONALD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 15011 EAGLEPARK PLACE		Transaction ID: INC:A:29492	
City State Zip Code LITHIA FL 33547	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CS REQUIREMENTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	65.00
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 68 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR MICHAEL MAHON

Mailing Address **64 PHEASANT HILL DRIVE**

City **WEST HARTFORD** State **CT** Zip Code **06107**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR SALES**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 09 / 2006

Transaction ID: INC:A:29646

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
MR KENNETH MALLEY

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 **VP PRODUCT & CHANNEL MKTING**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 09 / 2006

Transaction ID: INC:A:29389

Amount of Each Receipt this Period
50.00

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

Mailing Address **33 HICKORY TAVERN RD**

City **GILLETTE** State **NJ** Zip Code **07933**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP FINANCE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 09 / 2006

Transaction ID: INC:A:29282

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 242
	<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 ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City State Zip Code
WOODCLIFF LAKE DR NJ 07675

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29513

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
MR GARY MARGIOTTA

Mailing Address 8 HEATHER HILL WAY

City State Zip Code
MENDHAM NJ 07945

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29383

Amount of Each Receipt this Period
10.00

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

Mailing Address W144 N7150 TERRACE DRIVE

City State Zip Code
MENOMONEE FALLS WI 53051

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29408

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **45.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 TODD MARTIN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 11825 SHEPPARDS CROSSING		Transaction ID: INC:A:29370	
City State Zip Code CLARKSVILLE MD 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 ▼ 4999.80		

Full Name (Last, First, Middle Initial) B. MR ROBERT MATCHETT		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 27 LAKEVILLE RD		Transaction ID: INC:A:29331	
City State Zip Code SUSSEX NJ 07461	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR JEFFREY MAY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 137 WASHINGTON AVE		Transaction ID: INC:A:29546	
City State Zip Code HILLSDALE NJ 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 ▼ 4999.80		

SUBTOTAL of Receipts This Page (optional) ▶	409.60
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 71 / 242						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial) MR TERENCE MAYTIN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 496 FRANKLIN AVE		Transaction ID: INC:A:29365	
City State Zip Code WYCKOFF NJ 07481	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM STRAT & DELI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

B. Full Name (Last, First, Middle Initial) MS PATRICIA MAZZONE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 56 PENOBSCOT ST		Transaction ID: INC:A:29450	
City State Zip Code CLIFTON NJ 07013	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

C. Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 11 JARDINE COURT		Transaction ID: INC:A:29396	
City State Zip Code MORRIS PLAINS NJ 07950	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	85.00
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 72 / 242
	<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 DANIEL MCCRONE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 41 HENRY COURT		Transaction ID: INC:A:29640	
City MOUNT ARLINGTON	State NJ	Zip Code 07856	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) B. MR THOMAS MCDONALD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 0-45 27TH ST		Transaction ID: INC:A:29498	
City FAIR LAWN	State NJ	Zip Code 07410	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MS COLLEEN MCINTOSH		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 87 ROSELAWN RD		Transaction ID: INC:A:29453	
City HIGHLAND MILLS	State NY	Zip Code 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 ▼ 3320.00		

SUBTOTAL of Receipts This Page (optional) ▶	267.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MR STEVEN MCNAMARA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 112 GREEN TERRACE WAY		Transaction ID: INC:A:29584	
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 ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. MR EDWARD MCNEILEY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 5646 BIRCHWOOD CIRCLE		Transaction ID: INC:A:29393	
City State Zip Code LAS VEGAS NV 89120	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. MRS WENDY MELLO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address PO BOX 43232		Transaction ID: INC:A:29325	
City State Zip Code MONTCLAIR NJ 07043	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR MKTING & STRATEGIC ANAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional) ▶	232.31
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 242
	(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. DAVID MILLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 7 CLOVER LANE		Transaction ID: INC:A:29288	
City State Zip Code RANDOLPH NJ 07869		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP LABOR RELATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. MRS KAREN MILLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 34 MACKENZIE LANE NORTH		Transaction ID: INC:A:29281	
City State Zip Code DENVILLE NJ 07834		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) C. MR GIOVANNI MINARDI		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 12 LINCOLN ROAD		Transaction ID: INC:A:29600	
City State Zip Code KINNELON NJ 07405		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR E-COM STRAT & DELI			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	80.00
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 75 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial) MR BHUPESH MISTRY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 106 HAMBURG ROAD		Transaction ID: INC:A:29292	
City State Zip Code PARSIPPANY NJ 07054	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

B. Full Name (Last, First, Middle Initial) MS JULIANA MOLEK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 17584 WEXFORD DR		Transaction ID: INC:A:29376	
City State Zip Code EDEN PRAIRIE MN 55347	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR SPECIAL MARKETS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

C. Full Name (Last, First, Middle Initial) MR PETER MONKHOUSE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 1320 BRONCO CIR		Transaction ID: INC:A:29386	
City State Zip Code WARRINGTON PA 18976	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
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 76 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 THOMAS MORIARTY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 86 WELLINGTON AVENUE		Transaction ID: INC:A:29272	
City SHORT HILLS	State NJ	Amount of Each Receipt this Period 192.00	
Zip Code 07078		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 ▼ 2010.00		

Full Name (Last, First, Middle Initial) B. MR TREVOR MORRIS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 25611 ROLLING HILLS RD		Transaction ID: INC:A:29368	
City LAGUNA HILLS	State CA	Amount of Each Receipt this Period 25.00	
Zip Code 92653		FEC ID number of contributing federal political committee. C	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. MR RICHARD MOUNTJOY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 2 STONEBRIDGE RD		Transaction ID: INC:A:29579	
City SPARTA	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 07871		FEC ID number of contributing federal political committee. C	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional) ▶	237.00
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 77 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 KEVIN MURPHY, JR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 105 COVENTRY LN		Transaction ID: INC:A:29319	
City TRUMBULL	State CT	Amount of Each Receipt this Period 125.00	
Zip Code 06611			
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 ▼ 2100.00		

Full Name (Last, First, Middle Initial) B. MS BECKY NAGLE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 64 WALTER AVE		Transaction ID: INC:A:29320	
City HASBROUCK HEIGHTS	State NJ	Amount of Each Receipt this Period 25.00	
Zip Code 07604			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR ARTHUR NARDIN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 28 POWDERHORN DR		Transaction ID: INC:A:29548	
City KINNELON	State NJ	Amount of Each Receipt this Period 192.00	
Zip Code 07405			
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 ▼ 4992.00		

SUBTOTAL of Receipts This Page (optional) ▶	342.00
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 78 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MR MICHAEL NICODEMO

Mailing Address 407 MEER AVE

City State Zip Code
WYCKOFF NJ 07481

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP E-COM STRATEGY & DELIVERY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29583

Amount of Each Receipt this Period
10.00

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

Mailing Address 45 DAVIS ROAD

City State Zip Code
SPARTA NJ 07871

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 676.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29411

Amount of Each Receipt this Period
26.00

C. Full Name (Last, First, Middle Initial)
MS COLLEEN O'BRIEN

Mailing Address 30 BELCHER ROAD

City State Zip Code
WARWICK NY 10990

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29458

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	▶	46.00
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 79 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) MR CHARLES OESTREICHER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 6 PARK DR SOUTH		Transaction ID: INC:A:29568	
City RYE	State NY	Zip Code 10580	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM STRATEGY & DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

B. Full Name (Last, First, Middle Initial) MR MELVIN OHL		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 274 E FRANKLIN TPKE		Transaction ID: INC:A:29522	
City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PROCUREMENT & INVENTORY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

C. Full Name (Last, First, Middle Initial) MS CLAUDINE OLSEN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 4 HIGHGATE CT		Transaction ID: INC:A:29561	
City SUFFERN	State NY	Zip Code 10901	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 / 242
	(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. ALEXANDER ONIK		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6
Mailing Address 1 SCHINDLER CT		Transaction ID: INC:A:29647
City UPPER SADDLE RIVER	State NJ	Zip Code 07458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. MS NATALYA ONIK		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6
Mailing Address 1 SCHINDLER CT		Transaction ID: INC:A:29428
City UPPER SADDLE RIVER	State NJ	Zip Code 07458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MS LUDIVINA PACAMARRA		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6
Mailing Address 4 TEAK COURT		Transaction ID: INC:A:29510
City RINGWOOD	State NJ	Zip Code 07456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 242
	<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 DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City State Zip Code
PARK RIDGE NJ 07656

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29509

Amount of Each Receipt this Period
50.00

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

Mailing Address 185 PASCACK RD

City State Zip Code
PARK RIDGE NJ 07656

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29505

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City State Zip Code
LIVINGSTON NJ 07039

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKET STRATEGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29423

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 242
	<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 RICHARD PALOMBO		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 19 E. HOLLYWOOD LANE		Transaction ID: INC:A:29614	
City State Zip Code BEESLEY'S POINT NJ 08223		Amount of Each Receipt this Period 9.61	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PROFESSIONAL PRACTICES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.81	

Full Name (Last, First, Middle Initial) B. MR JAY PATEL		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 14 BROWNSTONE TERRACE		Transaction ID: INC:A:29634	
City State Zip Code HAWTHORNE NJ 07506		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MR MICHAEL PETEROY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 18 MOUNTAIN VIEW CT		Transaction ID: INC:A:29493	
City State Zip Code RIVERDALE NJ 07457		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	59.61
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 83 / 242
	<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 PETTYES		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 8522 UPLAND LN NORTH		Transaction ID: INC:A:29364	
City MAPLE GROVE	State MN	Zip Code 55311	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00		

Full Name (Last, First, Middle Initial) B. MS JUDITH PLATKIN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 29 BLACKWELL AVE		Transaction ID: INC:A:29283	
City MORRISTOWN	State NJ	Zip Code 07960	Amount of Each Receipt this Period 75.00
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 ▼ 1410.00		

Full Name (Last, First, Middle Initial) C. MS JANET PORAT		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 5 CRABAPPLE CT		Transaction ID: INC:A:29367	
City MONSEY	State NY	Zip Code 10952	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
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 84 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29437

Amount of Each Receipt this Period
192.30

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

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CONTRACT ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29540

Amount of Each Receipt this Period
25.00

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

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
SPARTA NJ 07871

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMACY & CUST SVC OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3061.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29605

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional)	▶	409.61
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 85 / 242
	(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 GILBERT RAINES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 800 SANDY TRAIL		Transaction ID: INC:A:29624	
City KELLER	State TX	Zip Code 76248	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) B. MS FRANCES RAO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 19 ROSS ROAD		Transaction ID: INC:A:29301	
City SCARSDALE	State NY	Zip Code 10583	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRIVACY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MS JOANN REED		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 4 ANTLER CT		Transaction ID: INC:A:29530	
City MATAWAN	State NJ	Zip Code 07747	Amount of Each Receipt this Period 65.38
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP FINANCE & CHIEF FIN OFFCR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	100.38
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 86 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 THOMAS REINCKENS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 22 BARTLETT AVE.		Transaction ID: INC:A:29384	
City NORWALK State CT Zip Code 06850	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. MR VICTOR RENNA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 8 CARLA ANN CT		Transaction ID: INC:A:29572	
City FLANDERS State NJ Zip Code 07836	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PROCUREMENT & INVENTORY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MR JOSEPH REYNOLDS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 412 RIVER MEWS LANE		Transaction ID: INC:A:29621	
City EDGEWATER State NJ Zip Code 07020	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1820.00		

SUBTOTAL of Receipts This Page (optional) ▶	145.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 242
	<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 MARSHA REYNOLDS

Mailing Address 310 S. WILLOW #D

City State Zip Code
TAMPA FL 33606

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29487

Amount of Each Receipt this Period
5.00

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

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code
MINNEAPOLIS MN 55446

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29330

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code
ANDOVER NJ 07821

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29620

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **55.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 MICHAEL ROMANZO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 96 LEHMANN STREET		Transaction ID: INC:A:29382	
City MAHWAH	State NJ	Amount of Each Receipt this Period 192.30	
Zip Code 07430			
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 ▼ 2153.80		

Full Name (Last, First, Middle Initial) B. MS DONNA ROSEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 7 RED OAK LANE		Transaction ID: INC:A:29541	
City KINNELON	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 07405			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS-CLINICAL TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. MR CHRISTOPHERJOHN ROWLAND		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 16725 OLIVE CIRCLE		Transaction ID: INC:A:29295	
City FOUNTAIN VALLEY	State CA	Amount of Each Receipt this Period 10.00	
Zip Code 92708			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	252.30
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 RICHARD RUBINO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 5201 RIO VISTA DRIVE		Transaction ID: INC:A:29537	
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 Occupation MEDCO HEALTH SOLUTIONS SVP & CONTROLLER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2858.00	

Full Name (Last, First, Middle Initial) B. MR STEVEN RUSSEK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 21 SKY TOP RIDGE		Transaction ID: INC:A:29400	
City State Zip Code OAKLAND NJ 07436		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FORMULARY & COVERAGE MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. MR ANTHONY RUSSO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 66 FINCH RD		Transaction ID: INC:A:29488	
City State Zip Code RINGWOOD NJ 07456		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PROF PRA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional) ▶	263.00
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 90 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 456 RICHMOND AVENUE

City State Zip Code
MAPLEWOOD NJ 07040

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CORP REGULATORY AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2036.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29529

Amount of Each Receipt this Period
78.34

B. Full Name (Last, First, Middle Initial)
MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City State Zip Code
ALLISON PARK PA 15101

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29556

Amount of Each Receipt this Period
25.00

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

Mailing Address 7 AHERN WAY

City State Zip Code
WEST ORANGE NJ 07052

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29420

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	128.34
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 91 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City State Zip Code
RIDGEWOOD NJ 07450

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29334

Amount of Each Receipt this Period
25.00

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

Mailing Address 339 GRAMERCY PL

City State Zip Code
GLEN ROCK NJ 07452

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ANALYTICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29536

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR FRANK SCHULTE

Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code
LAS VEGAS NV 89117

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29378

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 242						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
MR ALLEN SCHWARTZ

Mailing Address 3556 DAVIS

City State Zip Code
EVANSTON IL 60203

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29326

Amount of Each Receipt this Period
40.00

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

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code
MAPLE GROVE MN 55311

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29574

Amount of Each Receipt this Period
25.00

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

Mailing Address 13514 MOTTLESTONE DRIVE NW

City State Zip Code
PICKERINGTON OH 43147

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REG DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29466

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 242
	<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 MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City State Zip Code
SALT LAKE CITY UT 84109

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29279

Amount of Each Receipt this Period
50.00

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

Mailing Address 1220 CROSSING WAY

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29304

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City State Zip Code
WESTWOOD NJ 07675

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29597

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29449

Amount of Each Receipt this Period
28.85

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

Mailing Address 62 FRANKLIN TURNPIKE

City State Zip Code
ALLENDALE NJ 07401

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29291

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29340

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	118.85
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 95 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 PETER SHERMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 139 GATES AVENUE		Transaction ID: INC:A:29273	
City MONTCLAIR	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 07042			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MANAGING COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) B. MR ELWOOD SIDES III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 150 CLAREMONT AVE		Transaction ID: INC:A:29350	
City LONG BEACH	State CA	Amount of Each Receipt this Period 25.00	
Zip Code 90803			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MS ANNE SIGILLITO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 178 LEXINGTON AVE.		Transaction ID: INC:A:29276	
City WESTWOOD	State NJ	Amount of Each Receipt this Period 10.00	
Zip Code 07675			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HOME DELIVERY CHANNEL DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	85.00
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 96 / 242
	(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. MS JODI SILBERMANN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 16 TULIP LANE		Transaction ID: INC:A:29549	
City RANDOLPH	State NJ	Zip Code 07869	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. JEFFREY SIMEK		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 197 OXFORD RD		Transaction ID: INC:A:29430	
City CHESTER	State NY	Zip Code 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 ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. MR LEE SIMON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 2390 GREENVIEW ROAD		Transaction ID: INC:A:29580	
City NORTHBROOK	State IL	Zip Code 60062	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional) ▶	252.31
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. MR JEFFREY SINKO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 10 CHERRY TREE LANE		Transaction ID: INC:A:29460	
City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 50.00		
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 ▼ 825.00		

Full Name (Last, First, Middle Initial) B. MR WILLIAM SIRICO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 564 DALE COURT EAST		Transaction ID: INC:A:29302	
City State Zip Code RIVER VALE NJ 07675	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) C. MR DAVID SITVER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 24 YORKSHIRE AVE		Transaction ID: INC:A:29416	
City State Zip Code SUFFERN NY 10901	Amount of Each Receipt this Period 31.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00		

SUBTOTAL of Receipts This Page (optional) ▶	111.00
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 98 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. ANN SMITH		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 437 GLENDALE RD		Transaction ID: INC:A:29419	
City State Zip Code WYCKOFF NJ 07481		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS Sr Dir Public Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. MS COLLEEN SMITH		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 1241 CHENILLE CIR		Transaction ID: INC:A:29403	
City State Zip Code WESTON FL 33327		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. MR ROBERT SMITH		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 40 JOSHUA DR T		Transaction ID: INC:A:29554	
City State Zip Code RAMSEY NJ 07446		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 242
	<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 DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29613

Amount of Each Receipt this Period
192.31

B. Full Name (Last, First, Middle Initial)
MR ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1110.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29633

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR RALPH STAIANO

Mailing Address 32 ALDEN RD

City State Zip Code
MONROE NY 10950

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29287

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. MR CHRISTOPHER STATEN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 7 FOREST LAKE DR		Transaction ID: INC:A:29539	
City WEST HARRISON	State NY	Zip Code 10604	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00		

Full Name (Last, First, Middle Initial) B. MS JILL STEARNS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 13130 HALSELL DR		Transaction ID: INC:A:29582	
City AUSTIN	State TX	Zip Code 78732	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR CRAIG STEEL		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 122 DEMAREST AVENUE		Transaction ID: INC:A:29371	
City EMERSON	State NJ	Zip Code 07630	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 242
	<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 SUSAN STEELE

Mailing Address 501 CONTINENTAL DR

City State Zip Code
SAGAMORE HILLS OH 44067

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29657

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code
ELM GROVE WI 53122

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29409

Amount of Each Receipt this Period
50.00

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

Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3061.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29601

Amount of Each Receipt this Period
192.31

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 242
	<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 SCOTT STRATTON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 351 TIMBERLANE DRIVE		Transaction ID: INC:A:29642	
City State Zip Code ORANGE CT 06477		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT DEVELOPMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. MS PATRICIA STRETE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 19275 PAVER BARNES ROAD		Transaction ID: INC:A:29324	
City State Zip Code MARYSVILLE OH 43040		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL THERAPEUTICS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MS COLEEN SULLIVAN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 38 BARKMILL TERRACE		Transaction ID: INC:A:29581	
City State Zip Code MONTVILLE NJ 07045		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT DEVELOPMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 242
	<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 CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City State Zip Code
KINNELON NJ 07405

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP FINANCIAL PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29538

Amount of Each Receipt this Period
100.00

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

Mailing Address 16025 PINE VALE PL.

City State Zip Code
MIDLOTHIAN VA 23113

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CS SYSTEMS PLAN & IMPLEM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29289

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 374 KINGSTON CT

City State Zip Code
WEST NEW YORK NJ 07093

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29342

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 242
	<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 TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2035.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29380

Amount of Each Receipt this Period
50.00

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

Mailing Address 3915 SILKWOOD TRAIL

City State Zip Code
ARLINGTON TX 76016

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MANAGING PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.32

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29517

Amount of Each Receipt this Period
4.41

C. Full Name (Last, First, Middle Initial)
MS MELISSA THOMET

Mailing Address 721 HINMAN AVE #1E

City State Zip Code
EVANSTON IL 60202

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29293

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	▶	64.41
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 105 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address **17326 ELLEN DR**

City **LIVONIA** State **MI** Zip Code **48152**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1825.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 09 / 2006

Transaction ID: INC:A:29397

Amount of Each Receipt this Period
75.00

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

Mailing Address **7974 FLAMETREE CT**

City **LAS VEGAS** State **NV** Zip Code **89123**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP OPS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 09 / 2006

Transaction ID: INC:A:29443

Amount of Each Receipt this Period
12.50

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

Mailing Address **838 COLONIAL RD**

City **FRANKLIN LAKES** State **NJ** Zip Code **07417**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP BENEFIT SYSTEMS SUPPORT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 09 / 2006

Transaction ID: INC:A:29296

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	137.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 242
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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 HECTOR TORRES		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6
Mailing Address 6023 HOMESTEAD COURT		Transaction ID: INC:A:29481
City HILLIARD	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 4.28	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SUPV INVENTORY CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.56	

Full Name (Last, First, Middle Initial) B. MS CLAUDIA TUCKER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6
Mailing Address 713 INDIAN CREEK RD		Transaction ID: INC:A:29457
City AMHERST	State VA	Zip Code 24521
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

Full Name (Last, First, Middle Initial) C. MR GARY TULLY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6
Mailing Address 16 FIELDHEDGE DRIVE		Transaction ID: INC:A:29587
City HILLSBOROUGH	State NJ	Zip Code 08844
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLIENT SVC DELIVERY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	▶	104.28
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 107 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS CARA VAN ZILE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 31 LINCOLN RD		Transaction ID: INC:A:29391	
City State Zip Code KINNELON NJ 07405		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. MRS MICHELLE VANCURA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address W328 S4230 SPRING RIDGE		Transaction ID: INC:A:29658	
City State Zip Code WAUKESHA WI 53189		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. MR NICHOLAS VASILOPOULOS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 105 ARRANDALE RD		Transaction ID: INC:A:29447	
City State Zip Code ROCKVILLE CENTRE NY 11570		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MKTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. MR WIL VELARDE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 443 WEST SADDLE RIVER RD		Transaction ID: INC:A:29341	
City UPPER SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) B. MR JEFFREY VERNICE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 201 WATCHUNG AVENUE UNIT #17		Transaction ID: INC:A:29338	
City BLOOMFIELD	State NJ	Zip Code 07003	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. MR GORDON VICKERS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 436 MOUNTAIN AVENUE		Transaction ID: INC:A:29270	
City WESTFIELD	State NJ	Zip Code 07090	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
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 109 / 242
	<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 MUNISH VJ

Mailing Address 2108 HENRY COURT

City MAHWAH State NJ Zip Code 07430

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29627

Amount of Each Receipt this Period
 25.00

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

Mailing Address N48 W16381 LONE OAK LN

City MENOMONEE FALLS State WI Zip Code 53051

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29410

Amount of Each Receipt this Period
 15.00

C. 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 ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29512

Amount of Each Receipt this Period
 192.31

SUBTOTAL of Receipts This Page (optional)	▶	232.31
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 WILLIAM WALLACE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 5445 GOODWIN AVENUE		Transaction ID: INC:A:29629	
City State Zip Code DALLAS TX 75206		Amount of Each Receipt this Period 192.31	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. MR CALVIN WASDYKE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 5 APPLE ORCHARD RD		Transaction ID: INC:A:29462	
City State Zip Code MOORESTOWN NJ 08057		Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MS CATHERINE WASSON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 26072 HARBOR VIEW		Transaction ID: INC:A:29298	
City State Zip Code CAPISTRANO BEACH CA 92624		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP NATL ACCTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional) ▶	254.81
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 111 / 242
	<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 BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City State Zip Code
SOMERSET NJ 08873

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2006

Transaction ID: INC:A:29506

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS DONNA WEATHERS

Mailing Address 1043 BELL STREET

City State Zip Code
EDMONDS WA 98020

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2006

Transaction ID: INC:A:29438

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code
MONTVALE NJ 07645

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CORP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1450.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2006

Transaction ID: INC:A:29441

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	110.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 309 WATERVIEW DR

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRES, CEO ACCREDO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29359

Amount of Each Receipt this Period
192.31

B. Full Name (Last, First, Middle Initial)
MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29435

Amount of Each Receipt this Period
75.00

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

Mailing Address 2241 E. PINCHOT AVE.
#17F

City State Zip Code
PHOENIX AZ 85016

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29290

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	292.31
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MS BEVERLY WINKLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 17 LYNWOOD RD		Transaction ID: INC:A:29535	
City State Zip Code VERONA NJ 07044		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ORG DEV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. MS MARILYN WOLLETT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 8174 MT AIR PL		Transaction ID: INC:A:29470	
City State Zip Code COLUMBUS OH 43235		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. MS ANNA WONG		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 64-20 BELL BLVD		Transaction ID: INC:A:29625	
City State Zip Code BAYSIDE NY 11364		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INSURED SOLUTIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City State Zip Code
STILLWATER NY 12170

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29575

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City State Zip Code
POMPTON LAKES NJ 07442

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29337

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City State Zip Code
WESTFIELD NJ 07090

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29424

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 115 / 242						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

Mailing Address 219 SPOOK ROCK RD.

City State Zip Code
SUFFERN NY 10901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP E-COM DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29496

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code
LEESBURG VA 20176

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CONSOLIDATION PLAN & RPRT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 592.28

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29550

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 6

Transaction ID: INC:A:29632

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 242
	<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 MARIA ANDERSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 4605 W SUNSET BLVD		Transaction ID: INC:A:29918	
City State Zip Code TAMPA FL 33629		Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CUST SVC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. MR DAVID BAUGH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 1813 ADONIS AVE		Transaction ID: INC:A:30002	
City State Zip Code HENDERSON NV 89074		Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS MGR BENEFIT DELIVERY SYSTEMS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 715.00	

Full Name (Last, First, Middle Initial) C. MR BARRY BOUDREAU		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 3380 SADDLEBROOK STREET		Transaction ID: INC:A:29672	
City State Zip Code LAS VEGAS NV 89141		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	35.00
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 117 / 242
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

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

Transaction ID: INC:A:29879

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS ROBBIN DICESARE

Mailing Address 1003T HIGH STREET

City State Zip Code
BURLINGTON TOWNSHI NJ 08016

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR MGR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
482.56

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

Transaction ID: INC:A:29915

Amount of Each Receipt this Period
9.28

C. Full Name (Last, First, Middle Initial)
MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

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

Transaction ID: INC:A:29756

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	59.28
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 118 / 242
	(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. MS GEORGIA EDDLEMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 908 EDGEMEER LANE		Transaction ID: INC:A:29983	
City SOUTHLAKE	State TX	Zip Code 76092	Amount of Each Receipt this Period 34.45
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1791.40		

Full Name (Last, First, Middle Initial) B. MR JOSEPH FREND0		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 9 GREEN HILL TRAIL		Transaction ID: INC:A:29885	
City TROPHY CLUB	State TX	Zip Code 76262	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00		

Full Name (Last, First, Middle Initial) C. MR ROBERT GIBBS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 544 DENMOOR COURT		Transaction ID: INC:A:29705	
City GALLOWAY	State OH	Zip Code 43119	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 412.50		

SUBTOTAL of Receipts This Page (optional) ▶	96.95
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 119 / 242
	<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 J. HOLLINGER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 784 CAPE HENRY DR		Transaction ID: INC:A:29869	
City State Zip Code COLUMBUS OH 43228	Amount of Each Receipt this Period 4.17		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.84		

Full Name (Last, First, Middle Initial) B. MR RICHARD JONES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 12 WADE HAMPTON TRAIL		Transaction ID: INC:A:29939	
City State Zip Code HENDERSON NV 89052	Amount of Each Receipt this Period 15.08		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 784.16		

Full Name (Last, First, Middle Initial) C. MR WILLIAM KELLEY, III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 1970 WOODLANDS PL		Transaction ID: INC:A:29859	
City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional) ▶	44.25
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 120 / 242
	<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 ROSS LUCE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 2116 BELLANCA CT.		Transaction ID: INC:A:29751	
City FLOWER MOUND	State TX	Zip Code 75028	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) B. MR EDWARD MCNEILEY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 5646 BIRCHWOOD CIRCLE		Transaction ID: INC:A:29787	
City LAS VEGAS	State NV	Zip Code 89120	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. MR GILBERT RAINES		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 800 SANDY TRAIL		Transaction ID: INC:A:30017	
City KELLER	State TX	Zip Code 76248	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional) ▶	40.00
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 121 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
MS MARSHA REYNOLDS

Mailing Address 310 S. WILLOW #D

City State Zip Code
TAMPA FL 33606

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: INC:A:29881

Amount of Each Receipt this Period
5.00

B. Full Name (Last, First, Middle Initial)
MR FRANK SCHULTE

Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code
LAS VEGAS NV 89117

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.56

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

Transaction ID: INC:A:29772

Amount of Each Receipt this Period
25.00

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

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.40

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

Transaction ID: INC:A:29843

Amount of Each Receipt this Period
28.85

SUBTOTAL of Receipts This Page (optional)	▶	58.85
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 122 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 TIMOTHY SWETT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE		Transaction ID: INC:A:29774	
City State Zip Code TAMPA FL 33647	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2035.00		

Full Name (Last, First, Middle Initial) B. MR LARRY THOMAS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 3915 SILKWOOD TRAIL		Transaction ID: INC:A:29911	
City State Zip Code ARLINGTON TX 76016	Amount of Each Receipt this Period 4.41		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MANAGING PHARMACIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.32		

Full Name (Last, First, Middle Initial) C. MR TIMOTHY TIDD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 7974 FLAMETREE CT		Transaction ID: INC:A:29837	
City State Zip Code LAS VEGAS NV 89123	Amount of Each Receipt this Period 12.50		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional) ▶	66.91
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 123 / 242
	<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 HECTOR TORRES

Mailing Address 6023 HOMESTEAD COURT

City HILLIARD State OH Zip Code 43026

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SUPV INVENTORY CONTROL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.56

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

Transaction ID: INC:A:29875

Amount of Each Receipt this Period
4.28

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

Mailing Address 5 APPLE ORCHARD RD

City MOORESTOWN State NJ Zip Code 08057

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: INC:A:29856

Amount of Each Receipt this Period
12.50

C. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City COLUMBUS State OH Zip Code 43235

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

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

Transaction ID: INC:A:29864

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	41.78
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 124 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS LESLIE ACHTER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 821 ALBEMARLE STREET		Transaction ID: INC:A:29750	
City State Zip Code WYCKOFF NJ 07481		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ANALYTICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 387.50	

Full Name (Last, First, Middle Initial) B. MR EDWARD ADAMCIK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1021 SUNSET RIDGE		Transaction ID: INC:A:29689	
City State Zip Code BRIDGEWATER NJ 08807		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. MR STEPHEN ADLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 139 BELLVALE LAKES RD		Transaction ID: INC:A:29749	
City State Zip Code WARWICK NY 10990		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 242
	<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 JEFFREY ALEXANDER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 4 DEERPOND CT		Transaction ID: INC:A:29768	
City FLEMINGTON	State NJ	Zip Code 08822	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM STRAT & DELI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. DR JODY ALLEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 3031 MOUNT HILL DR		Transaction ID: INC:A:29748	
City MIDLOTHIAN	State VA	Zip Code 23113	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR CLINICAL SVCS		
Receipt For: <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) C. MARENE ALLISON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 4405 WISMER ROAD		Transaction ID: INC:A:30039	
City DOYLESTOWN	State PA	Zip Code 18901	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SECURITY & ASSET PROTECTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	115.00
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 126 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 JAMES ALLOCCO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 19 ROSS ROAD		Transaction ID: INC:A:29808	
City State Zip Code SCARSDALE NY 10583	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. TEJWANSH ANAND		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 10 WHIPPOORWILL LAKE ROAD		Transaction ID: INC:A:30013	
City State Zip Code CHAPPAQUA NY 10514	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. MS MARIA ANDERSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 4605 W SUNSET BLVD		Transaction ID: INC:A:29919	
City State Zip Code TAMPA FL 33629	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CUST SVC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	105.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 127 / 242
	(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. DR ROGER ANDERSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 833 OXFORD COURT		Transaction ID: INC:A:30033	
City State Zip Code LEWISVILLE TX 75056		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 & CHIEF PHARMACIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3719.10	

Full Name (Last, First, Middle Initial) B. MS JAYME ANTONOPIOS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 48 WITTE ROAD		Transaction ID: INC:A:29878	
City State Zip Code HEWITT NJ 07421		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR EXEC CORR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MR DAVID ARCISZEWSKI		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 20 CHADWELL PLACE		Transaction ID: INC:A:29822	
City State Zip Code MORRISTOWN NJ 07960		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation ASST COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. ERIK BAGIN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 73 HIGHLAND AVENUE		Transaction ID: INC:A:30042	
City State Zip Code GLEN RIDGE NJ 07028		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP VP FINANCE			
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. MS BECKIE BARATKO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 80 N. WOODLAND STREET		Transaction ID: INC:A:29953	
City State Zip Code ENGLEWOOD NJ 07631		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PROPOSAL UNIT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 710.00	

Full Name (Last, First, Middle Initial) C. MR THOMAS BARATTA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 69 SKYLINE DR		Transaction ID: INC:A:29889	
City State Zip Code UPPER SADDLE RIVER NJ 07458		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1020.00	

SUBTOTAL of Receipts This Page (optional) ▶	135.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MRS BRENDA BASSETT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1752 BLACKSTONE DRIVE		Transaction ID: INC:A:29952	
City State Zip Code CARROLLTON TX 75007	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP NATL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) B. MR DAVID BAUGH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1813 ADONIS AVE		Transaction ID: INC:A:30003	
City State Zip Code HENDERSON NV 89074	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MGR BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00		

Full Name (Last, First, Middle Initial) C. MR PETER BEGANS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1605 CHARNITA CT		Transaction ID: INC:A:29850	
City State Zip Code VIENNA VA 22182	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00		

SUBTOTAL of Receipts This Page (optional) ▶	155.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 130 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30016

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS ELIZABETH BERGMAN

Mailing Address 36 LONGACRE DR

City State Zip Code
LIVINGSTON NJ 07039

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29954

Amount of Each Receipt this Period
10.00

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

Mailing Address 71 WASHINGTON CT.

City State Zip Code
TOWACO NJ 07082

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29884

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
BUFORD GA 30518

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29898

Amount of Each Receipt this Period
25.00

B. 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 ▼ 4992.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30011

Amount of Each Receipt this Period
192.00

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

Mailing Address 4520 LINWOOD LANE

City State Zip Code
DEEPHAVEN MN 55331

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30001

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	267.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 132 / 242						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 50 NEW ENGLAND DR		Transaction ID: INC:A:29841	
City State Zip Code RAMSEY NJ 07446		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MKTING & PRODUCT DEV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

B. Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 80 LEONA CT		Transaction ID: INC:A:30005	
City State Zip Code LEVITTOWN NY 11756		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

C. Full Name (Last, First, Middle Initial) MRS HEATHER BONOME		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 305 10TH STREET NE		Transaction ID: INC:A:29810	
City State Zip Code WASHINGTON DC 20002		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 DUANE BOSCH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 3935 BALSAM LA		Transaction ID: INC:A:29722	
City State Zip Code PLYMOUTH MN 55441	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. MR JOSEPH BOTTA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 109 ARBOR PL		Transaction ID: INC:A:29727	
City State Zip Code BRYN MAWR PA 19010	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR BARRY BOUDREAUX		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 3380 SADDLEBROOK STREET		Transaction ID: INC:A:29673	
City State Zip Code LAS VEGAS NV 89141	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
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 134 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS HEIDI BOWMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 15 DAWN LANE		Transaction ID: INC:A:29998	
City State Zip Code RINGWOOD NJ 07456	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR HLTH MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) B. MR CHRISTOPHER BRADBURY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 10 HILLSIDE AVENUE		Transaction ID: INC:A:29730	
City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CARE ENHANCING SOLUTIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. MS PATRICIA BRANUM		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address PO BOX 708		Transaction ID: INC:A:29948	
City State Zip Code COATESVILLE PA 19320	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO & PROCESS ENGINEERING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1775.00		

SUBTOTAL of Receipts This Page (optional) ▶	115.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) MR DAVID BREEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 27 SEALS DR		Transaction ID: INC:A:29929
City State Zip Code MONROE NY 10950	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ANALYTICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B. Full Name (Last, First, Middle Initial) MR PAUL BRISSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 469 MANOR LANE		Transaction ID: INC:A:29789
City State Zip Code PELHAM MANOR NY 10803	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PRODUCT DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C. Full Name (Last, First, Middle Initial) MR KENNETH BROWN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 540 GIORDANO DRIVE		Transaction ID: INC:A:29724
City State Zip Code YORKTOWN HEIGHTS NY 10598	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. MS VIVIAN BULGER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 120 EAST MAIN ST		Transaction ID: INC:A:29927	
City State Zip Code WASHINGTONVILLE NY 10992	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) B. MS MARY BURKE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 638 LENOX AVE		Transaction ID: INC:A:29783	
City State Zip Code WESTFIELD NJ 07090	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR MEDICARE CLIENT PRODU		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. MR GEORGE BURNITE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 68 WOODLAND DRIVE		Transaction ID: INC:A:30022	
City State Zip Code CHURCHVILLE PA 18966	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PHARM OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) MR KEVIN BURON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 301 TEMPLETON CT		Transaction ID: INC:A:29826	
City State Zip Code GRANITE BAY CA 95746	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

B. Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 23 NUTTING PLACE		Transaction ID: INC:A:29758	
City State Zip Code WEST CALDWELL NJ 07006	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MEMBER STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

C. Full Name (Last, First, Middle Initial) MRS DOREEN CALDER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 441 S ELM STREET		Transaction ID: INC:A:29670	
City State Zip Code MAYWOOD NJ 07607	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
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 138 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 GERALD CARDONE

Mailing Address 3 MEADOW LANE

City ANNANDALE State NJ Zip Code 08801

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29971

Amount of Each Receipt this Period
10.00

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

Mailing Address 24 SHERI DRIVE

City ALLENDALE State NJ Zip Code 07401

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29921

Amount of Each Receipt this Period
52.50

C. Full Name (Last, First, Middle Initial)
MS CATHERINE CASALE

Mailing Address 16345 HEATHROW DRIVE

City TAMPA State FL Zip Code 33647

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 338.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29967

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional)	75.50
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 139 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. MS MARY CASALE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 822 CEDAR AVE		Transaction ID: INC:A:29831	
City HADDENFIELD	State NJ	Zip Code 08033	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MS KAREN CATHCART RUSSELL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 148 CLUBHOUSE DR		Transaction ID: INC:A:29692	
City WEST COLUMBIA	State SC	Zip Code 29172	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00		

Full Name (Last, First, Middle Initial) C. MR FRANK COLIANO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 5176 BALDWIN TERRACE		Transaction ID: INC:A:29761	
City MARIETTA	State GA	Zip Code 30068	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

SUBTOTAL of Receipts This Page (optional) ▶	65.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 JOSEPH CONOSHENTI, JR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 5 MAGNOLIA DRIVE		Transaction ID: INC:A:29698	
City MARLBORO	State NJ	Zip Code 07746	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR DUR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. WILLIAM CONSIDINE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 130 WEST 67TH STREET, #4J		Transaction ID: INC:A:30024	
City NEW YORK	State NY	Zip Code 10023	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUSINESS PLANNING & DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR ROBERT COOK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 270 S FRANKLIN TURNPIKE		Transaction ID: INC:A:29717	
City RAMSEY	State NJ	Zip Code 07446	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HLTH CARE OPS-TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address **25 FAIRWAY TRAIL**

City **SPARTA** State **NJ** Zip Code **07871**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP PHARMACY NETWORK MGMT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1025.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29809

Amount of Each Receipt this Period
50.00

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

Mailing Address **19 IDA COURT**

City **STATEN ISLAND** State **NY** Zip Code **10312**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **TECHNICAL SPECIALIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29835

Amount of Each Receipt this Period
25.00

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

Mailing Address **17 DEVONSHIRE DRIVE**

City **RANDOLPH** State **NJ** Zip Code **07869**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR BENEFIT DELIVERY SYS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29902

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29880

Amount of Each Receipt this Period
25.00

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

Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29785

Amount of Each Receipt this Period
192.30

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

Mailing Address 24 CHARLOTTE HILL DR

City State Zip Code
BERNARDSVILLE NJ 07924

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29713

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	▶	227.30
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 ANDREW DAVIS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 5616 BROOK DRIVE		Transaction ID: INC:A:29797	
City EDINA	State MN	Amount of Each Receipt this Period 50.00	
Zip Code 55439			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MEDICARE CLIENT & SALES SUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) B. MR DANIEL DAVISON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 402 HIGHLAND AVE		Transaction ID: INC:A:29922	
City RIDGEWOOD	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 07450			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PRICING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. MR LUCA DEFLORENTIIS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address W62 N1032 FAIRHAVEN CT		Transaction ID: INC:A:29851	
City CEDARBURG	State WI	Amount of Each Receipt this Period 25.00	
Zip Code 53012			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	125.00
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 144 / 242
	(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. MS BARBARA DELLEDONNA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 199 SANFORD AVE		Transaction ID: INC:A:29955	
City State Zip Code EMERSON NJ 07630	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM BUSINESS OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. MR PAUL DELLO RUSSO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 80 HILLSIDE AVENUE		Transaction ID: INC:A:29824	
City State Zip Code GLEN RIDGE NJ 07028	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. MS KAREN DEZEARN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 3625 PATTERNSTONE DR		Transaction ID: INC:A:29694	
City State Zip Code ALPHARETTA GA 30022	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 242
	<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 ROBBIN DICESARE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1003T HIGH STREET		Transaction ID: INC:A:29916	
City State Zip Code BURLINGTON TOWNSHI NJ 08016		Amount of Each Receipt this Period 9.28	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR MGR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 482.56	

Full Name (Last, First, Middle Initial) B. MR WILLIS DINGLE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 17826 ARBOR GREENE DR		Transaction ID: INC:A:29757	
City State Zip Code TAMPA FL 33647		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. MR ROBERT DOLAN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 9 CRANE AVENUE		Transaction ID: INC:A:29903	
City State Zip Code WEST CALDWELL NJ 07006		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	59.28
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 146 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS MERIDITH DORNER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 4448 CREEK ROAD		Transaction ID: INC:A:29708	
City State Zip Code ALLENTOWN PA 18104	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MR H. RONALD DRIZIN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 17 DAYBREAK		Transaction ID: INC:A:29958	
City State Zip Code IRVINE CA 92614	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CONTRACT ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. MR DANA DUNCAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 72 HALLEY DR		Transaction ID: INC:A:29834	
City State Zip Code POMONA NY 10970	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

Mailing Address 14026 KNOX STREET

City State Zip Code
OVERLAND PARK KS 66221

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29753

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR YAACOV DUSHEK

Mailing Address 312 MEGAN CT

City State Zip Code
WYCKOFF NJ 07481

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BENEFIT DELIVERY SYS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29894

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1791.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29984

Amount of Each Receipt this Period
34.45

SUBTOTAL of Receipts This Page (optional)	▶	109.45
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 148 / 242
	<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 MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City State Zip Code
WYCKOFF NJ 07481

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29723

Amount of Each Receipt this Period
25.00

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

Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MEDICARE CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1135.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30031

Amount of Each Receipt this Period
50.00

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

Mailing Address 106 GRAHAM TERRACE

City State Zip Code
SADDLE BROOK NJ 07663

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29895

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 22 BARNARD RD

City State Zip Code
WARWICK RI 02886

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

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

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29813

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
 MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code
BRIARCLIFF MANOR NY 10510

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1090.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30037

Amount of Each Receipt this Period
50.00

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

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **3481.55**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29664

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional)	252.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

Mailing Address 11505 40TH AVE N

City State Zip Code
PLYMOUTH MN 55441

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29801

Amount of Each Receipt this Period
15.00

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

Mailing Address 25 STONEHEDGE DR

City State Zip Code
WEST NYACK NY 10994

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BENEFIT DELIVERY SYS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29989

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR EDWARD FARGIS

Mailing Address 216 ELMWOOD AVENUE

City State Zip Code
HO-HO-KUS NJ 07423

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30012

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 32 EILEEN DR

City MAHWAH State NJ Zip Code 07430

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CARE ENHANCING SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29790

Amount of Each Receipt this Period
50.00

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

Mailing Address 58 APPLE HILL DR

City GILLETTE State NJ Zip Code 07933

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4997.98

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29827

Amount of Each Receipt this Period
192.23

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

Mailing Address 275 BIRCH STREET

City EMERSON State NJ Zip Code 07630

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29959

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	267.23
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 FERRAZZANO

Mailing Address 138 HEIGHTS ROAD

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29923

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR DON FISCHER

Mailing Address 132 PROSPECT RD

City State Zip Code
MONROE NY 10950

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29731

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29780

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1933 MT. OLIVE AGOSTA ROAD		Transaction ID: INC:A:29868	
City State Zip Code NEW BLOOMINGTON OH 43341		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HLTH CARE OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

B. Full Name (Last, First, Middle Initial) MR PAUL FORTUNATO, III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 18 WINDING RIDGE		Transaction ID: INC:A:29734	
City State Zip Code OAKLAND NJ 07436		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

C. Full Name (Last, First, Middle Initial) MR JOSEPH FREND0		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 9 GREEN HILL TRAIL		Transaction ID: INC:A:29886	
City State Zip Code TROPHY CLUB TX 76262		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. MR ANDREW FRIEDEL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 55 WHEELER		Transaction ID: INC:A:29747	
City EDGEWOOD	State RI	Zip Code 02905	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR STATE GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) B. MR JOSEPH GALARDI		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 24 MOREHOUSE PL		Transaction ID: INC:A:29662	
City NEW PROVIDENCE	State NJ	Zip Code 07974	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MANAGING COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. MS PAMELA GALASSINI		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 333 N. CANAL ST. #1804		Transaction ID: INC:A:29997	
City CHICAGO	State IL	Zip Code 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 ▼ 3061.55		

SUBTOTAL of Receipts This Page (optional) ▶	272.31
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 155 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS IRENE GALE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 3 MAIZE TRAIL		Transaction ID: INC:A:29776	
City PLACITAS	State NM	Amount of Each Receipt this Period 10.00	
Zip Code 87043			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. MS IVY GALLACCHI		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 11 LAKE AVENUE		Transaction ID: INC:A:30030	
City MALTA	State NY	Amount of Each Receipt this Period 10.00	
Zip Code 12020			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. MS PATRICIA GALLAGHER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 842 ASHLER CT		Transaction ID: INC:A:29960	
City COLUMBUS	State OH	Amount of Each Receipt this Period 15.00	
Zip Code 43235			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

SUBTOTAL of Receipts This Page (optional) ▶	35.00
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 156 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 BARNEY GALLASSIO

Mailing Address **69 LAKEVIEW DR**

City **OLD TAPPAN** State **NJ** Zip Code **07675**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP CLIENT RELATIONS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1031.92**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29858

Amount of Each Receipt this Period
50.00

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

Mailing Address **34 TOWN VIEW DRIVE**

City **WAPPINGER FALLS** State **NY** Zip Code **12590**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SVP/CHIEF INFRASTRUCTURE OFFR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3519.24**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30020

Amount of Each Receipt this Period
192.31

C. Full Name (Last, First, Middle Initial)
MR OMHARASIRIRAM GANGAIKONDAN-IYER

Mailing Address **9 CAIRNES ROAD**

City **MORRIS PLAINS** State **NJ** Zip Code **07950**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **TECHNICAL SPECIALIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30025

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 1201 BRIDGE STREET

City ASBURY PARK State NJ Zip Code 07712

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCIAL EVALUATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29661

Amount of Each Receipt this Period
50.00

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

Mailing Address 20 BROOKSHIRE DR

City ROBBINSVILLE State NJ Zip Code 08691

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29755

Amount of Each Receipt this Period
50.00

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

Mailing Address 544 DENMOOR COURT

City GALLOWAY State OH Zip Code 43119

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 412.50

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29706

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional)	▶	112.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 THOMAS GILSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 2 PELL FARM ROAD		Transaction ID: INC:A:29993	
City State Zip Code SADDLE RIVER NJ 07458		Amount of Each Receipt this Period 192.25	
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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. MS MICHELE GLYNN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 5333 EAST HELENA DRIVE		Transaction ID: INC:A:29906	
City State Zip Code SCOTTSDALE AZ 85254		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MS AUDREY GOODMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 26 HILLSIDE AVE.		Transaction ID: INC:A:29937	
City State Zip Code GLEN ROCK NJ 07452		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ORG DEV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional) ▶	232.25
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 159 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 JAMES GORMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 11 WASHBURN RD		Transaction ID: INC:A:29718	
City State Zip Code CANTON CT 06022		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLIENT & MKT PROG STRAT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. MR JAMES GRANT, JR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1928 BEVERLY LANE		Transaction ID: INC:A:29770	
City State Zip Code BUFFALO GROVE IL 60089		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCIAL INSIGHTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MR EDWARD GRIX		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 525 ORANGEBURG RD		Transaction ID: INC:A:29793	
City State Zip Code PEARL RIVER NY 10965		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR E-COM BUSINESS OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 242
	<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 GINA GRUHN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 13 WEATHER VANE DRIVE		Transaction ID: INC:A:29820	
City State Zip Code CONVENT STATION NJ 07960		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

B. Full Name (Last, First, Middle Initial) MS TRACY GRUNSFELD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 264 HARVEST AVE		Transaction ID: INC:A:29710	
City State Zip Code STATEN ISLAND NY 10310		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CONSUMER DRIVEN MKTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	

C. Full Name (Last, First, Middle Initial) MR RICHARD GUIOR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 50 BELLEVUE AVE		Transaction ID: INC:A:29679	
City State Zip Code SUMMIT NJ 07901		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS & INSTALLATION SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2340.00	

SUBTOTAL of Receipts This Page (optional) ▶	130.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 HALLORAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 19 KINGS RIDGE ROAD		Transaction ID: INC:A:29896	
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 MEDCO HEALTH SOLUTIONS	Occupation CHIEF INFO OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2769.24		

Full Name (Last, First, Middle Initial) B. MR GREGORY HANSEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1659 ISABELLA PARKWAY		Transaction ID: INC:A:29996	
City State Zip Code CHASKA MN 55318	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ACCT SVCS & ADMIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. MS KELLY HANZAWA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1116 OAKCROFT LANE		Transaction ID: INC:A:29961	
City State Zip Code SOMERSET NJ 08873	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ACCT MGMT OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 242
	<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 SHANA HART		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 5505 CEDAR CREEK DRIVE		Transaction ID: INC:A:29817
City SNYDER	State TX	Zip Code 79549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. MR PETER HARTY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 19520 YELLOW WING COURT		Transaction ID: INC:A:29663
City COLORADO SPRINGS	State CO	Zip Code 80908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP POLICY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4773.89	

Full Name (Last, First, Middle Initial) C. MR BILL HEAD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 501 SLATERS LANE #816		Transaction ID: INC:A:30044
City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

SUBTOTAL of Receipts This Page (optional)	227.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MR MARK HEGGESTAD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 13210 N. 11TH AVE.		Transaction ID: INC:A:29728	
City State Zip Code PHOENIX AZ 85029	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MS EILEEN HEINZ		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 27 DOGWOOD LN		Transaction ID: INC:A:29990	
City State Zip Code MONTVALE NJ 07645	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. MR SCOTT HELMUS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 23 VALLEY RD		Transaction ID: INC:A:29711	
City State Zip Code SUCCASUNNA NJ 07876	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP RETIREE SOLUTIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 242
	<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 ERIC HESS

Mailing Address 10 CARLTON RD

City State Zip Code
FLANDERS NJ 07836

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ENGINEERING & OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29782

Amount of Each Receipt this Period
50.00

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

Mailing Address 1 HERITAGE RD

City State Zip Code
FLORHAM PARK NJ 07932

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29866

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FACILITIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29938

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	130.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 TIMOTHY HOGAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 9 HIRLE ST		Transaction ID: INC:A:29796	
City State Zip Code CORNWALL ON HUDSON NY 12520		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. MR J. HOLLINGER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 784 CAPE HENRY DR		Transaction ID: INC:A:29870	
City State Zip Code COLUMBUS OH 43228		Amount of Each Receipt this Period 4.17	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.84	

Full Name (Last, First, Middle Initial) C. MR STEPHEN HOLODAK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 49 S HILLSIDE AVE		Transaction ID: INC:A:29892	
City State Zip Code ELMSFORD NY 10523		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2080.00	

SUBTOTAL of Receipts This Page (optional) ▶	109.17
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 166 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. MS CYNTHIA HORN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 9553 ANDREW DR		Transaction ID: INC:A:30051	
City TWINSBURG	State OH	Zip Code 44087	Amount of Each Receipt this Period 14.69
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CUST SVC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.94		

Full Name (Last, First, Middle Initial) B. MR STEVEN HOROWITZ		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 30 AVENUE AT PORT IMPERIAL APT. 415		Transaction ID: INC:A:30049	
City WEST NEW YORK	State NJ	Zip Code 07093	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. MR WALTER HOSP		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1 OLD LANE		Transaction ID: INC:A:29846	
City SCARSDALE	State NY	Zip Code 10583	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP TREASURY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

SUBTOTAL of Receipts This Page (optional) ▶	89.69
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 167 / 242
	<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 JEFFREY HULL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 2616 S 3B'S & K RD		Transaction ID: INC:A:29871
City State Zip Code GALENA OH 43021	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PROFESSIONAL PRACTICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

B. Full Name (Last, First, Middle Initial) MS JANE HULSE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 95 GORDON RD		Transaction ID: INC:A:29926
City State Zip Code ESSEX FELLS NJ 07021	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C. Full Name (Last, First, Middle Initial) MS JEANNINE INFANTINO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 34 MOHEGAN TRL		Transaction ID: INC:A:29704
City State Zip Code SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCIAL APPLICATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 DAVID ISRAEL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 730 COLUMBUS AVENUE		Transaction ID: INC:A:29666	
City State Zip Code NEW YORK NY 10025	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MS SUSAN ITO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 6366 SW 90TH STREET		Transaction ID: INC:A:29675	
City State Zip Code GAINESVILLE FL 32608	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. MS TERESE JACKSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 6085 S. PRESTON LANE		Transaction ID: INC:A:29712	
City State Zip Code NEW BERLIN WI 53151	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 WILLIAM JACKSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 105 ROOSEVELT AVE		Transaction ID: INC:A:29970	
City State Zip Code WEST ORANGE NJ 07052		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MEDICARE OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. MR TODD JEFFREY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 15 ELIZABETH STREET		Transaction ID: INC:A:29982	
City State Zip Code DUMONT NJ 07628		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. MISS ANNE JOHNSTON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 256 MADISON AVE		Transaction ID: INC:A:29979	
City State Zip Code RIVER EDGE NJ 07661		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional) ▶	95.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 RICHARD JONES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 12 WADE HAMPTON TRAIL		Transaction ID: INC:A:29940	
City State Zip Code HENDERSON NV 89052		Amount of Each Receipt this Period 15.08	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 784.16	

Full Name (Last, First, Middle Initial) B. MS KATHRYN JONSRUD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 16357 VICTORIA CURVE SE		Transaction ID: INC:A:29816	
City State Zip Code PRIOR LAKE MN 55372		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLIENT & MKT PROG STRAT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MR JOHN KAPIOSKI		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 8202 MARSH GLEN CT		Transaction ID: INC:A:29920	
City State Zip Code TAMPA FL 33647		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM AUDIT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	90.08
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 171 / 242
	<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 BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City State Zip Code
MENOMONEE FALLS WI 53051

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29807

Amount of Each Receipt this Period
25.00

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

Mailing Address 63 MOUNTAIN GLEN ROAD

City State Zip Code
RINGWOOD NJ 07456

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30004

Amount of Each Receipt this Period
25.00

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

Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29860

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 172 / 242
	(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 KEVIN KELLY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 251 POPLAR AVE		Transaction ID: INC:A:29695	
City HACKENSACK	State NJ	Zip Code 07601	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLIENT SVC DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MS LISA KETNER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 7 POINT VIEW		Transaction ID: INC:A:29847	
City OAKLAND	State NJ	Zip Code 07436	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MKTING & PRODUCT DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. MS KARIN KLEINEGGER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 121 CONKLING TOWN ROAD		Transaction ID: INC:A:29972	
City CHESTER	State NY	Zip Code 10918	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HLTH MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional) ▶	125.00
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 173 / 242
	(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

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 1 2 / 2 3 / 2 0 0 6	
Mailing Address 295 GLEN PLACE		Transaction ID: INC:A:30010	
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 ▼ 4807.50		

Full Name (Last, First, Middle Initial) B. MR JON KLINE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 36 CORTLAND TL		Transaction ID: INC:A:30006	
City MAHWAH	State NJ	Zip Code 07430	Amount of Each Receipt this Period 50.54
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1314.04		

Full Name (Last, First, Middle Initial) C. MR BRADFORD KOGEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 555 FORBUSH STREET		Transaction ID: INC:A:29965	
City BOONTON	State NJ	Zip Code 07005	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLIENT RETAIL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional) ▶	262.84
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 174 / 242
	<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 KATHLEEN KORDUCKI		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 920 CLARK STREET		Transaction ID: INC:A:29716	
City State Zip Code BOWLING GREEN OH 43402		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 715.00	

Full Name (Last, First, Middle Initial) B. MS JOANN KRENITSKY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 143 DEERFIELD TERRACE		Transaction ID: INC:A:29742	
City State Zip Code MAHWAH NJ 07430		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BUS PLANNING & ADMIN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) C. MS BARBARA KRZAK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 495 ISLAND WAY		Transaction ID: INC:A:29899	
City State Zip Code FRANKLIN LAKES NJ 07417		Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP E-COM STRATEGY & DELIVERY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1265.00	

SUBTOTAL of Receipts This Page (optional) ▶	130.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29950

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City State Zip Code
TOWACO NJ 07082

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29890

Amount of Each Receipt this Period
25.00

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

Mailing Address 7017 COBALT WAY

City State Zip Code
CITRUS HEIGHTS CA 95621

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29849

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. JOSEPH LENZ		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 6 SHERMAN AVE		Transaction ID: INC:A:30038
City WALDWICK	State NJ	Zip Code 07463
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MARKET STRATEGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. MR ROBERT LONG		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 18 HARLIND TERRACE		Transaction ID: INC:A:29840
City RAMSEY	State NJ	Zip Code 07446
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MR ROSS LUCE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 2116 BELLANCA CT.		Transaction ID: INC:A:29752
City FLOWER MOUND	State TX	Zip Code 75028
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 / 242
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MS DEBRA LUDGATE

Mailing Address 238 WOODLAND AVE

City State Zip Code
SUMMIT NJ 07901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CREATIVE SVCS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29799

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS CHERYL MACDONALD

Mailing Address 15011 EAGLEPARK PLACE

City State Zip Code
LITHIA FL 33547

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CS REQUIREMENTS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29887

Amount of Each Receipt this Period
25.00

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

Mailing Address 64 PHEASANT HILL DRIVE

City State Zip Code
WEST HARTFORD CT 06107

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR SALES

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30040

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 242
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City State Zip Code
HO HO KUS NJ 07423

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29784

Amount of Each Receipt this Period
50.00

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

Mailing Address 33 HICKORY TAVERN RD

City State Zip Code
GILLETTE NJ 07933

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29677

Amount of Each Receipt this Period
50.00

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

Mailing Address 97 BLUEBERRY DR

City State Zip Code
WOODCLIFF LAKE DR NJ 07675

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29908

Amount of Each Receipt this Period
10.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 179 / 242
	(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 GARY MARGIOTTA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 8 HEATHER HILL WAY		Transaction ID: INC:A:29778	
City State Zip Code MENDHAM NJ 07945	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. MS TAMARA MARSHALL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address W144 N7150 TERRACE DRIVE		Transaction ID: INC:A:29803	
City State Zip Code MENOMONEE FALLS WI 53051	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR TODD MARTIN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 11825 SHEPPARDS CROSSING		Transaction ID: INC:A:29765	
City State Zip Code CLARKSVILLE MD 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 ▼ 4999.80		

SUBTOTAL of Receipts This Page (optional) ▶	227.30
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address **27 LAKEVILLE RD**

City **SUSSEX** State **NJ** Zip Code **07461**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29726

Amount of Each Receipt this Period
25.00

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

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 DRUG DISTRIB & CONTROL**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4999.80**

Date of Receipt
 M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29941

Amount of Each Receipt this Period
192.30

C. Full Name (Last, First, Middle Initial)
MR TERENCE MAYTIN

Mailing Address **496 FRANKLIN AVE**

City **WYCKOFF** State **NJ** Zip Code **07481**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29760

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	227.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 242
	<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 PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City State Zip Code
CLIFTON NJ 07013

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT SVCS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29845

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City State Zip Code
MORRIS PLAINS NJ 07950

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29791

Amount of Each Receipt this Period
50.00

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

Mailing Address 41 HENRY COURT

City State Zip Code
MOUNT ARLINGTON NJ 07856

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30034

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 MCDONALD

Mailing Address **0-45 27TH ST**

City **FAIR LAWN** State **NJ** Zip Code **07410**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29893

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS COLLEEN MCINTOSH

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 **COUNSEL**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3320.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29848

Amount of Each Receipt this Period
192.00

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

Mailing Address **112 GREEN TERRACE WAY**

City **WEST MILFORD** State **NJ** Zip Code **07480**

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 ▼ **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29978

Amount of Each Receipt this Period
192.25

SUBTOTAL of Receipts This Page (optional)	409.25
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 183 / 242
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MR EDWARD MCNEILEY

Mailing Address 5646 BIRCHWOOD CIRCLE

City LAS VEGAS State NV Zip Code 89120

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29788

Amount of Each Receipt this Period
 15.00

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

Mailing Address PO BOX 43232

City MONTCLAIR State NJ Zip Code 07043

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29720

Amount of Each Receipt this Period
 25.00

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

Mailing Address 7 CLOVER LANE

City RANDOLPH State NJ Zip Code 07869

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP LABOR RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29683

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MRS KAREN MILLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 34 MACKENZIE LANE NORTH		Transaction ID: INC:A:29676	
City DENVILLE	State NJ	Zip Code 07834	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) B. MR GIOVANNI MINARDI		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 12 LINCOLN ROAD		Transaction ID: INC:A:29994	
City KINNELON	State NJ	Zip Code 07405	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM STRAT & DELI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR BHUPESH MISTRY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 106 HAMBURG ROAD		Transaction ID: INC:A:29687	
City PARSIPPANY	State NJ	Zip Code 07054	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	80.00
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 185 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS JULIANA MOLEK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 17584 WEXFORD DR		Transaction ID: INC:A:29771	
City State Zip Code EDEN PRAIRIE MN 55347		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR SPECIAL MARKETS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. MR PETER MONKHOUSE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1320 BRONCO CIR		Transaction ID: INC:A:29781	
City State Zip Code WARRINGTON PA 18976		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. MR THOMAS MORIARTY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 86 WELLINGTON AVENUE		Transaction ID: INC:A:29667	
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 Occupation MEDCO HEALTH SOLUTIONS SVP Business Development			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2010.00	

SUBTOTAL of Receipts This Page (optional) ▶	227.00
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 186 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 TREVOR MORRIS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 25611 ROLLING HILLS RD		Transaction ID: INC:A:29763	
City State Zip Code LAGUNA HILLS CA 92653	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. MR RICHARD MOUNTJOY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 2 STONEBRIDGE RD		Transaction ID: INC:A:29973	
City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) C. MR KEVIN MURPHY, JR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 105 COVENTRY LN		Transaction ID: INC:A:29714	
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 ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	170.00
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 187 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS BECKY NAGLE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 64 WALTER AVE		Transaction ID: INC:A:29715	
City HASBROUCK HEIGHTS	State NJ	Zip Code 07604	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MR ARTHUR NARDIN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 28 POWDERHORN DR		Transaction ID: INC:A:29943	
City KINNELON	State NJ	Zip Code 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 ▼ 4992.00		

Full Name (Last, First, Middle Initial) C. MR MICHAEL NICODEMO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 407 MEER AVE		Transaction ID: INC:A:29977	
City WYCKOFF	State NJ	Zip Code 07481	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM STRATEGY & DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	227.00
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 188 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 HAIK NOVSHADIAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 45 DAVIS ROAD		Transaction ID: INC:A:29806	
City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 26.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 676.00		

Full Name (Last, First, Middle Initial) B. MS COLLEEN O'BRIEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 30 BELCHER ROAD		Transaction ID: INC:A:29853	
City State Zip Code WARWICK NY 10990	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. MR CHARLES OESTREICHER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 6 PARK DR SOUTH		Transaction ID: INC:A:29962	
City State Zip Code RYE NY 10580	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM STRATEGY & DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional) ▶	86.00
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 189 / 242
	<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 MELVIN OHL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 274 E FRANKLIN TPKE		Transaction ID: INC:A:29917	
City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PROCUREMENT & INVENTORY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) B. MS CLAUDINE OLSEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 4 HIGHGATE CT		Transaction ID: INC:A:29956	
City SUFFERN	State NY	Zip Code 10901	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. ALEXANDER ONIK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1 SCHINDLER CT		Transaction ID: INC:A:30041	
City UPPER SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 190 / 242						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial) MS NATALYA ONIK		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1 SCHINDLER CT		Transaction ID: INC:A:29823	
City UPPER SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

B. Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 4 TEAK COURT		Transaction ID: INC:A:29905	
City RINGWOOD	State NJ	Zip Code 07456	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

C. Full Name (Last, First, Middle Initial) MS DAWN PAGANO		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 185 PASCACK ROAD		Transaction ID: INC:A:29904	
City PARK RIDGE	State NJ	Zip Code 07656	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS & INSTALLATION SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 / 242
	<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 RICHARD PAGANO

Mailing Address 185 PASCACK RD

City State Zip Code
PARK RIDGE NJ 07656

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29900

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City State Zip Code
LIVINGSTON NJ 07039

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKET STRATEGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29818

Amount of Each Receipt this Period
25.00

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

Mailing Address 19 E. HOLLYWOOD LANE

City State Zip Code
BEESLEY'S POINT NJ 08223

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PROFESSIONAL PRACTICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.81

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30008

Amount of Each Receipt this Period
9.61

SUBTOTAL of Receipts This Page (optional)	▶	59.61
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 JAY PATEL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 14 BROWNSTONE TERRACE		Transaction ID: INC:A:30028	
City State Zip Code HAWTHORNE NJ 07506		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MR MICHAEL PETEROY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 18 MOUNTAIN VIEW CT		Transaction ID: INC:A:29888	
City State Zip Code RIVERDALE NJ 07457		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MR THOMAS PETTYES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 8522 UPLAND LN NORTH		Transaction ID: INC:A:29759	
City State Zip Code MAPLE GROVE MN 55311		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 880.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 / 242
	<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 JUDITH PLATKIN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 29 BLACKWELL AVE		Transaction ID: INC:A:29678
City State Zip Code MORRISTOWN NJ 07960	Amount of Each Receipt this Period 75.00	
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 ▼ 1410.00	

B. Full Name (Last, First, Middle Initial) MS JANET PORAT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 5 CRABAPPLE CT		Transaction ID: INC:A:29762
City State Zip Code MONSEY NY 10952	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C. Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 875 ALEXANDRIA CT		Transaction ID: INC:A:29832
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 ▼ 4999.80	

SUBTOTAL of Receipts This Page (optional) ▶	292.30
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 194 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CONTRACT ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29935

Amount of Each Receipt this Period
25.00

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

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
SPARTA NJ 07871

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMACY & CUST SVC OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3061.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29999

Amount of Each Receipt this Period
192.31

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

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30018

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	▶	227.31
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS FRANCES RAO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 19 ROSS ROAD		Transaction ID: INC:A:29696	
City State Zip Code SCARSDALE NY 10583	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRIVACY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MS JOANN REED		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 4 ANTLER CT		Transaction ID: INC:A:29925	
City State Zip Code MATAWAN NJ 07747	Amount of Each Receipt this Period 65.38		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP FINANCE & CHIEF FIN OFFCR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. MR THOMAS REINCKENS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 22 BARTLETT AVE.		Transaction ID: INC:A:29779	
City State Zip Code NORWALK CT 06850	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional) ▶	115.38
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 196 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 VICTOR RENNA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 8 CARLA ANN CT		Transaction ID: INC:A:29966	
City FLANDERS	State NJ	Zip Code 07836	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PROCUREMENT & INVENTORY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MR JOSEPH REYNOLDS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 412 RIVER MEWS LANE		Transaction ID: INC:A:30015	
City EDGEWATER	State NJ	Zip Code 07020	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1820.00		

Full Name (Last, First, Middle Initial) C. MS MARSHA REYNOLDS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 310 S. WILLOW #D		Transaction ID: INC:A:29882	
City TAMPA	State FL	Zip Code 33606	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CUST SVC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code
MINNEAPOLIS MN 55446

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29725

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code
ANDOVER NJ 07821

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30014

Amount of Each Receipt this Period
25.00

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

Mailing Address 96 LEHMANN STREET

City State Zip Code
MAHWAH NJ 07430

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRESIDENT SYSTEMED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2153.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29777

Amount of Each Receipt this Period
192.30

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) MS DONNA ROSEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 7 RED OAK LANE		Transaction ID: INC:A:29936	
City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS-CLINICAL TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

B. Full Name (Last, First, Middle Initial) MR CHRISTOPHERJOHN ROWLAND		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 16725 OLIVE CIRCLE		Transaction ID: INC:A:29690	
City State Zip Code FOUNTAIN VALLEY CA 92708	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

C. Full Name (Last, First, Middle Initial) MR RICHARD RUBINO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 5201 RIO VISTA DRIVE		Transaction ID: INC:A:29932	
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 ▼ 2858.00		

SUBTOTAL of Receipts This Page (optional) ▶	253.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 STEVEN RUSSEK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 21 SKY TOP RIDGE		Transaction ID: INC:A:29795	
City OAKLAND	State NJ	Zip Code 07436	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FORMULARY & COVERAGE MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) B. MR ANTHONY RUSSO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 66 FINCH RD		Transaction ID: INC:A:29883	
City RINGWOOD	State NJ	Zip Code 07456	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PROF PRA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) C. MS MARY RYAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 456 RICHMOND AVENUE		Transaction ID: INC:A:29924	
City MAPLEWOOD	State NJ	Zip Code 07040	Amount of Each Receipt this Period 78.34
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP REGULATORY AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2036.84		

SUBTOTAL of Receipts This Page (optional) ▶	148.34
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 200 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MISS CYNTHIA RYLANDS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 4836 MIDDLE RD		Transaction ID: INC:A:29951	
City State Zip Code ALLISON PARK PA 15101		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. MR MICHAEL SARDONE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 7 AHERN WAY		Transaction ID: INC:A:29815	
City State Zip Code WEST ORANGE NJ 07052		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MR MATTHEW SARDY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 230 FAIRFIELD AVE.		Transaction ID: INC:A:29729	
City State Zip Code RIDGEWOOD NJ 07450		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BUS PLANNING & ADMIN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 201 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 339 GRAMERCY PL

City State Zip Code
GLEN ROCK NJ 07452

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ANALYTICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29931

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR FRANK SCHULTE

Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code
LAS VEGAS NV 89117

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29773

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR ALLEN SCHWARTZ

Mailing Address 3556 DAVIS

City State Zip Code
EVANSTON IL 60203

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29721

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code
MAPLE GROVE MN 55311

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29968

Amount of Each Receipt this Period
25.00

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

Mailing Address 13514 MOTTLESTONE DRIVE NW

City State Zip Code
PICKERINGTON OH 43147

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REG DIR ACCT MGMT

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29861

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City State Zip Code
SALT LAKE CITY UT 84109

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29674

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 / 242
	<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. MR ROBERT SENDEWICZ		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1220 CROSSING WAY		Transaction ID: INC:A:29699	
City State Zip Code WAYNE NJ 07470	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MR GEORGE SERPIKOV		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 66 PROSPECT AVE		Transaction ID: INC:A:29991	
City State Zip Code WESTWOOD NJ 07675	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. MR THOMAS SHANAHAN, III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 266 BRUSHY CREEK AVE		Transaction ID: INC:A:29844	
City State Zip Code LAS VEGAS NV 89148	Amount of Each Receipt this Period 28.85		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1269.40		

SUBTOTAL of Receipts This Page (optional) ▶	103.85
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 204 / 242
	<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 JOHN SHEA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 62 FRANKLIN TURNPIKE		Transaction ID: INC:A:29686	
City State Zip Code ALLENDALE NJ 07401		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) B. MR FRANK SHEEHY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 119 HAMILTON RD		Transaction ID: INC:A:29735	
City State Zip Code RIDGEWOOD NJ 07450		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) C. MR PETER SHERMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 139 GATES AVENUE		Transaction ID: INC:A:29668	
City State Zip Code MONTCLAIR NJ 07042		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS MANAGING COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional) ▶	140.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City State Zip Code
LONG BEACH CA 90803

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29745

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS ANNE SIGILLITO

Mailing Address 178 LEXINGTON AVE.

City State Zip Code
WESTWOOD NJ 07675

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HOME DELIVERY CHANNEL DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29671

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
MS JODI SILBERMANN

Mailing Address 16 TULIP LANE

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29944

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 / 242
	<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)
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 ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29825

Amount of Each Receipt this Period
192.25

B. Full Name (Last, First, Middle Initial)
MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29974

Amount of Each Receipt this Period
50.00

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

Mailing Address 10 CHERRY TREE LANE

City State Zip Code
KINNELON NJ 07405

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29855

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	292.25
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 / 242
	<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 WILLIAM SIRICO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 564 DALE COURT EAST		Transaction ID: INC:A:29697	
City State Zip Code RIVER VALE NJ 07675		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) B. MR DAVID SITVER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 24 YORKSHIRE AVE		Transaction ID: INC:A:29811	
City State Zip Code SUFFERN NY 10901		Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 664.00	

Full Name (Last, First, Middle Initial) C. ANN SMITH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 437 GLENDALE RD		Transaction ID: INC:A:29814	
City State Zip Code WYCKOFF NJ 07481		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS Sr Dir Public Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	86.00
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 208 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MS COLLEEN SMITH

Mailing Address 1241 CHENILLE CIR

City WESTON State FL Zip Code 33327

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLINICAL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29798

Amount of Each Receipt this Period
 10.00

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

Mailing Address 40 JOSHUA DR T

City RAMSEY State NJ Zip Code 07446

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29949

Amount of Each Receipt this Period
 50.00

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

Mailing Address 23 CEDAR GATE ROAD

City 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 ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30007

Amount of Each Receipt this Period
 192.25

SUBTOTAL of Receipts This Page (optional)	▶	252.25
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 ALAN SOKALER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 30 MICHELLE WAY		Transaction ID: INC:A:30027	
City PINE BROOK	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 07058		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1110.00		

Full Name (Last, First, Middle Initial) B. MR RALPH STAIANO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 32 ALDEN RD		Transaction ID: INC:A:29682	
City MONROE	State NY	Amount of Each Receipt this Period 25.00	
Zip Code 10950		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR CHRISTOPHER STATEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 7 FOREST LAKE DR		Transaction ID: INC:A:29934	
City WEST HARRISON	State NY	Amount of Each Receipt this Period 50.00	
Zip Code 10604		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City State Zip Code
AUSTIN TX 78732

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29976

Amount of Each Receipt this Period
25.00

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

Mailing Address 122 DEMAREST AVENUE

City State Zip Code
EMERSON NJ 07630

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29766

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS SUSAN STEELE

Mailing Address 501 CONTINENTAL DR

City State Zip Code
SAGAMORE HILLS OH 44067

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30052

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS AMY STEINKELLNER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1740 HIGHLAND DRIVE		Transaction ID: INC:A:29804	
City State Zip Code ELM GROVE WI 53122		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. DR GLEN STETTIN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 8 MILL GLEN CT		Transaction ID: INC:A:29995	
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 Occupation MEDCO HEALTH SOLUTIONS 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 ▼ 3061.55	

Full Name (Last, First, Middle Initial) C. MR SCOTT STRATTON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 351 TIMBERLANE DRIVE		Transaction ID: INC:A:30036	
City State Zip Code ORANGE CT 06477		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT DEVELOPMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional) ▶	292.31
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS PATRICIA STRETE

Mailing Address **19275 PAVER BARNES ROAD**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29719

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS COLEEN SULLIVAN

Mailing Address **38 BARKMILL TERRACE**

City **MONTVILLE** State **NJ** Zip Code **07045**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR PRODUCT DEVELOPMENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29975

Amount of Each Receipt this Period
25.00

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

Mailing Address **21 DENISE DRIVE**

City **KINNELON** State **NJ** Zip Code **07405**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SVP FINANCIAL PLANNING**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29933

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 / 242
	<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 SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 16025 PINE VALE PL.		Transaction ID: INC:A:29684	
City State Zip Code MIDLOTHIAN VA 23113		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CS SYSTEMS PLAN & IMPLEM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. MS IRENE SUTTON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 374 KINGSTON CT		Transaction ID: INC:A:29737	
City State Zip Code WEST NEW YORK NJ 07093		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MR TIMOTHY SWETT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE		Transaction ID: INC:A:29775	
City State Zip Code TAMPA FL 33647		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2035.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 LARRY THOMAS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 3915 SILKWOOD TRAIL		Transaction ID: INC:A:29912	
City State Zip Code ARLINGTON TX 76016		Amount of Each Receipt this Period 4.41	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS MANAGING PHARMACIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.32	

Full Name (Last, First, Middle Initial) B. MS MELISSA THOMET		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 721 HINMAN AVE #1E		Transaction ID: INC:A:29688	
City State Zip Code EVANSTON IL 60202		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. MS MARY THORSBY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 17326 ELLEN DR		Transaction ID: INC:A:29792	
City State Zip Code LIVONIA MI 48152		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1825.00	

SUBTOTAL of Receipts This Page (optional) ▶	89.41
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 215 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 7974 FLAMETREE CT		Transaction ID: INC:A:29838	
City State Zip Code LAS VEGAS NV 89123	Amount of Each Receipt this Period 12.50		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

B. Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 838 COLONIAL RD		Transaction ID: INC:A:29691	
City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BENEFIT SYSTEMS SUPPORT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

C. Full Name (Last, First, Middle Initial) MR HECTOR TORRES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 6023 HOMESTEAD COURT		Transaction ID: INC:A:29876	
City State Zip Code HILLIARD OH 43026	Amount of Each Receipt this Period 4.28		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SUPV INVENTORY CONTROL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.56		

SUBTOTAL of Receipts This Page (optional) ▶	66.78
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 216 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MS CLAUDIA TUCKER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 713 INDIAN CREEK RD		Transaction ID: INC:A:29852	
City AMHERST	State VA	Zip Code 24521	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00		

Full Name (Last, First, Middle Initial) B. MR GARY TULLY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 16 FIELDHEDGE DRIVE		Transaction ID: INC:A:29981	
City HILLSBOROUGH	State NJ	Zip Code 08844	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLIENT SVC DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MS CARA VAN ZILE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 31 LINCOLN RD		Transaction ID: INC:A:29786	
City KINNELON	State NJ	Zip Code 07405	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. MRS MICHELLE VANCURA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address W328 S4230 SPRING RIDGE		Transaction ID: INC:A:30053	
City State Zip Code WAUKESHA WI 53189	Amount of Each Receipt this Period 50.00		
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 ▼ 700.00		

Full Name (Last, First, Middle Initial) B. MR NICHOLAS VASILOPOULOS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 105 ARRANDALE RD		Transaction ID: INC:A:29842	
City State Zip Code ROCKVILLE CENTRE NY 11570	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MKTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. MR WIL VELARDE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 443 WEST SADDLE RIVER RD		Transaction ID: INC:A:29736	
City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

SUBTOTAL of Receipts This Page (optional) ▶	140.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE
UNIT #17

City BLOOMFIELD State NJ Zip Code 07003

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29733

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City WESTFIELD State NJ Zip Code 07090

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29665

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR MUNISH VJ

Mailing Address 2108 HENRY COURT

City MAHWAH State NJ Zip Code 07430

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30021

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 / 242
	<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 MICHAEL WAIBEL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address N48 W16381 LONE OAK LN		Transaction ID: INC:A:29805
City State Zip Code MENOMONEE FALLS WI 53051	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B. Full Name (Last, First, Middle Initial) MR DANIEL WALDEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 450 BEECHMONT DR		Transaction ID: INC:A:29907
City State Zip Code NEW ROCHELLE NY 10804	Amount of Each Receipt this Period 192.25	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP REGULATORY & MC PROGRAMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6
Mailing Address 5445 GOODWIN AVENUE		Transaction ID: INC:A:30023
City State Zip Code DALLAS TX 75206	Amount of Each Receipt this Period 192.25	
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 ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	399.50
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 220 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29857

Amount of Each Receipt this Period
12.50

B. Full Name (Last, First, Middle Initial)
MS CATHERINE WASSON

Mailing Address 26072 HARBOR VIEW

City State Zip Code
CAPISTRANO BEACH CA 92624

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATL ACCTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29693

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City State Zip Code
SOMERSET NJ 08873

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29901

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	87.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 221 / 242
	(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. MS DONNA WEATHERS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1043 BELL STREET		Transaction ID: INC:A:29833	
City State Zip Code EDMONDS WA 98020		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. MRS KELLY WEBBER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 107 UPPER SADDLE RIVER ROAD		Transaction ID: INC:A:29836	
City State Zip Code MONTVALE NJ 07645		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP HR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) C. MR TIMOTHY WENTWORTH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 309 WATERVIEW DR		Transaction ID: INC:A:29754	
City State Zip Code FRANKLIN LAKES NJ 07417		Amount of Each Receipt this Period 192.25	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES, CEO ACCREDO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	277.25
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 222 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 KENNETH WERMES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 26037 N WRANGLER RD		Transaction ID: INC:A:29830	
City State Zip Code SCOTTSDALE AZ 85255	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00		

Full Name (Last, First, Middle Initial) B. MR PETER WHITE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 2241 E. PINCHOT AVE. #17F		Transaction ID: INC:A:29685	
City State Zip Code PHOENIX AZ 85016	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00		

Full Name (Last, First, Middle Initial) C. MS BEVERLY WINKLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 17 LYNWOOD RD		Transaction ID: INC:A:29930	
City State Zip Code VERONA NJ 07044	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ORG DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 223 / 242
	(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

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. MS MARILYN WOLLETT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 8174 MT AIR PL		Transaction ID: INC:A:29865	
City COLUMBUS	State OH	Zip Code 43235	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) B. MS ANNA WONG		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 64-20 BELL BLVD		Transaction ID: INC:A:30019	
City BAYSIDE	State NY	Zip Code 11364	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INSURED SOLUTIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. MS JUDITH WOOD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 76 COLONIAL ROAD		Transaction ID: INC:A:29969	
City STILLWATER	State NY	Zip Code 12170	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 / 242		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. MR SERGEY YANITSKIY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 793 LINCOLN AVE		Transaction ID: INC:A:29732	
City POMPTON LAKES	State NJ	Zip Code 07442	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MS SARAH YINGLING		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 901 ST MARKS AVE		Transaction ID: INC:A:29819	
City WESTFIELD	State NJ	Zip Code 07090	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. MR DANIEL ZELEM, JR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 219 SPOOK ROCK RD.		Transaction ID: INC:A:29891	
City SUFFERN	State NY	Zip Code 10901	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code
LEESBURG VA 20176

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CONSOLIDATION PLAN & RPRT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 592.28

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:29945

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 6

Transaction ID: INC:A:30026

Amount of Each Receipt this Period
25.00

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

Mailing Address 4605 W SUNSET BLVD

City State Zip Code
TAMPA FL 33629

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30313

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **55.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 / 242
	<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 DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City Henderson State NV Zip Code 89074

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation MGR BENEFIT DELIVERY SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30398

Amount of Each Receipt this Period
 5.00

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

Mailing Address 3380 SADDLEBROOK STREET

City LAS VEGAS State NV Zip Code 89141

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30069

Amount of Each Receipt this Period
 25.00

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

Mailing Address 2903 CHUKKAR COURT

City PLANT CITY State FL Zip Code 33567

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30274

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)	▶	55.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 227 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MS ROBBIN DICESARE

Mailing Address 1003T HIGH STREET

City BURLINGTON TOWNSHI State NJ Zip Code 08016

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR MGR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 482.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30310

Amount of Each Receipt this Period
9.28

B. Full Name (Last, First, Middle Initial)
MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City TAMPA State FL Zip Code 33647

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30152

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City SOUTHLAKE State TX Zip Code 76092

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1791.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30379

Amount of Each Receipt this Period
34.45

SUBTOTAL of Receipts This Page (optional)	▶	68.73
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 228 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address **9 GREEN HILL TRAIL**

City **TROPHY CLUB** State **TX** Zip Code **76262**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP/GM**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30280

Amount of Each Receipt this Period
50.00

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

Mailing Address **544 DENMOOR COURT**

City **GALLOWAY** State **OH** Zip Code **43119**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR PHARM PRACTICE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **412.50**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30102

Amount of Each Receipt this Period
12.50

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

Mailing Address **784 CAPE HENRY DR**

City **COLUMBUS** State **OH** Zip Code **43228**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR BUSINESS PLANNING**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.84**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30264

Amount of Each Receipt this Period
4.17

SUBTOTAL of Receipts This Page (optional)	66.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 229 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City State Zip Code
HENDERSON NV 89052

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 784.16

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30334

Amount of Each Receipt this Period
15.08

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

Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30254

Amount of Each Receipt this Period
25.00

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

Mailing Address 2116 BELLANCA CT.

City State Zip Code
FLOWER MOUND TX 75028

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30147

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)	▶	55.08
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 230 / 242
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 EDWARD MCNEILEY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 5646 BIRCHWOOD CIRCLE		Transaction ID: INC:A:30183	
City State Zip Code LAS VEGAS NV 89120	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. MR GILBERT RAINES		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 800 SANDY TRAIL		Transaction ID: INC:A:30413	
City State Zip Code KELLER TX 76248	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR HR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) C. MS MARSHA REYNOLDS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 310 S. WILLOW #D		Transaction ID: INC:A:30276	
City State Zip Code TAMPA FL 33606	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CUST SVC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 / 242
	<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 FRANK SCHULTE

Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code
LAS VEGAS NV 89117

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30168

Amount of Each Receipt this Period
25.00

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

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30238

Amount of Each Receipt this Period
28.85

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

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2035.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: INC:A:30170

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	103.85
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 232 / 242
	<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 LARRY THOMAS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 3915 SILKWOOD TRAIL		Transaction ID: INC:A:30306	
City State Zip Code ARLINGTON TX 76016		Amount of Each Receipt this Period 4.41	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS MANAGING PHARMACIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.32	

Full Name (Last, First, Middle Initial) B. MR TIMOTHY TIDD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 7974 FLAMETREE CT		Transaction ID: INC:A:30232	
City State Zip Code LAS VEGAS NV 89123		Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. MR HECTOR TORRES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 6023 HOMESTEAD COURT		Transaction ID: INC:A:30270	
City State Zip Code HILLIARD OH 43026		Amount of Each Receipt this Period 4.28	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SUPV INVENTORY CONTROL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 222.56	

SUBTOTAL of Receipts This Page (optional) ▶	21.19
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 233 / 242
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 5 APPLE ORCHARD RD		Transaction ID: INC:A:30251	
City MOORESTOWN	State NJ	Zip Code 08057	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

B. Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 8174 MT AIR PL		Transaction ID: INC:A:30259	
City COLUMBUS	State OH	Zip Code 43235	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional)	37.50
TOTAL This Period (last page this line number only)	30030.14

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 234 / 242
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City State Zip Code
CORTE MADERA CA 94925

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
917.72

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: INC:A:28872

Amount of Each Receipt this Period
58.01

INTEREST EARNED

B. Full Name (Last, First, Middle Initial)
BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City State Zip Code
CORTE MADERA CA 94925

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
917.72

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: INC:A:30054

Amount of Each Receipt this Period
53.92

INTEREST EARNED

SUBTOTAL of Receipts This Page (optional)	▶	111.93
TOTAL This Period (last page this line number only)	▶	111.93

**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 235 / 242

<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. MELISSA BEAN FOR CONGRESS

Mailing Address P.O. BOX 3068

City BARRINGTON State IL Zip Code 60010

Purpose of Disbursement

011
Category/
Type

Candidate Name
MELISSA BEAN

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District: 8

Transaction ID: EXP:B:29264

Date of Disbursement

12 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HOUSE CONSERVATIVES FUND

Mailing Address P.O. BOX 2752

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement

011
Category/
Type

Candidate Name
GENERAL PURPOSE COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP:B:29659

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TEAM SUNUNU

Mailing Address PO BOX 500

City RYE State NH Zip Code 03870

Purpose of Disbursement

011
Category/
Type

Candidate Name
JOHN E. SUNUNU

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District:

Transaction ID: EXP:B:29660

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 236 / 242

<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. HOUSE DEMOCRATIC COMMITTEE		Transaction ID: EXP.B.28855 Date of Disbursement
Mailing Address 220 HILLSBOROUGH ST.		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City RALEIGH	State NC	Zip Code 27603
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text" value="1000.00"/>
Candidate Name NON-FEDERAL CONTRIBUTION		<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: NC	District:	

Full Name (Last, First, Middle Initial) B. NORTH CAROLINA REPUBLICAN SENATE COMMITTEE		Transaction ID: EXP.B.28856 Date of Disbursement
Mailing Address 1506 HILLSBOROUGH ST.		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City RALEIGH	State NC	Zip Code 27603
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text" value="500.00"/>
Candidate Name NON-FEDERAL CONTRIBUTION		<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: NC	District:	

Full Name (Last, First, Middle Initial) C. PRYOR GIBSON COMMITTEE		Transaction ID: EXP.B.28864 Date of Disbursement
Mailing Address PO BOX 1010		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City WADESBORO	State NC	Zip Code 28170
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text" value="500.00"/>
Candidate Name NON-FEDERAL CONTRIBUTION		<input type="text" value="011"/> Category/ Type
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: NC	District:	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 237 / 242

<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. REP. DEBBIE CLARY COMMITTEE

Mailing Address 105 D-02 NORTHSORE CT.

City CHERRYVILLE State NC Zip Code 28021

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: NC District:

Transaction ID: EXP.B.28868

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. REP. JIM CRAWFORD COMMITTEE

Mailing Address 509 COLLEGE ST.

City OXFORD State NC Zip Code 27565

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: NC District:

Transaction ID: EXP.B.28867

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. REP. JIM HARRELL COMMITTEE

Mailing Address P.O. BOX 626

City ELKIN State NC Zip Code 28621

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: NC District:

Transaction ID: EXP.B.28866

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. REPRESENTATIVE HUGH HOLLIMAN COMMITTEE		Transaction ID: EXP.B.28871 Date of Disbursement
Mailing Address 103 SAPONA RD.		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City LEXINGTON	State NC	Zip Code 27295
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name NON-FEDERAL CONTRIBUTION	Amount of Each Disbursement this Period <input type="text" value="500.00"/>	
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: NC	District:	

Full Name (Last, First, Middle Initial) B. REPRESENTATIVE THOMAS WRIGHT COMMITTEE		Transaction ID: EXP.B.28860 Date of Disbursement
Mailing Address 322 S. 17TH STREET		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City WILMINGTON	State NC	Zip Code 28401
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name NON-FEDERAL CONTRIBUTION	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
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: NC	District:	

Full Name (Last, First, Middle Initial) C. REPRESENTATIVE WILLIAM WAINWRIGHT COMMITTEE		Transaction ID: EXP.B.28859 Date of Disbursement
Mailing Address PO BOX 33		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City HAVELOCK	State NC	Zip Code 28532
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name NON-FEDERAL CONTRIBUTION	Amount of Each Disbursement this Period <input type="text" value="500.00"/>	
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: NC	District:	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 239 / 242

<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. REPUBLICAN HOUSE MAJORITY COMMITTEE

Mailing Address 1506 HILLSBOROUGH ST.

City RALEIGH State NC Zip Code 27605

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
State: NC District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: EXP.B.28858

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. SENATE DEMOCRATIC COMMITTEE

Mailing Address 220 HILLSBOROUGH ST.

City RALEIGH State NC Zip Code 27603

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
State: NC District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: EXP.B.28857

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SENATOR JOHN KERR

Mailing Address PO BOX 1616

City GOLDSBORO State NC Zip Code 27533

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
State: NC District: Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: EXP.B.28870

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 240 / 242

<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. SENATOR MARC BASNIGHT COMMITTEE

Mailing Address 220 HILLSBOROUGH ST.

City RALEIGH State NC Zip Code 27603

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
State: NC District: Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: EXP.B.28865

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SENATOR PHIL BERGER COMMITTEE

Mailing Address 311 PINEWOOD PLACE

City EDEN State NC Zip Code 27289

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
State: NC District: Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: EXP.B.28863

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. SENATOR TONY RAND COMMITTEE

Mailing Address 2008 LITHO PLACE

City FAYETTVILLE State NC Zip Code 28304

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President
State: NC District: Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: EXP.B.28862

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 241 / 242

<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. SENATOR WILLIAM PURCELL COMMITTEE		Transaction ID: EXP.B.28869 Date of Disbursement
Mailing Address 1301 DUNBAR DRIVE		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City LAURINBURG	State NC	Zip Code 28352
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: NC	District:	
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) B. SOLES FOR NC SENATE		Transaction ID: EXP.B.28861 Date of Disbursement
Mailing Address P.O. BOX 6		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City TABOR CITY	State NC	Zip Code 28463
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: NC	District:	
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) C. REP. MARIAN MCLAWHOWN COMMITTEE		Transaction ID: EXP.B.29263 Date of Disbursement
Mailing Address P.O. BOX 399		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City GRIFTON	State NC	Zip Code 28530
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: NC	District:	
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. REP. NELSON COLE COMMITTEE

Mailing Address 2012 CARPENTER DR.

City REIDSVILLE State NC Zip Code 27323

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House
 Senate
 President

State: NC District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: EXP.B.29262

Date of Disbursement

12 / 07 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

12000.00