

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="552435.89"/>	<input type="text" value="552435.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="316198.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15184.82"/>	<input type="text" value="288665.01"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="331383.00"/>	<input type="text" value="841100.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="-2473.00"/>	<input type="text" value="507244.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="333856.00"/>	<input type="text" value="333856.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14824.60	195625.77
(ii) Unitemized	349.43	81923.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15174.03	277549.60
(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)	15174.03	277549.60
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	11000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	10.79	115.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	15184.82	288665.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15184.82	288665.01

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	27.00	2694.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	27.00	2694.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-2500.00	495500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	9050.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-2473.00	507244.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-2473.00	507244.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15174.03	277549.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15174.03	277549.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	27.00	2694.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	27.00	2694.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address **2677 SKELTON LANE**

City State Zip Code
BLACKLICK, OH 43004

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ENTERPRISE OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
487.50

Date of Receipt
09 / 06 / 2012

Transaction ID : INCA118416

Amount of Each Receipt this Period
12.50

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

Mailing Address **P O BOX 1373**

City State Zip Code
MEDICAL LAKE WA 99022

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
487.50

Date of Receipt
09 / 06 / 2012

Transaction ID : INCA118548

Amount of Each Receipt this Period
12.50

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

Mailing Address **7728 GRACE DRIVE**

City State Zip Code
NORTH RICHLAND HIL TX 76182

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS BUSINESS PROCESS CHAMPION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
487.50

Date of Receipt
09 / 06 / 2012

Transaction ID : INCA118408

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **37.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR BARRY BOUDREAUX		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>06</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		06		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		06		2012								
Mailing Address 6527 SHORBURGH DRIVE		Transaction ID : INCA118545										
City INDIANAPOLIS	State IN	Zip Code 46278										
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 PHARM PRACTICE											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00											

Full Name (Last, First, Middle Initial) B. MRS MARLENE CLEMENT		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>06</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		06		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		06		2012								
Mailing Address 42 MESQUITE VILLAGE CIR		Transaction ID : INCA118485										
City HENDERSON	State NV	Zip Code 89012										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50										
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CUST SVC											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50											

Full Name (Last, First, Middle Initial) C. MS MICHELLE CULPEPPER		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>06</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		06		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		06		2012								
Mailing Address 1100 CARMELL CT		Transaction ID : INCA118497										
City COLUMBUS	State OH	Zip Code 43228										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50										
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50											

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. MS TAMARA DIDYK
 Mailing Address 136 BEAVER RUN RD
 City State Zip Code
 LAFAYETTE NJ 07848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR ENTERPRISE OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : INCA118414
 Amount of Each Receipt this Period
 12.50

Full Name (Last, First, Middle Initial)
B. KELLY ELLIS
 Mailing Address 106 HENRY SEWALL WAY
 City State Zip Code
 STUART FL 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LIBERTY MEDICAL SR DIR MARKETING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : INCA118423
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. MR JOHN FORD
 Mailing Address 6 SILVER LAKE DRIVE
 City State Zip Code
 SHAMONG NJ 08088
 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 ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : INCA118540
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 52.50
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 544 DENMOOR COURT

City State Zip Code
 GALLOWAY OH 43119

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR ENTERPRISE OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012

Transaction ID : INCA118412

Amount of Each Receipt this Period
 12.50

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

Mailing Address 154 SW PALM COVE DRIVE

City State Zip Code
 PALM CITY FL 34990

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

Name of Employer Occupation
 LIBERTY MEDICAL VP BUSINESS DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012

Transaction ID : INCA118425

Amount of Each Receipt this Period
 50.00

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

Mailing Address 4986 TAUNTON WAY

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 ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012

Transaction ID : INCA118269

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. LINDA ISHAM		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>06</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	06	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	06	/	2012								
Mailing Address 1644 SE BALLANTRAE BLVD		Transaction ID : INCA118426										
City PORT ST LUCIE	State FL	Zip Code 34952										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer LIBERTY MEDICAL	Occupation DIR BUSINESS PLANNING											
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 ERIC MCPHERSON		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>06</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	06	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	06	/	2012								
Mailing Address 15008 EAGLEPARK PL		Transaction ID : INCA118552										
City LITHIA	State FL	Zip Code 33547										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50										
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50											

Full Name (Last, First, Middle Initial) C. PHILLIP MONACO		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>06</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	06	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	06	/	2012								
Mailing Address 835 NE STOKES TERR		Transaction ID : INCA118424										
City JENSEN BEACH	State FL	Zip Code 34957										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer LIBERTY MEDICAL	Occupation DIR PHARMACY PRACTICES											
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).....▶	62.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR BRYAN OLENIK			Date of Receipt
Mailing Address 22212 N. 36TH ST			M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2012
City	State	Zip Code	Transaction ID : INCA118550
PHOENIX	AZ	85050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			12.50
Name of Employer	Occupation		
MEDCO HEALTH SOLUTIONS	DIR PHARM PRACTICE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	487.50		

Full Name (Last, First, Middle Initial) B. MRS JENNIFER ROBERTS			Date of Receipt
Mailing Address 1342 DALTON CT			M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2012
City	State	Zip Code	Transaction ID : INCA118500
FAIRFIELD	OH	45014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			12.50
Name of Employer	Occupation		
MEDCO HEALTH SOLUTIONS	DIR OPS		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	487.50		

Full Name (Last, First, Middle Initial) C. CHRISTOPHER RYAN			Date of Receipt
Mailing Address 7690 HUMMINGBIRD COURT			M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2012
City	State	Zip Code	Transaction ID : INCA118433
WEST PALM BEACH	FL	33412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			25.00
Name of Employer	Occupation		
LIBERTY MEDICAL	SR DIR NETWORK CONTRACTING		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	475.00		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. FRANCIS SCHULTE

Mailing Address 5023 SW BERMUDA WAY

City	State	Zip Code
PALM CITY	FL	34990

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

Name of Employer	Occupation
MEDCO HEALTH SOLUTIONS	EXEC OPS OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.13**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012

Transaction ID : INCA118532

Amount of Each Receipt this Period
0.01

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

Mailing Address 1132 NORTH ST RT 123

City	State	Zip Code
LEBANON	OH	45036

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 ▼ **487.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012

Transaction ID : INCA118502

Amount of Each Receipt this Period
12.50

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

Mailing Address 10302 S FEDERAL HWY
 PO BOX 266

City	State	Zip Code
PORT ST LUCIE	FL	34952

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

Name of Employer	Occupation
LIBERTY MEDICAL	VP ACCT SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012

Transaction ID : INCA118434

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	62.51
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. GRETA WELEBOB		Date of Receipt
Mailing Address 1179 SW RIO VISTA WAY		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
PALM CITY	FL	34990
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118382
Name of Employer	Occupation	Amount of Each Receipt this Period
LIBERTY MEDICAL	DIR MARKETING	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.00"/>	

Full Name (Last, First, Middle Initial) B. MR JAMES ZIRPOLI		Date of Receipt
Mailing Address 654 COPPER COVE CT		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
LOVELAND	OH	45140
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118538
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	VP/GM	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="975.00"/>	

Full Name (Last, First, Middle Initial) C. IVETTE ZUNIGA		Date of Receipt
Mailing Address 7571 163 RD COURT N.		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
PALM BEACH GARDENS	FL	33418
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118435
Name of Employer	Occupation	Amount of Each Receipt this Period
LIBERTY MEDICAL	SR DIR COMMERCIAL ECONOMICS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS LUCILLE ACCETTA		Date of Receipt
Mailing Address 11 ANDOVER CT		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City	State	Zip Code
CORTLANDT MANOR	NY	10567
FEC ID number of contributing federal political committee. C		Transaction ID : INCA118355
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period
Occupation VP CLINICAL SVCS		500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MS LESLIE ACHTER		Date of Receipt
Mailing Address 821 ALBEMARLE STREET		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City	State	Zip Code
WYCKOFF	NJ	07481
FEC ID number of contributing federal political committee. C		Transaction ID : INCA118271
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period
Occupation VP ANALYTICAL SVCS		50.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR STEPHEN ADLER		Date of Receipt
Mailing Address 139 BELLVALE LAKES RD		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City	State	Zip Code
WARWICK	NY	10990
FEC ID number of contributing federal political committee. C		Transaction ID : INCA118337
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period
Occupation VP INFO TECHNOLOGY		50.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00	
<input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS KELLY AGNEW
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 E. NORTH WATER STREET #902
 City CHICAGO State IL Zip Code 60611
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118510
 Amount of Each Receipt this Period
 25.00

B. MR JOHN AHLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2677 SKELTON LANE
 City BLACKLICK, State OH Zip Code 43004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR ENTERPRISE OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118417
 Amount of Each Receipt this Period
 12.50

C. JANET ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 WEST 83RD STREET APT #2
 City NEW YORK State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118519
 Amount of Each Receipt this Period
 0.50

SUBTOTAL of Receipts This Page (optional).....▶	38.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR JEFFREY ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 DEERPOND CT
 City FLEMINGTON State NJ Zip Code 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118315
 Amount of Each Receipt this Period
 15.00

B. DR JODY ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3031 MOUNT HILL DR
 City MIDLOTHIAN State VA Zip Code 23113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF CLINICAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118391
 Amount of Each Receipt this Period
 50.00

C. MR JAMES ALLOCCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 ROSS ROAD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118338
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR EVAN ANDRICOPOULOS		Date of Receipt
Mailing Address 216 ARROWOOD WAY		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
BASKING RIDGE	NJ	07920
FEC ID number of contributing federal political committee.		Transaction ID : INCA118293
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SR DIR BUSINESS REQUIREMENTS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. MRS LAUREN ANTONELLI		Date of Receipt
Mailing Address 64 CUPSAW DRIVE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
RINGWOOD	NJ	07456
FEC ID number of contributing federal political committee.		Transaction ID : INCA118374
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	DIR PRODUCT MGMT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.00"/>	

Full Name (Last, First, Middle Initial) C. MS JAYME ANTONOPLOS		Date of Receipt
Mailing Address 48 WITTE ROAD		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
HEWITT	NJ	07421
FEC ID number of contributing federal political committee.		Transaction ID : INCA118352
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	DIR EXEC CORR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 18 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. WILLIAM AX

Mailing Address 1607 STODDARD ST

City State Zip Code
 ROCKFORD IL 61108

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

Name of Employer Occupation
 ACCREDO HEALTH GROUP AVP SALES-HEMOPHILIA

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118404

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City State Zip Code
 CLEVELAND HEIGHTS OH 44118

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118520

Amount of Each Receipt this Period
 25.00

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

Mailing Address 189 FRANKLIN AVE

City State Zip Code
 MIDLAND PARK NJ 07432

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118282

Amount of Each Receipt this Period
 25.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS MARYBETH BERENGUER		Date of Receipt
Mailing Address 2 WEXLER CT		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
GARNERVILLE	NY	10923
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118266
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	DIR OPS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. MS CARMEN BERG		Date of Receipt
Mailing Address P O BOX 1373		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
MEDICAL LAKE	WA	99022
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118549
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	DIR PHARM PRACTICE	<input type="text" value="12.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="487.50"/>	

Full Name (Last, First, Middle Initial) C. JEAN BERGWALL		Date of Receipt
Mailing Address 2546 HOLLYHOCK COVE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
GERMANTOWN	TN	38138
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118443
Name of Employer	Occupation	Amount of Each Receipt this Period
ACCREDITO HEALTH GROUP	DIR PRODUCT LINE II	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 20 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR CHRISTOPHER BERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 37-19 VICTORIA RD
 City State Zip Code
 FAIR LAWN NJ 07410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118490
 Amount of Each Receipt this Period
 25.00

B. MR DAVID BERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 COBBLESTONE LANE
 City State Zip Code
 RAMSEY NJ 07446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118491
 Amount of Each Receipt this Period
 25.00

C. INDERPAL BHANDARI
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 ARDSLEY ROAD
 City State Zip Code
 SCARSDALE NY 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118357
 Amount of Each Receipt this Period
 50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS EILEEN BIDE LL		Date of Receipt
Mailing Address 71 WASHINGTON CT.		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
TOWACO	NJ	07082
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118308
MEDCO HEALTH SOLUTIONS	SR DIR PHARM OPS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. MR ANDREW BIDINOTTO		Date of Receipt
Mailing Address 7728 GRACE DRIVE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
NORTH RICHLAND HIL	TX	76182
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118409
MEDCO HEALTH SOLUTIONS	BUSINESS PROCESS CHAMPION	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="487.50"/>	<input type="text" value="12.50"/>

Full Name (Last, First, Middle Initial) C. MR FLOYD BILLINGS		Date of Receipt
Mailing Address 4273 BROGDAN FARM COURT		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
BUFORD	GA	30518
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118280
MEDCO HEALTH SOLUTIONS	TECHNICAL SPECIALIST	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.00"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. JAMES BLONDIN		Date of Receipt										
Mailing Address 115 AUBURN MEADOWS DR		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>13</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	13	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	13	/	2012								
City	State	Zip Code										
FORISTELL	MO	63348										
FEC ID number of contributing federal political committee.		Transaction ID : INCA118445										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		25.00										
Name of Employer	Occupation											
ACCREDITO HEALTH GROUP	GENERAL MGR - MULTI BRANCH											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00											

Full Name (Last, First, Middle Initial) B. MR MICHAEL BOGDA		Date of Receipt										
Mailing Address 80 LEONA CT		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>13</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	13	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	13	/	2012								
City	State	Zip Code										
LEVITTOWN	NY	11756										
FEC ID number of contributing federal political committee.		Transaction ID : INCA118322										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		25.00										
Name of Employer	Occupation											
MEDCO HEALTH SOLUTIONS	SR DIR TECHNOLOGY											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00											

Full Name (Last, First, Middle Initial) C. MR BARRY BOUDREAUX		Date of Receipt										
Mailing Address 6527 SHORBURGH DRIVE		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>13</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	13	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	13	/	2012								
City	State	Zip Code										
INDIANAPOLIS	IN	46278										
FEC ID number of contributing federal political committee.		Transaction ID : INCA118546										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		25.00										
Name of Employer	Occupation											
MEDCO HEALTH SOLUTIONS	DIR PHARM PRACTICE											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	975.00											

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

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

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

FOR LINE NUMBER: PAGE 23 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR KEITH BRADBURY
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 DERFUSS LN
 City State Zip Code
 BLAUVELT NY 10913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS EXEC DIR DRUG INFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118431
 Amount of Each Receipt this Period
 25.00

B. MR PAUL BRESSI
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 ALDER DR
 City State Zip Code
 RAMSEY NJ 07446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118317
 Amount of Each Receipt this Period
 25.00

C. MS LINDA BRIDGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 BEECH ST
 City State Zip Code
 BELLEVILLE NJ 07109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR MARKETING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118381
 Amount of Each Receipt this Period
 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR PAUL BRISSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Highbrook Avenue
 City PELHAM State NY Zip Code 10803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRODUCT DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118362
 Amount of Each Receipt this Period
 25.00

B. STEVEN BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 S Grove Park
 City MEMPHIS State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation DIR PRODUCT LINE II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118442
 Amount of Each Receipt this Period
 25.00

C. MRS DOREEN CALDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 441 S Elm Street
 City MAYWOOD State NJ Zip Code 07607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRODUCT DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118361
 Amount of Each Receipt this Period
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS MELISSA CARR
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 BRIARCLIFF TERRACE

City KINNELON	State NJ	Zip Code 07405
------------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CHANNEL & GENERIC MKTING
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : INCA118432

Amount of Each Receipt this Period
 50.00

B. JOSEPH CASACCIA JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9788 LIPSEY CV

City GERMANTOWN	State TN	Zip Code 38139
--------------------	-------------	-------------------

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

Name of Employer ACCREDO HEALTH GROUP	Occupation DIR PHARM PRACTICE
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : INCA118547

Amount of Each Receipt this Period
 25.00

C. MS CATHERINE CASALE
 Full Name (Last, First, Middle Initial)
 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 SR ACCT MGR
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : INCA118522

Amount of Each Receipt this Period
 13.00

SUBTOTAL of Receipts This Page (optional).....▶	88.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. HWEI-CHUNG CHOU
 Mailing Address 36 TANGLEWOOD HOLLOW
 City State Zip Code
 UPPER SADDLE RIVER NJ 07458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118326
 Amount of Each Receipt this Period
 28.00

Full Name (Last, First, Middle Initial)
B. MRS MARLENE CLEMENT
 Mailing Address 42 MESQUITE VILLAGE CIR
 City State Zip Code
 HENDERSON NV 89012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR CUST SVC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118486
 Amount of Each Receipt this Period
 12.50

Full Name (Last, First, Middle Initial)
C. MR DANIEL COLE
 Mailing Address 2901 HIDDEN HILLS WAY
 City State Zip Code
 CORONA CA 92882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP VP OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118438
 Amount of Each Receipt this Period
 28.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.50
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 27 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS SUSAN COLUCCI
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 SUCCASUNNA RD.
 City LANDING State NJ Zip Code 07850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118296
 Amount of Each Receipt this Period
 25.00

B. WILLIAM CONSIDINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 WEST 67TH STREET, #4J
 City NEW YORK State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118324
 Amount of Each Receipt this Period
 25.00

C. MR ROBERT COOK
 Full Name (Last, First, Middle Initial)
 Mailing Address 270 S FRANKLIN TURNPIKE
 City RAMSEY State NJ Zip Code 07446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR HLTH CARE OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118340
 Amount of Each Receipt this Period
 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. JOHN CORBETT			Date of Receipt
Mailing Address 124 FUHRMAN AVENUE			<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA118525
RAMSEY	NJ	07446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
MEDCO HEALTH SOLUTIONS	SR ATTORNEY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS MICHELLE CULPEPPER			Date of Receipt
Mailing Address 1100 CARMELL CT			<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA118498
COLUMBUS	OH	43228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="12.50"/>
Name of Employer	Occupation		
MEDCO HEALTH SOLUTIONS	DIR TECHNOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="487.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR ANGELO CUOZZO			Date of Receipt
Mailing Address 19 IDA COURT			<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA118319
STATEN ISLAND	NY	10312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
MEDCO HEALTH SOLUTIONS	SR DIR TECHNOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR AJAY DALAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4603 NEWCASTLE DRIVE
 City FRISCO State TX Zip Code 75034
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118484
 Amount of Each Receipt this Period
 25.00

B. MS CHRISTINE D'AQUINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 CLIFTON PLACE
 City GLEN ROCK State NJ Zip Code 07452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRODUCT DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118364
 Amount of Each Receipt this Period
 25.00

C. WARREN DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 SADDLEGAIT COVE
 City GERMANTOWN State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation VP STRATEGY & PRODUCT DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118456
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 30 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR DANIEL DAVISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 BENTLEY DRIVE
 City State Zip Code
 FRANKLIN LAKES NJ 07417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SVP FINANCIAL PLANNING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118377
 Amount of Each Receipt this Period
 50.00

B. MS KATHLEEN DEFABIIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 HUDSON AVE
 City State Zip Code
 WALDWICK NJ 07463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR CLIENT SVC DELIVERY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118504
 Amount of Each Receipt this Period
 25.00

C. MR LUCA DEFLORENTIIS
 Full Name (Last, First, Middle Initial)
 Mailing Address N108 W7045 BERKSHIRE STREET
 City State Zip Code
 CEDARBURG WI 53012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS REGIONAL VP SYSTEMED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118387
 Amount of Each Receipt this Period
 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. JUDITH DERRINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3306 SHALLOW COVE COURT
 City State Zip Code
 CRESTWOOD KY 40014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP AVP SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118455
 Amount of Each Receipt this Period
 25.00

B. MR FRANK DICALOGERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 ARTHUR STREET
 City State Zip Code
 RIDGFIELD PARK NJ 07660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR FINANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118302
 Amount of Each Receipt this Period
 25.00

C. MS TAMARA DIDYK
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 BEAVER RUN RD
 City State Zip Code
 LAFAYETTE NJ 07848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR ENTERPRISE OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118415
 Amount of Each Receipt this Period
 12.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR BENJAMIN DIMARCO		Date of Receipt
Mailing Address 4 ANN STREET		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City	State	Zip Code
VERONA	NJ	07044
FEC ID number of contributing federal political committee.		Transaction ID : INCA118524
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		85.00
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SR ATTORNEY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	700.00	

Full Name (Last, First, Middle Initial) B. MS MERIDITH DORNER		Date of Receipt
Mailing Address 8010 ORCHARD VIEW LANE		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City	State	Zip Code
FOGELSVILLE	PA	18051
FEC ID number of contributing federal political committee.		Transaction ID : INCA118511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		25.00
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	NATL ACCT EXEC	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. MR PETER DUNLEAVY		Date of Receipt
Mailing Address 2 DECKER TERRACE		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City	State	Zip Code
KINNELON	NJ	07405
FEC ID number of contributing federal political committee.		Transaction ID : INCA118300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		25.00
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	VP FINANCE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

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

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

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

FOR LINE NUMBER: PAGE 33 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118333

Amount of Each Receipt this Period
 50.00

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

Mailing Address 147 MIDLAND AVE

City State Zip Code
 PARK RIDGE NJ 07656

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 ▼
 206.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118286

Amount of Each Receipt this Period
 0.50

Full Name (Last, First, Middle Initial)
C. MS REBECCA DYER

Mailing Address 1400 POPLAR ESTATES PKY

City State Zip Code
 GERMANTOWN TN 38138

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

Name of Employer Occupation
 ACCREDO HEALTH GROUP DIR RN PERF MGMT & IMPROVEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118402

Amount of Each Receipt this Period
 25.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS JANET EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address N8W27837 WOODRIDGE LANE

City WAUKESHA	State WI	Zip Code 53188
------------------	-------------	-------------------

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118483

Amount of Each Receipt this Period
25.00

B. MR SCOTT ERHARDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 11540 39TH AVE N

City PLYMOUTH	State MN	Zip Code 55441
------------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ACCT SVCS & ADMIN
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118332

Amount of Each Receipt this Period
50.00

C. SUSAN FAUST
 Full Name (Last, First, Middle Initial)
 Mailing Address 6614 HERONSWOOD COVE

City MEMPHIS	State TN	Zip Code 38119
-----------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLINICAL SVCS
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118358

Amount of Each Receipt this Period
50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. 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 **SR DIR BUSINESS REQUIREMENTS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 13 / 2012

Transaction ID : INCA118295

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. FORREST FERRARI

Mailing Address **1170 SW LIGHTHOUSE DR**

City **PALM CITY** State **FL** Zip Code **34990**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
09 / 13 / 2012

Transaction ID : INCA118367

Amount of Each Receipt this Period
60.00

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

Mailing Address **464 SPRING AVE.**

City **RIDGEWOOD** State **NJ** Zip Code **07450**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 13 / 2012

Transaction ID : INCA118320

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. RONALD FIELMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2061 ARLEEN CT
 City State Zip Code
 SCHAUMBURG IL 60194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP AVP SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118454
 Amount of Each Receipt this Period
 25.00

B. MR DON FISCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 TRACY CIRCLE
 City State Zip Code
 CAMPBELL HALL NY 10916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118313
 Amount of Each Receipt this Period
 25.00

C. MR EDWARD FISCHER
 Full Name (Last, First, Middle Initial)
 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 CLINICAL PROD INTEGRATION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118427
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS THERESA FITCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5650 GREAT NORTHERN BLVD #C2
 City NORTH OLMSTED State OH Zip Code 44070
 Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118521
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. MR ANTHONY FLOWERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1933 MT. OLIVE AGOSTA ROAD
 City NEW BLOOMINGTON State OH Zip Code 43341
 Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118341
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR HLTH CARE OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

C. MR JOHN FORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 SILVER LAKE DRIVE
 City SHAMONG State NJ Zip Code 08088
 Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118541
 Amount of Each Receipt this Period 15.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. KEVIN FRANCO		Date of Receipt
Mailing Address 287 FERRIS PLACE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
RIDGEWOOD	NJ	07450
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SR DIR FINANCE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : INCA118306
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) B. MS PATRICIA GALLAGHER		Date of Receipt
Mailing Address 842 ASHLER CT		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
COLUMBUS	OH	43235
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	NATL ACCT EXEC	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : INCA118518
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) C. MR BARNEY GALLASSIO		Date of Receipt
Mailing Address 69 LAKEVIEW DR		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
OLD TAPPAN	NJ	07675
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	VP CLIENT RELATIONS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : INCA118268
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. MR OMHARAI SRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City MORRIS PLAINS State NJ Zip Code 07950

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118496

Amount of Each Receipt this Period
25.00

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

Mailing Address 20 BROOKSHIRE DR

City ROBBINSVILLE State NJ Zip Code 08691

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118537

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. LILLIAN GERMAN

Mailing Address 6900 LAKE WOODLANDS DR.
 APT. 625

City THE WOODLANDS State TX Zip Code 77381

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR GOV AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118390

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **105.00**

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

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

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

FOR LINE NUMBER: PAGE 40 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR ROBERT GIBBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 544 DENMOOR COURT

City GALLOWAY	State OH	Zip Code 43119
------------------	-------------	-------------------

Date of Receipt: 09 / 13 / 2012
Transaction ID : INCA118413

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 12.50

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ENTERPRISE OPS
--	----------------------------------

Aggregate Year-to-Date: 487.50

Receipt For:
 Primary General
 Other (specify) ▼

B. MR JONAH GITLITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 OVERLOOK RIDGE

City OAKLAND	State NJ	Zip Code 07436
-----------------	-------------	-------------------

Date of Receipt: 09 / 13 / 2012
Transaction ID : INCA118256

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 1.00

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

Aggregate Year-to-Date: 363.00

Receipt For:
 Primary General
 Other (specify) ▼

C. MR PAUL GOERDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 SUNRISE COURT

City BURNSVILLE	State MN	Zip Code 55306
--------------------	-------------	-------------------

Date of Receipt: 09 / 13 / 2012
Transaction ID : INCA118356

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 50.00

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLINICAL SVCS
--	--------------------------------

Aggregate Year-to-Date: 1000.00

Receipt For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	63.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. JOHN GOLDEN		Date of Receipt
Mailing Address 8702 CHELMSFORD LANE		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City SPRING	State TX	Zip Code 77379
FEC ID number of contributing federal political committee. C		Transaction ID : INCA118440
Name of Employer ACCREDITO HEALTH GROUP		Amount of Each Receipt this Period
Occupation VP SALES		50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		1000.00

Full Name (Last, First, Middle Initial) B. MR EDWARD GRIX		Date of Receipt
Mailing Address 525 ORANGEBURG RD		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City PEARL RIVER	State NY	Zip Code 10965
FEC ID number of contributing federal political committee. C		Transaction ID : INCA118291
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period
Occupation SR DIR BUSINESS REQUIREMENTS		25.00
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. MS TRACY GRUNSFELD		Date of Receipt
Mailing Address 211 NORTH END AVENUE APT 3C		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City NEW YORK	State NY	Zip Code 10282
FEC ID number of contributing federal political committee. C		Transaction ID : INCA118380
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period
Occupation VP CONSUMER DRIVEN MKTS		50.00
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).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. SHARON HARRIS

Mailing Address 186 N. WHITE STATION RD

City State Zip Code
 MEMPHIS TN 38117

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

Name of Employer Occupation
 ACCREDO HEALTH GROUP DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118448

Amount of Each Receipt this Period
25.00

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

Mailing Address 20 FAIR GREEN DRIVE

City State Zip Code
 TROPHY CLUB TX 76262

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118261

Amount of Each Receipt this Period
50.00

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

Mailing Address 8980 KNOBLE COURT

City State Zip Code
 EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118253

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR MARK HEGGESTAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13210 N. 11TH AVE.
 City PHOENIX State AZ Zip Code 85029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118533
 Amount of Each Receipt this Period
 25.00

B. MR SCOTT HELMUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 VALLEY RD
 City SUCCASUNNA State NJ Zip Code 07876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT SOLUTIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 764.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118386
 Amount of Each Receipt this Period
 1.00

C. MS JANE HILDEBRANDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 CASCADE WAY
 City BUTLER State NJ Zip Code 07405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR E-COM STRAT & DELIV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118489
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR TIMOTHY HOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 HIRLE ST
 City State Zip Code
 CORNWALL ON HUDSON NY 12520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 212.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118278
 Amount of Each Receipt this Period
 1.00

B. MR ROGER HOLLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 SAINT RAPHAEL
 City State Zip Code
 LAGUNA NIGUEL CA 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118535
 Amount of Each Receipt this Period
 50.00

C. MR JOHN HOLLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4986 TAUNTON WAY
 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 ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118270
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	61.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR MATTHEW HOLMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 WESTON PARK DR
 City State Zip Code
 POWELL OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS NATL ACCT EXEC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118515
 Amount of Each Receipt this Period
 25.00

B. LYNN HOSTMYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6708 N.W. 112TH
 City State Zip Code
 OKLAHOMA CITY OK 73162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP GENERAL MGR - MULTI BRANCH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118444
 Amount of Each Receipt this Period
 25.00

C. MRS KIMBERLY HUMPHRIES
 Full Name (Last, First, Middle Initial)
 Mailing Address 10010 POINTE COVE
 City State Zip Code
 LAKELAND TN 38002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP VP REIMBURSEMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118437
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. DR SUSAN ITO HOLLANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6366 SW 90TH STREET
 City GAINESVILLE State FL Zip Code 32608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118370
 Amount of Each Receipt this Period 50.00

B. MS MARIANNE JACKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 329 MORRIS AVENUE
 City MOUNTAIN LAKES State NJ Zip Code 07046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118254
 Amount of Each Receipt this Period 50.00

C. MS TERESE JACKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6085 S. PRESTON LANE
 City NEW BERLIN State WI Zip Code 53151
 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 ▼ 1000.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118255
 Amount of Each Receipt this Period 50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS MICHELLE JAEGER		Date of Receipt
Mailing Address 302 HERMAN TERRACE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
HOPKINS	MN	55343
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118265
MEDCO HEALTH SOLUTIONS	SR NATL ACCT EXEC	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) B. MR JASON JAMES		Date of Receipt
Mailing Address RR 2 BOX 2036		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
CANADENSIS	PA	18325
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118383
MEDCO HEALTH SOLUTIONS	DIR PHYSICIAN ENGAGEMENT	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	<input type="text" value="35.00"/>

Full Name (Last, First, Middle Initial) C. MR EDWARD JESELSON		Date of Receipt
Mailing Address 3270 KENNEY DR		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
GERMANTOWN	TN	38139
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118446
ACCREDITO HEALTH GROUP	DIR NATIONAL DISPENSING OPERAT	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="110.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. ROBERT JINKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 PAGE AVE
 City LYNDHURST State NJ Zip Code 07071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS REQUIREMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118329
 Amount of Each Receipt this Period
 50.00

B. MRS ANNE JOHNSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 S. HARBOUR ISLAND BLVD UNIT 432
 City TAMPA State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR INFO SERVICE CENTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118403
 Amount of Each Receipt this Period
 25.00

C. MRS REGINA JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address POST OFFICE BOX 750995
 City LAS VEGAS State NV Zip Code 89136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CUST SVC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118310
 Amount of Each Receipt this Period
 75.00

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

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

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

FOR LINE NUMBER: PAGE 49 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. MR HECTOR JUST
 Mailing Address 5329 BAYSHORE BLVD.
 City State Zip Code
 TAMPA FL 33611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR FACILITY PLANNING & DESIGN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118307
 Amount of Each Receipt this Period
 12.50

Full Name (Last, First, Middle Initial)
B. 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 SR DIR CLINICAL SVCS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118529
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118283
 Amount of Each Receipt this Period
 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS MICHELLE KEHOE
 Full Name (Last, First, Middle Initial)
 Mailing Address 26-1 FARMHOUSE LANE
 City MORRISTOWN State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR INT'L MARKETS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118419
 Amount of Each Receipt this Period
 25.00

B. MR WILLIAM KELLEY III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1970 WOODLANDS PL
 City POWELL State OH Zip Code 43065
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118353
 Amount of Each Receipt this Period
 50.00

C. MR KEVIN KELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 POPLAR AVE
 City HACKENSACK State NJ Zip Code 07601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118311
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 51 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS KARIN KLEINEGGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 CONKLING TOWN ROAD
 City State Zip Code
 CHESTER NY 10918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118298
 Amount of Each Receipt this Period
 25.00

B. RICHARD KLUSOVSKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 FAIRWOOD LANE
 City State Zip Code
 ACWORTH GA 30101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP AVP MANAGED CARE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118453
 Amount of Each Receipt this Period
 25.00

C. MR BRADFORD KOGEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 FORBUSH STREET
 City State Zip Code
 BOONTON NJ 07005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR CLIENT RETAIL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118349
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 52 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS KATHLEEN KORDUCKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 159 WINFIELD DR
 City BOWLING GREEN State OH Zip Code 43402
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118257
 Amount of Each Receipt this Period
 50.00

B. MS ANNE KRAFT
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 ROSEMILT PLACE
 City MORRISTOWN State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR MARKET SEGMENT SOLUTIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118379
 Amount of Each Receipt this Period
 25.00

C. MS JOANN KRENITSKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 KNICHEL ROAD
 City MAHWAH State NJ Zip Code 07430
 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118536
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS CYNTHIA LAUBACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 KIMBERLY COURT
 City ROSEVILLE State CA Zip Code 95661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118273
 Amount of Each Receipt this Period
 50.00

B. MICHELE LAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 KINGFRED DR
 City NORTH HUNTINGDON State PA Zip Code 15642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation VP TRC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118401
 Amount of Each Receipt this Period
 25.00

C. PAUL LEAPO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 CHRISTIAN DRIVE
 City EAST BRUNSWICK State NJ Zip Code 08816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118323
 Amount of Each Receipt this Period
 26.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 101.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. EMMA LEVIN		Date of Receipt
Mailing Address 18 SALEM RD		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
EAST BRUNSWICK	NJ	08816
FEC ID number of contributing federal political committee.		Transaction ID : INCA118285
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	TECHNICAL SPECIALIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR ROBERT LONG		Date of Receipt
Mailing Address 18 HARLIND TERRACE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
RAMSEY	NJ	07446
FEC ID number of contributing federal political committee.		Transaction ID : INCA118262
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SR NATL ACCT EXEC	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHELLE LOTT		Date of Receipt
Mailing Address 232 EVERGREEN CT		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
MOUNTAINSIDE	NJ	07092
FEC ID number of contributing federal political committee.		Transaction ID : INCA118505
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	DIR PROJECT MGMT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 55 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. ERICA MACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 DELTA DRIVE
 City MARION State AR Zip Code 72364
 Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118418
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer ACCREDO HEALTH GROUP Occupation DIR ENTERPRISE OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

B. MR MUDIT MAHESHWARI
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 WATCHUNG TRL
 City BRANCHBURG State NJ Zip Code 08876
 Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118363
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRODUCT DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

C. MR MICHAEL MANDAGLIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 GREEN WAY
 City NEW PROVIDENCE State NJ Zip Code 07974
 Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118299
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 173
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS ILENE MARCUS
 Full Name (Last, First, Middle Initial)
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118305
 Amount of Each Receipt this Period
 25.00

B. MR JOSEPH MARINELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 SOUND BEACH AVENUE
 City State Zip Code
 OLD GREENWICH CT 06870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR MEDICARE OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118373
 Amount of Each Receipt this Period
 25.00

C. MR JOSEPH MARSIGLIANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 ECHO HILL ROAD
 City State Zip Code
 MONTVALE NJ 07645
 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 ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118325
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 57 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MRS SHELLY MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9536 DOE MEADOW DR
 City GERMANTOWN State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation DIR HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118449
 Amount of Each Receipt this Period
 25.00

B. MR EDWARD MARTINEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 SALTER PLACE
 City MAPLEWOOD State NJ Zip Code 07040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PRODUCT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118369
 Amount of Each Receipt this Period
 25.00

C. MR THOMAS MCDONALD
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118492
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 58 OF 173
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR WILLIAM MCLAUGHLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 BATES CIRCLE
 City State Zip Code
 FLORIDA NY 10921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118348
 Amount of Each Receipt this Period
 25.00

B. MR ERIC MCPHERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15008 EAGLEPARK PL
 City State Zip Code
 LITHIA FL 33547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 487.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118553
 Amount of Each Receipt this Period
 12.50

C. MRS WENDY MELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5147 BLUE SPRUCE DR
 City State Zip Code
 YPSILANTI MI 48197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR MKTING & STRATEGIC ANAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118272
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.50
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 OF 173
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS LAURA MENVILLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 UNION HILL RD
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118494
 Amount of Each Receipt this Period
 10.00

B. DANETTE MEREDITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 W 2ND AVE
 City DERRY State PA Zip Code 15627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation VP SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118439
 Amount of Each Receipt this Period
 25.00

C. MR DAN MILKENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 DOWNING STREET
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118534
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 60 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 7 CLOVER LANE

City State Zip Code
 RANDOLPH NJ 07869

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP LABOR RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118543

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. EDDY MILLER

Mailing Address 99 POND AVENUE
 APT: 305

City State Zip Code
 BROOKLINE MA 02445

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118327

Amount of Each Receipt this Period
 25.00

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

Mailing Address 9 BRIARWOOD CT

City State Zip Code
 WHIPPANY NJ 07981

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118275

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR PETER MONKHOUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 BRONCO CIR

City WARRINGTON	State PA	Zip Code 18976
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118316

Amount of Each Receipt this Period
 25.00

B. MR CRAIG MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address N 49 W 25648 MCKERROW DR

City PEWAUKEE	State WI	Zip Code 53072
------------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR CLINICAL SVCS
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118372

Amount of Each Receipt this Period
 50.00

C. MR RICHARD MOUNTJOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 STONEBRIDGE RD

City SPARTA	State NJ	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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118263

Amount of Each Receipt this Period
 20.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR PHILLIP MUELLER		Date of Receipt
Mailing Address 16329 RIVERBIRCH DRIVE		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City	State	Zip Code
MARYSVILLE	OH	43040
FEC ID number of contributing federal political committee.		Transaction ID : INCA118482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		25.00
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	DIR CLINICAL SVCS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. MR ANDREW NANICK		Date of Receipt
Mailing Address 220 LAUREL BAY DRIVE		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City	State	Zip Code
MURRELLS INLET	SC	29576
FEC ID number of contributing federal political committee.		Transaction ID : INCA118526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		25.00
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SR DIR CLINICAL SVCS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. MS BARBARA NEAVERTH		Date of Receipt
Mailing Address PO BOX 523		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City	State	Zip Code
SUGAR LOAF	NY	10981
FEC ID number of contributing federal political committee.		Transaction ID : INCA118290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		25.00
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SR DIR BUSINESS REQUIREMENTS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

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

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

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

FOR LINE NUMBER: PAGE 63 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. CHRISTIAN NICKERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 MELVILLE ROAD
 City State Zip Code
 PRINCETON NJ 08550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR ENTERPRISE BUS INTELLIG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 427.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118399
 Amount of Each Receipt this Period
 1.00

B. MR CHARLES OESTREICHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 PARK DR SOUTH
 City State Zip Code
 RYE NY 10580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP CLIENT OPERATIONS SUPPORT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118392
 Amount of Each Receipt this Period
 50.00

C. MR MELVIN OHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 274 E FRANKLIN TPKE
 City State Zip Code
 RIDGEWOOD NJ 07450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP PROCUREMENT & INVENTORY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118430
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 101.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 22212 N. 36TH ST

City State Zip Code
 PHOENIX AZ 85050

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118551

Amount of Each Receipt this Period
 12.50

Full Name (Last, First, Middle Initial)
B. MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City State Zip Code
 SUFFERN NY 10901

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118517

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. MS PATRICE OLSON

Mailing Address 9933 TOLEDO DRIVE NORTH

City State Zip Code
 BROOKLYN PARK MN 55443

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118297

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. ALEXANDER ONIK		Date of Receipt
Mailing Address 1 SCHINDLER CT		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
UPPER SADDLE RIVER	NJ	07458
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118499
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	DIR TECHNOLOGY	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. MS NATALYA ONIK		Date of Receipt
Mailing Address 1 SCHINDLER CT		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
UPPER SADDLE RIVER	NJ	07458
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118407
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	DIR BIAC SYSTEMS SOLUTIONS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. MR RICHARD PAGANO		Date of Receipt
Mailing Address 185 PASCACK RD		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
PARK RIDGE	NJ	07656
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118294
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR DIR BUSINESS REQUIREMENTS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. JULIE PAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 BRITTANY DRIVE

City	State	Zip Code
WAYNE	NJ	07470

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

Name of Employer	Occupation
MEDCO HEALTH SOLUTIONS	VP STRATEGIC MKT DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118410

Amount of Each Receipt this Period
 25.00

B. MR RICHARD PALOMBO
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 E. HOLLYWOOD LANE

City	State	Zip Code
BEESELY'S POINT	NJ	08223

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

Name of Employer	Occupation
MEDCO HEALTH SOLUTIONS	SR DIR PHARMACY REGULATORY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118389

Amount of Each Receipt this Period
 25.00

C. MS GIRA PATEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 FOXHILL RUN

City	State	Zip Code
MONMOUTH JUNCTION	NJ	08852

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

Name of Employer	Occupation
MEDCO HEALTH SOLUTIONS	SR DIR BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118292

Amount of Each Receipt this Period
 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. JIMMY PERREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 BRAY PARK DR EAST
 City State Zip Code
 COLLIERVILLE TN 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP VP REGULATORY COMPLIANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118436
 Amount of Each Receipt this Period
 75.00

B. MR NATHAN PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 PEMBROKE PASS
 City State Zip Code
 CHANHASSEN MN 55317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS NATL ACCT EXEC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118513
 Amount of Each Receipt this Period
 25.00

C. MR THOMAS PIERCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10297 E. LAKE DR.
 City State Zip Code
 ENGLEWOOD CO 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP LABOR RELATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118544
 Amount of Each Receipt this Period
 50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. DR PAGE PIGG

Mailing Address 9297 ANGLER TRL

City MECHANICSVILLE	State VA	Zip Code 23116
------------------------	-------------	-------------------

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118481

Amount of Each Receipt this Period
 25.00

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

Mailing Address 5 CRABAPPLE CT

City MONSEY	State NY	Zip Code 10952
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118314

Amount of Each Receipt this Period
 25.00

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

Mailing Address 8A HEMLOCK ROAD

City COLUMBIA	State NJ	Zip Code 07832
------------------	-------------	-------------------

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

Name of Employer CRITICAL CARE SYSTEMS	Occupation VP CLINICAL MGMT & SVCS
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118393

Amount of Each Receipt this Period
 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 OF 173
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS CATHERINE PURDUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 318 NEWBURY DRIVE
 City MONROEVILLE State PA Zip Code 15146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118334
 Amount of Each Receipt this Period
 25.00

B. SYED QUADRI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6040 KENNEDY BLVD EAST APT 30N
 City WEST NEW YORK State NJ Zip Code 07093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRIVACY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118350
 Amount of Each Receipt this Period
 25.00

C. MS FRANCES RAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 ROSS ROAD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PRIVACY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118351
 Amount of Each Receipt this Period
 75.00

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

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

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

FOR LINE NUMBER: PAGE 70 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS MARGARET REICHENBACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 UNDERWOOD DR
 City WEST ORANGE State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118347
 Amount of Each Receipt this Period 25.00

B. MRS HEATHER REIGLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10816 BARBADOS ISLE DRIVE
 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 CUST SVC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118556
 Amount of Each Receipt this Period 25.00

C. MR JOSEPH REYNOLDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6308 HILLTOP COURT
 City FORT LEE State NJ Zip Code 07024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS REQUIREMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118330
 Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 173
	(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"/> 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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR WILLIAM RINCON		Date of Receipt
Mailing Address 32 CLINTON VIEW TERRACE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
HEWITT	NJ	07421
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118368
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR PROJECT MGR	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. ELIZABETH RITCHIE		Date of Receipt
Mailing Address 27 DAY RD		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
PLEASANT VALLEY	CT	06063
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118331
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR DIR MARKET STRATEGY	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. MR DAVID ROBARGE		Date of Receipt
Mailing Address 4565 QUEENSLAND LN N		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
MINNEAPOLIS	MN	55446
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118527
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR DIR CLINICAL SVCS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MRS JENNIFER ROBERTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1342 DALTON CT
 City State Zip Code
 FAIRFIELD OH 45014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118501
 Amount of Each Receipt this Period
 12.50

B. MS DONNA ROSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 RED OAK LANE
 City State Zip Code
 KINNELON NJ 07405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP OPS-CLINICAL TECH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118345
 Amount of Each Receipt this Period
 50.00

C. MS LAUREN RUBENSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 WINTHROP DRIVE
 City State Zip Code
 NUTLEY NJ 07110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118493
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	87.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MISS CYNTHIA RYLANDS		Date of Receipt
Mailing Address 4836 MIDDLE RD		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
ALLISON PARK	PA	15101
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118287
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	DIR BUSINESS REQUIREMENTS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. MRS SARA SABIN		Date of Receipt
Mailing Address 133 MOUNTAIN ROAD		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
CORNWALL-ON-HUDSON	NY	12520
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118514
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	NATL ACCT EXEC	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. MS BETH SAVARE		Date of Receipt
Mailing Address 27 JONES LN		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
BLAIRSTOWN	NJ	07825
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118309
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR DIR PHARM OPS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR MITCHELL SCHERF
 Full Name (Last, First, Middle Initial)
 Mailing Address 739 CAMBERWELL DR
 City EAGAN State MN Zip Code 55123
 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 ▼ 500.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118512
 Amount of Each Receipt this Period 25.00

B. ERIC SCHUPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 340 S. MAIN
 City MEMPHIS State TN Zip Code 38103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation DIR PRODUCT LINE II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118441
 Amount of Each Receipt this Period 25.00

C. MR ALLEN SCHWARTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 9111 N KARLOV
 City SKOKIE State IL Zip Code 60076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLINICAL PROD CONSULT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118422
 Amount of Each Receipt this Period 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 173
	(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"/> 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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR JEFFREY SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 7330 EVEREST LANE - NORTH

City MAPLE GROVE	State MN	Zip Code 55311
---------------------	-------------	-------------------

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 ▼
 1000.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : INCA118542

Amount of Each Receipt this Period
 50.00

B. MS MONICA SCOZZARE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3021 E MILLCREEK ROAD

City SALT LAKE CITY	State UT	Zip Code 84109
------------------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLINICAL SVCS
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : INCA118354

Amount of Each Receipt this Period
 50.00

C. MR ROBERT SENDEWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 CROSSING WAY

City WAYNE	State NJ	Zip Code 07470
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.05

Date of Receipt
 09 / 13 / 2012
Transaction ID : INCA118312

Amount of Each Receipt this Period
 0.01

SUBTOTAL of Receipts This Page (optional).....▶	100.01
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 76 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR VALEY SHARGORODSKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 447 OGDEN AVE
 City TEANECK State NJ Zip Code 07666
 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118276
 Amount of Each Receipt this Period
 25.00

B. MR JOHN SHEA
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 FRANKLIN TURNPIKE
 City ALLENDALE State NJ Zip Code 07401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118457
 Amount of Each Receipt this Period
 40.00

C. WENDELL SHERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 748
 City COLLIERVILLE State TN Zip Code 38027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation DIR ACCDO CORP HR & TALENT MGT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118400
 Amount of Each Receipt this Period
 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR JAMES SHIVAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 PROSPECT AVE
 City NORTH ARLINGTON State NJ Zip Code 07031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation DIR PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118447
 Amount of Each Receipt this Period
 25.00

B. MS ANNE SIGILLITO
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 FAIRHAVEN DRIVE
 City ALLENDALE State NJ Zip Code 07401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GENERIC STRAT & CUST DV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118384
 Amount of Each Receipt this Period
 15.00

C. MR JOHN SISTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 MAYBERRY LANE
 City MECHANICSBURG State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PHARMACY REGULATORY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118388
 Amount of Each Receipt this Period
 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR EDWARD SKRIPATA		Date of Receipt
Mailing Address 70 RIVER ROAD UNIT D9		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
CLIFTON	NJ	07014
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118281
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	TECHNICAL SPECIALIST	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. ANN SMITH		Date of Receipt
Mailing Address 437 GLENDALE RD		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
WYCKOFF	NJ	07481
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118378
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR DIR PUBLIC AFFAIRS	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. MR ERIC SMITHER		Date of Receipt
Mailing Address 1132 NORTH ST RT 123		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
LEBANON	OH	45036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118503
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	DIR OPS	<input type="text" value="12.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="487.50"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="87.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 79 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. BRENDA STAFFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 647 BERKELEY AVENUE
 City ORANGE State NJ Zip Code 07050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118459
 Amount of Each Receipt this Period
 25.00

B. MR RALPH STAIANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 LAMBROS DRIVE
 City MONROE State NY Zip Code 10950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118289
 Amount of Each Receipt this Period
 25.00

C. MS JILL STEARNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13130 HALSELL DR
 City AUSTIN State TX Zip Code 78732
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118264
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS LEAH STERMAN-KABRT		Date of Receipt
Mailing Address 24 OAK PL		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
NORTH CALDWELL	NJ	07006
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118279
MEDCO HEALTH SOLUTIONS	TECHNICAL SPECIALIST	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. MS JANNA STOUL		Date of Receipt
Mailing Address 4 APACHE WAY		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
MONTVILLE	NJ	07045
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118346
MEDCO HEALTH SOLUTIONS	EXEC DIR TECHNOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) C. MS SUZANNE STREDNAK		Date of Receipt
Mailing Address 157 WATCHUNG DR		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
HAWTHORNE	NJ	07506
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118528
MEDCO HEALTH SOLUTIONS	SR DIR CLINICAL SVCS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="50.00"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS PATRICIA STRETE		Date of Receipt
Mailing Address 9930 FOREST AVENUE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
LAKEVIEW	OH	43331
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118342
MEDCO HEALTH SOLUTIONS	SR DIR CLINICAL THERAPEUTICS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. MILAYNA SUBAR MD		Date of Receipt
Mailing Address 11 RIVERSIDE DRIVE #8CE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
NEW YORK	NY	10023
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118395
MEDCO HEALTH SOLUTIONS	VP NATIONAL PRACTICE LEADER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) C. MS COLEEN SULLIVAN		Date of Receipt
Mailing Address 38 BARKMILL TERRACE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
MONTVILLE	NJ	07045
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118321
MEDCO HEALTH SOLUTIONS	SR DIR TECHNOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="25.00"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 16025 PINE VALE PL.

City State Zip Code
 MIDLOTHIAN VA 23113

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS BUSINESS PROCESS SPECIALIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118406

Amount of Each Receipt this Period
 50.00

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

Mailing Address 1374 SAWMILL CREEK LANE

City State Zip Code
 CORDOVA TN 38018

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

Name of Employer Occupation
 ACCREDO HEALTH GROUP DIR MEDICAL INFORMATICS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118452

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. MR BOOBALAN THANGAVELU

Mailing Address 2 SNEAD COURT

City State Zip Code
 FLANDERS NJ 07836

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : INCA118284

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS MELISSA THOMET		Date of Receipt
Mailing Address 721 HINMAN AVE #1E		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
EVANSTON	IL	60202
FEC ID number of contributing federal political committee.		Transaction ID : INCA118396
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SR DIR ACCT MGMT OPS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. MS MARY THORSBY		Date of Receipt
Mailing Address 17326 ELLEN DR		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
LIVONIA	MI	48152
FEC ID number of contributing federal political committee.		Transaction ID : INCA118260
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SR NATL ACCT EXEC	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. MRS CHINNERETH TORRACA		Date of Receipt
Mailing Address 95 ERNST AVENUE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
BLOOMFIELD	NJ	07003
FEC ID number of contributing federal political committee.		Transaction ID : INCA118339
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	DIR CLIENT REQUIREMENTS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 84 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR DAVID TRICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 BRADFORD DR.
 City SCHWENKSVILLE State PA Zip Code 19473
 Date of Receipt: 09 / 13 / 2012
Transaction ID : INCA118274
 Amount of Each Receipt this Period: 25.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: MEDCO HEALTH SOLUTIONS Occupation: TECHNICAL SPECIALIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 500.00

B. MR JEFFREY TYLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 KNOLL TERRACE
 City HAZLET State NJ Zip Code 07730
 Date of Receipt: 09 / 13 / 2012
Transaction ID : INCA118318
 Amount of Each Receipt this Period: 30.77
 FEC ID number of contributing federal political committee: C
 Name of Employer: MEDCO HEALTH SOLUTIONS Occupation: SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 615.40

C. MRS JENNIFER UTTERDYKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1881 GREENTREE ROAD
 City LEBANON State OH Zip Code 45036
 Date of Receipt: 09 / 13 / 2012
Transaction ID : INCA118411
 Amount of Each Receipt this Period: 50.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: MEDCO HEALTH SOLUTIONS Occupation: DIR MEDICATION SAFETY/QUALITY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 105.77
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MRS JEANNINE VANKLEECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 ZIMMER AVENUE

City MIDLAND PARK	State NJ	Zip Code 07432
----------------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR FINANCIAL APPLICATIONS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : INCA118428

Amount of Each Receipt this Period
 25.00

B. MR WIL VELARDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 443 WEST SADDLE RIVER RD

City UPPER SADDLE RIVER	State NJ	Zip Code 07458
----------------------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : INCA118366

Amount of Each Receipt this Period
 30.00

C. MR GORDON VICKERS
 Full Name (Last, First, Middle Initial)
 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 ▼
 500.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : INCA118508

Amount of Each Receipt this Period
 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR MUNISH VIJ		Date of Receipt
Mailing Address 11 BOULDER TRAIL		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City MAHWAH	State NJ	Zip Code 07430
FEC ID number of contributing federal political committee. C		Transaction ID : INCA118495
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period
Occupation DIR TECHNOLOGY		25.00
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 WAIBEL		Date of Receipt
Mailing Address N48 W16381 LONE OAK LN		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City MENOMONEE FALLS	State WI	Zip Code 53051
FEC ID number of contributing federal political committee. C		Transaction ID : INCA118397
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period
Occupation SR DIR ACCT MGMT OPS		15.00
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. LYNETTE WASHINGTON		Date of Receipt
Mailing Address 4272 MELWOOD OAK DR		M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012
City LAKELAND	State TN	Zip Code 38002
FEC ID number of contributing federal political committee. C		Transaction ID : INCA118421
Name of Employer ACCREDO HEALTH GROUP		Amount of Each Receipt this Period
Occupation SR DIR ENTERPRISE OPS		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS CATHERINE WASSON		Date of Receipt
Mailing Address 3912 CALLE ANDALUCIA		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
SAN CLEMENTE	CA	92673
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118531
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	VP NATL ACCTS	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. MR KENNETH WERMES		Date of Receipt
Mailing Address 26037 N WRANGLER RD		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
SCOTTSDALE	AZ	85255
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118429
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SVP & GENERAL MGR	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4000.00"/>	

Full Name (Last, First, Middle Initial) C. MRS TAMARA WHITLEY		Date of Receipt
Mailing Address 5847 CLENDENIN AVE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
DALLAS	TX	75228
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118288
Name of Employer	Occupation	Amount of Each Receipt this Period
ACCREDITO HEALTH GROUP	SR DIR BUSINESS REQUIREMENTS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR STEPHEN WILKINS SR
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 PARKER OAKS LN
 City HUDSON OAKS State TX Zip Code 76087
 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 ▼ 255.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118479
 Amount of Each Receipt this Period
 0.01

B. MS COLETTE WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 16608 56TH PL W
 City LYNNWOOD State WA Zip Code 98037
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118259
 Amount of Each Receipt this Period
 25.00

C. JAMES WINTRAUB
 Full Name (Last, First, Middle Initial)
 Mailing Address 2166 BROADWAY APT 8F
 City NEW YORK State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CREATIVE DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118359
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	50.01
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 89 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MRS ELISSA WOJTOWICZ RPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 AZALEA PLACE
 City PISCATAWAY State NJ Zip Code 08854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR RRA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118394
 Amount of Each Receipt this Period 30.00

B. MS CYNTHIA WOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4002 FALCON LAKE DR
 City ARLINGTON State TX Zip Code 76016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PROFESS PRACTICES POLICIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118420
 Amount of Each Receipt this Period 25.00

C. MS JUDITH WOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 COLONIAL ROAD
 City STILLWATER State NY Zip Code 12170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 13 / 2012
Transaction ID : INCA118398
 Amount of Each Receipt this Period 10.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS JILL ZELMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 43604 EMERALD DUNES PL
 City LEESBURG State VA Zip Code 20176
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118301
 Amount of Each Receipt this Period
 50.00

B. MR JAMES ZIRPOLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 COPPER COVE CT
 City LOVELAND State OH Zip Code 45140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : INCA118539
 Amount of Each Receipt this Period
 25.00

C. MR JOHN AHLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2677 SKELTON LANE
 City BLACKLICK, State OH Zip Code 43004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR ENTERPRISE OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012
Transaction ID : INCA118711
 Amount of Each Receipt this Period
 12.50

SUBTOTAL of Receipts This Page (optional).....▶	87.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address P O BOX 1373

City MEDICAL LAKE	State WA	Zip Code 99022
----------------------	-------------	-------------------

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 ▼ **487.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : INCA118841

Amount of Each Receipt this Period
12.50

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

Mailing Address 7728 GRACE DRIVE

City NORTH RICHLAND HIL	State TX	Zip Code 76182
----------------------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation BUSINESS PROCESS CHAMPION
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **487.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : INCA118703

Amount of Each Receipt this Period
12.50

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

Mailing Address 6527 SHORBURGH DRIVE

City INDIANAPOLIS	State IN	Zip Code 46278
----------------------	-------------	-------------------

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 ▼ **975.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : INCA118838

Amount of Each Receipt this Period
25.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MRS MARLENE CLEMENT
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 MESQUITE VILLAGE CIR
 City HENDERSON State NV Zip Code 89012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CUST SVC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 487.50

Date of Receipt 09 / 20 / 2012
Transaction ID : INCA118782
 Amount of Each Receipt this Period 12.50

B. MS MICHELLE CULPEPPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 CARMELL CT
 City COLUMBUS State OH Zip Code 43228
 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 ▼ 487.50

Date of Receipt 09 / 20 / 2012
Transaction ID : INCA118793
 Amount of Each Receipt this Period 12.50

C. MS TAMARA DIDYK
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 BEAVER RUN RD
 City LAFAYETTE State NJ Zip Code 07848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR ENTERPRISE OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 487.50

Date of Receipt 09 / 20 / 2012
Transaction ID : INCA118709
 Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 37.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. KELLY ELLIS		Date of Receipt
Mailing Address 106 HENRY SEWALL WAY		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
STUART	FL	34996
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118720
LIBERTY MEDICAL	SR DIR MARKETING	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. MR JOHN FORD		Date of Receipt
Mailing Address 6 SILVER LAKE DRIVE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
SHAMONG	NJ	08088
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118833
MEDCO HEALTH SOLUTIONS	VP/GM	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="585.00"/>	<input type="text" value="15.00"/>

Full Name (Last, First, Middle Initial) C. MR ROBERT GIBBS		Date of Receipt
Mailing Address 544 DENMOOR COURT		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
GALLOWAY	OH	43119
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118707
MEDCO HEALTH SOLUTIONS	DIR ENTERPRISE OPS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="487.50"/>	<input type="text" value="12.50"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="52.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. FRANK HARVEY		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>20</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		20		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		20		2012								
Mailing Address 154 SW PALM COVE DRIVE		Transaction ID : INCA118722										
City PALM CITY	State FL	Zip Code 34990										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00										
Name of Employer LIBERTY MEDICAL	Occupation VP BUSINESS DEV											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00											

Full Name (Last, First, Middle Initial) B. MR JOHN HOLLINGER		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>20</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		20		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		20		2012								
Mailing Address 4986 TAUNTON WAY		Transaction ID : INCA118574										
City COLUMBUS	State OH	Zip Code 43228										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00										
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 ▼ 390.00											

Full Name (Last, First, Middle Initial) C. LINDA ISHAM		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>20</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		20		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		20		2012								
Mailing Address 1644 SE BALLANTRAE BLVD		Transaction ID : INCA118723										
City PORT ST LUCIE	State FL	Zip Code 34952										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer LIBERTY MEDICAL	Occupation DIR BUSINESS PLANNING											
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).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR ERIC MCPHERSON		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>20</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	20	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	20	/	2012								
Mailing Address 15008 EAGLEPARK PL		Transaction ID : INCA118845										
City LITHIA	State FL	Zip Code 33547										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50										
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50											

Full Name (Last, First, Middle Initial) B. PHILLIP MONACO		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>20</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	20	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	20	/	2012								
Mailing Address 835 NE STOKES TERR		Transaction ID : INCA118721										
City JENSEN BEACH	State FL	Zip Code 34957										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer LIBERTY MEDICAL	Occupation DIR PHARMACY PRACTICES											
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) C. MR BRYAN OLENIK		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>20</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	20	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	20	/	2012								
Mailing Address 22212 N. 36TH ST		Transaction ID : INCA118843										
City PHOENIX	State AZ	Zip Code 85050										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50										
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50											

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 96 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 1342 DALTON CT

City State Zip Code
 FAIRFIELD OH 45014

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012

Transaction ID : INCA118796

Amount of Each Receipt this Period
 12.50

Full Name (Last, First, Middle Initial)
B. CHRISTOPHER RYAN

Mailing Address 7690 HUMMINGBIRD COURT

City State Zip Code
 WEST PALM BEACH FL 33412

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

Name of Employer Occupation
 LIBERTY MEDICAL SR DIR NETWORK CONTRACTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012

Transaction ID : INCA118730

Amount of Each Receipt this Period
 25.00

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

Mailing Address 5023 SW BERMUDA WAY

City State Zip Code
 PALM CITY FL 34990

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS EXEC OPS OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012

Transaction ID : INCA118718

Amount of Each Receipt this Period
 0.01

SUBTOTAL of Receipts This Page (optional)..... ▶ 37.51

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 1132 NORTH ST RT 123

City State Zip Code
 LEBANON OH 45036

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 ▼
 487.50

Date of Receipt
 09 / 20 / 2012
Transaction ID : INCA118798

Amount of Each Receipt this Period
 12.50

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

Mailing Address 10302 S FEDERAL HWY
 PO BOX 266

City State Zip Code
 PORT ST LUCIE FL 34952

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

Name of Employer Occupation
 LIBERTY MEDICAL VP ACCT SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 09 / 20 / 2012
Transaction ID : INCA118731

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. GRETA WELEBOB

Mailing Address 1179 SW RIO VISTA WAY

City State Zip Code
 PALM CITY FL 34990

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

Name of Employer Occupation
 LIBERTY MEDICAL DIR MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 09 / 20 / 2012
Transaction ID : INCA118678

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.50

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

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

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

FOR LINE NUMBER: PAGE 98 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 654 COPPER COVE CT

City State Zip Code
 LOVELAND OH 45140

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012

Transaction ID : INCA118831

Amount of Each Receipt this Period
 25.00

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

Mailing Address 7571 163 RD COURT N.

City State Zip Code
 PALM BEACH GARDENS FL 33418

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

Name of Employer Occupation
 LIBERTY MEDICAL SR DIR COMMERCIAL ECONOMICS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012

Transaction ID : INCA118732

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. MS LUCILLE ACCETTA

Mailing Address 11 ANDOVER CT

City State Zip Code
 CORTLANDT MANOR NY 10567

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118653

Amount of Each Receipt this Period
 25.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS LESLIE ACHTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 821 ALBEMARLE STREET

City WYCKOFF	State NJ	Zip Code 07481
-----------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ANALYTICAL SVCS
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118576

Amount of Each Receipt this Period
 50.00

B. MR STEPHEN ADLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 BELLVALE LAKES RD

City WARWICK	State NY	Zip Code 10990
-----------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118636

Amount of Each Receipt this Period
 50.00

C. MS KELLY AGNEW
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 E. NORTH WATER STREET #902

City CHICAGO	State IL	Zip Code 60611
-----------------	-------------	-------------------

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 ▼
 500.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118805

Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR JOHN AHLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2677 SKELTON LANE
 City BLACKLICK, State OH Zip Code 43004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR ENTERPRISE OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118712
 Amount of Each Receipt this Period
 12.50

B. JANET ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 WEST 83RD STREET APT #2
 City NEW YORK State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118814
 Amount of Each Receipt this Period
 0.50

C. MR JEFFREY ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 DEERPOND CT
 City FLEMINGTON State NJ Zip Code 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118616
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 28.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 101 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. 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 CHIEF CLINICAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118687

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
 1000.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118637

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. MR EVAN ANDRICOPOULOS

Mailing Address 216 ARROWOOD WAY

City State Zip Code
 BASKING RIDGE NJ 07920

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
 09 / 27 / 2012
Transaction ID : INCA118596

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS JAYME ANTONOPLOS		Date of Receipt
Mailing Address 48 WITTE ROAD		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
HEWITT	NJ	07421
FEC ID number of contributing federal political committee.		Transaction ID : INCA118650
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	DIR EXEC CORR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WILLIAM AX		Date of Receipt
Mailing Address 1607 STODDARD ST		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
ROCKFORD	IL	61108
FEC ID number of contributing federal political committee.		Transaction ID : INCA118699
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
ACCREDO HEALTH GROUP	AVP SALES-HEMOPHILIA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MS CHARLOTTE BABCOCK		Date of Receipt
Mailing Address 2636 SHAKER RD		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
CLEVELAND HEIGHTS	OH	44118
FEC ID number of contributing federal political committee.		Transaction ID : INCA118815
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	NATL ACCT EXEC	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR THOMAS BARDZELL			Date of Receipt
Mailing Address 189 FRANKLIN AVE			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA118585
MIDLAND PARK	NJ	07432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
MEDCO HEALTH SOLUTIONS	TECHNICAL SPECIALIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS MARYBETH BERENGUER			Date of Receipt
Mailing Address 2 WEXLER CT			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA118571
GARNERVILLE	NY	10923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
MEDCO HEALTH SOLUTIONS	DIR OPS		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS CARMEN BERG			Date of Receipt
Mailing Address P O BOX 1373			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA118842
MEDICAL LAKE	WA	99022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="12.50"/>
Name of Employer	Occupation		
MEDCO HEALTH SOLUTIONS	DIR PHARM PRACTICE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="487.50"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. JEAN BERGWALL		Date of Receipt
Mailing Address 2546 HOLLYHOCK COVE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
GERMANTOWN	TN	38138
FEC ID number of contributing federal political committee.		Transaction ID : INCA118740
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
ACCREDO HEALTH GROUP	DIR PRODUCT LINE II	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR CHRISTOPHER BERRY		Date of Receipt
Mailing Address 37-19 VICTORIA RD		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
FAIR LAWN	NJ	07410
FEC ID number of contributing federal political committee.		Transaction ID : INCA118787
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	DIR TECHNOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR DAVID BERRY		Date of Receipt
Mailing Address 11 COBBLESTONE LANE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
RAMSEY	NJ	07446
FEC ID number of contributing federal political committee.		Transaction ID : INCA118788
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	DIR TECHNOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 105 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. Inderpal Bhandari
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 ARDSLEY ROAD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLINICAL SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118655
 Amount of Each Receipt this Period 50.00

B. MS Eileen Bidell
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 WASHINGTON CT.
 City TOWACO State NJ Zip Code 07082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PHARM OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118611
 Amount of Each Receipt this Period 25.00

C. MR Andrew Bidinotto
 Full Name (Last, First, Middle Initial)
 Mailing Address 7728 GRACE DRIVE
 City NORTH RICHLAND HIL State TX Zip Code 76182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation BUSINESS PROCESS CHAMPION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 487.50

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118704
 Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. JAMES BLONDIN		Date of Receipt
Mailing Address 115 AUBURN MEADOWS DR		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
FORISTELL	MO	63348
FEC ID number of contributing federal political committee.		Transaction ID : INCA118742
Name of Employer		Amount of Each Receipt this Period
ACCREDITO HEALTH GROUP	Occupation	<input type="text" value="25.00"/>
GENERAL MGR - MULTI BRANCH		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR MICHAEL BOGDA		Date of Receipt
Mailing Address 80 LEONA CT		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
LEVITTOWN	NY	11756
FEC ID number of contributing federal political committee.		Transaction ID : INCA118623
Name of Employer		Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	Occupation	<input type="text" value="25.00"/>
SR DIR TECHNOLOGY		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR BARRY BOUDREAU		Date of Receipt
Mailing Address 6527 SHORBURGH DRIVE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
INDIANAPOLIS	IN	46278
FEC ID number of contributing federal political committee.		Transaction ID : INCA118839
Name of Employer		Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	Occupation	<input type="text" value="25.00"/>
DIR PHARM PRACTICE		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="975.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 107 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR KEITH BRADBURY
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 DERFUSS LN
 City State Zip Code
 BLAUVELT NY 10913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS EXEC DIR DRUG INFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118728
 Amount of Each Receipt this Period
 25.00

B. MR PAUL BRESSI
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 ALDER DR
 City State Zip Code
 RAMSEY NJ 07446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118618
 Amount of Each Receipt this Period
 25.00

C. MS LINDA BRIDGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 BEECH ST
 City State Zip Code
 BELLEVILLE NJ 07109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR MARKETING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118677
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 108 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. MR PAUL BRISSON
 Mailing Address 133 Highbrook Avenue
 City State Zip Code
 PELHAM NY 10803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118660
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. STEVEN BROWN
 Mailing Address 140 S Grove Park
 City State Zip Code
 MEMPHIS TN 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP DIR PRODUCT LINE II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118739
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. 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 PRODUCT DEVELOPMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118659
 Amount of Each Receipt this Period
 40.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 109 OF 173
	(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"/> 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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS MELISSA CARR		Date of Receipt
Mailing Address 8 BRIARCLIFF TERRACE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
KINNELON	NJ	07405
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118729
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	VP CHANNEL & GENERIC MKTING	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. JOSEPH CASACCIA JR		Date of Receipt
Mailing Address 9788 LIPSEY CV		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
GERMANTOWN	TN	38139
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118840
Name of Employer	Occupation	Amount of Each Receipt this Period
ACCREDO HEALTH GROUP	DIR PHARM PRACTICE	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. MS CATHERINE CASALE		Date of Receipt
Mailing Address 16345 HEATHROW DRIVE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
TAMPA	FL	33647
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118817
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR ACCT MGR	<input type="text" value="13.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="88.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 110 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. MRS MARLENE CLEMENT

Mailing Address 42 MESQUITE VILLAGE CIR

City Henderson State NV Zip Code 89012

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118783

Amount of Each Receipt this Period 12.50

Full Name (Last, First, Middle Initial)
B. MR DANIEL COLE

Mailing Address 2901 HIDDEN HILLS WAY

City Corona State CA Zip Code 92882

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

Name of Employer ACCREDO HEALTH GROUP Occupation VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118735

Amount of Each Receipt this Period 28.00

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

Mailing Address 703 SUCCASUNNA RD.

City Landing State NJ Zip Code 07850

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118599

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. WILLIAM CONSIDINE		Date of Receipt										
Mailing Address 130 WEST 67TH STREET, #4J		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>27</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		27		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		27		2012								
City	State	Zip Code										
NEW YORK	NY	10023										
FEC ID number of contributing federal political committee.		Transaction ID : INCA118625										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		25.00										
Name of Employer	Occupation											
MEDCO HEALTH SOLUTIONS	SR DIR TECHNOLOGY											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00											

Full Name (Last, First, Middle Initial) B. MR ROBERT COOK		Date of Receipt										
Mailing Address 270 S FRANKLIN TURNPIKE		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>27</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		27		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		27		2012								
City	State	Zip Code										
RAMSEY	NJ	07446										
FEC ID number of contributing federal political committee.		Transaction ID : INCA118639										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		25.00										
Name of Employer	Occupation											
MEDCO HEALTH SOLUTIONS	SR DIR HLTH CARE OPS											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00											

Full Name (Last, First, Middle Initial) C. JOHN CORBETT		Date of Receipt										
Mailing Address 124 FUHRMAN AVENUE		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>27</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		27		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		27		2012								
City	State	Zip Code										
RAMSEY	NJ	07446										
FEC ID number of contributing federal political committee.		Transaction ID : INCA118820										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		25.00										
Name of Employer	Occupation											
MEDCO HEALTH SOLUTIONS	SR ATTORNEY											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00											

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS MICHELLE CULPEPPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 CARMELL CT
 City COLUMBUS State OH Zip Code 43228
 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 **487.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118794
 Amount of Each Receipt this Period
12.50

B. MR ANGELO CUOZZO
 Full Name (Last, First, Middle Initial)
 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 SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118620
 Amount of Each Receipt this Period
25.00

C. MR AJAY DALAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4603 NEWCASTLE DRIVE
 City FRISCO State TX Zip Code 75034
 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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118781
 Amount of Each Receipt this Period
25.00

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

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS CHRISTINE D'AQUINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 CLIFTON PLACE
 City GLEN ROCK State NJ Zip Code 07452
 Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118662
 Amount of Each Receipt this Period 2500
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRODUCT DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

B. WARREN DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 SADDLEGAIT COVE
 City GERMANTOWN State TN Zip Code 38138
 Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118753
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer ACCREDO HEALTH GROUP Occupation VP STRATEGY & PRODUCT DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1000.00

C. MR DANIEL DAVISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 BENTLEY DRIVE
 City FRANKLIN LAKES State NJ Zip Code 07417
 Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118673
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP FINANCIAL PLANNING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1000.00

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

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

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

FOR LINE NUMBER: PAGE 114 OF 173
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS KATHLEEN DEFABIIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 HUDSON AVE
 City WALDWICK State NJ Zip Code 07463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLIENT SVC DELIVERY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118800
 Amount of Each Receipt this Period 25.00

B. MR LUCA DEFLORENTIIS
 Full Name (Last, First, Middle Initial)
 Mailing Address N108 W7045 BERKSHIRE STREET
 City CEDARBURG State WI Zip Code 53012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation REGIONAL VP SYSTEMED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118683
 Amount of Each Receipt this Period 25.00

C. JUDITH DERRINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3306 SHALLOW COVE COURT
 City CRESTWOOD State KY Zip Code 40014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation AVP SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118752
 Amount of Each Receipt this Period 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR FRANK DICALOGERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 ARTHUR STREET
 City State Zip Code
 RIDGEFIELD PARK NJ 07660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR FINANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118605
 Amount of Each Receipt this Period
 25.00

B. MS TAMARA DIDYK
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 BEAVER RUN RD
 City State Zip Code
 LAFAYETTE NJ 07848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR ENTERPRISE OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118710
 Amount of Each Receipt this Period
 12.50

C. MR BENJAMIN DIMARCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 ANN STREET
 City State Zip Code
 VERONA NJ 07044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118819
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....	72.50
TOTAL This Period (last page this line number only).....	

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS MERIDITH DORNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 8010 ORCHARD VIEW LANE
 City FOGELSVILLE State PA Zip Code 18051
 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 ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118806
 Amount of Each Receipt this Period 25.00

B. MR PETER DUNLEAVY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 DECKER TERRACE
 City KINNELON State NJ Zip Code 07405
 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 ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118603
 Amount of Each Receipt this Period 25.00

C. MR STEPHEN DUNLEAVY
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118632
 Amount of Each Receipt this Period 50.00

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

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

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

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS SUZANNE DURY
 Full Name (Last, First, Middle Initial)
 Mailing Address 147 MIDLAND AVE
 City State Zip Code
 PARK RIDGE NJ 07656
 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 ▼
 206.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118589
 Amount of Each Receipt this Period
 0.50

B. MS REBECCA DYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 POPLAR ESTATES PKY
 City State Zip Code
 GERMANTOWN TN 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP DIR RN PERF MGMT & IMPROVEMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118697
 Amount of Each Receipt this Period
 25.00

C. MS JANET EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address N8W27837 WOODRIDGE LANE
 City State Zip Code
 WAUKESHA WI 53188
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118780
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR SCOTT ERHARDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 11540 39TH AVE N

City PLYMOUTH	State MN	Zip Code 55441
------------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ACCT SVCS & ADMIN
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118631

Amount of Each Receipt this Period
 50.00

B. SUSAN FAUST
 Full Name (Last, First, Middle Initial)
 Mailing Address 6614 HERONSWOOD COVE

City MEMPHIS	State TN	Zip Code 38119
-----------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLINICAL SVCS
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118656

Amount of Each Receipt this Period
 50.00

C. MS DAWN FELDNER
 Full Name (Last, First, Middle Initial)
 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 SR DIR BUSINESS REQUIREMENTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118598

Amount of Each Receipt this Period
 25.00

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

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

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

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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. FORREST FERRARI
 Mailing Address 1170 SW LIGHTHOUSE DR
 City PALM CITY State FL Zip Code 34990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PRODUCT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118665
 Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
B. MR THOMAS FERRAZZANO
 Mailing Address 464 SPRING AVE.
 City RIDGEWOOD State NJ Zip Code 07450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118621
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. RONALD FIELMANN
 Mailing Address 2061 ARLEEN CT
 City SCHAUMBURG State IL Zip Code 60194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation AVP SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118751
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 120 OF 173
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR DON FISCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 TRACY CIRCLE

City CAMPBELL HALL	State NY	Zip Code 10916
-----------------------	-------------	-------------------

Date of Receipt: 09 / 27 / 2012
Transaction ID : INCA118614

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 25.00

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

B. MR EDWARD FISCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 465 OLD STONE RD

City RIDGEWOOD	State NJ	Zip Code 07450
-------------------	-------------	-------------------

Date of Receipt: 09 / 27 / 2012
Transaction ID : INCA118724

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 50.00

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLINICAL PROD INTEGRATION
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 1000.00

C. MS THERESA FITCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5650 GREAT NORTHERN BLVD
 #C2

City NORTH OLMSTED	State OH	Zip Code 44070
-----------------------	-------------	-------------------

Date of Receipt: 09 / 27 / 2012
Transaction ID : INCA118816

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

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

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

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

FOR LINE NUMBER: PAGE 121 OF 173
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. MR JOHN FORD
 Mailing Address 6 SILVER LAKE DRIVE
 City SHAMONG State NJ Zip Code 08088
 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 ▼ 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118834
 Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. KEVIN FRANCO
 Mailing Address 287 FERRIS PLACE
 City RIDGEWOOD State NJ Zip Code 07450
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118609
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. MS PATRICIA GALLAGHER
 Mailing Address 842 ASHLER CT
 City COLUMBUS State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118813
 Amount of Each Receipt this Period
 25.00

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

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

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

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR BARNEY GALLASSIO
 Full Name (Last, First, Middle Initial)
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118573
 Amount of Each Receipt this Period
 50.00

B. MR OMHARAI SRIRAM GANGAIKONDAN-IYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 CAIRNES ROAD
 City State Zip Code
 MORRIS PLAINS NJ 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118792
 Amount of Each Receipt this Period
 25.00

C. MR FRANK GENTILELLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 BROOKSHIRE DR
 City State Zip Code
 ROBBINSVILLE NJ 08691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP/GM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118830
 Amount of Each Receipt this Period
 50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 OF 173
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. LILLIAN GERMAN

Mailing Address 6900 LAKE WOODLANDS DR.
 APT. 625

City State Zip Code
 THE WOODLANDS TX 77381

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR GOV AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118686

Amount of Each Receipt this Period
 300.00

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

Mailing Address 544 DENMOOR COURT

City State Zip Code
 GALLOWAY OH 43119

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR ENTERPRISE OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 487.50

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118708

Amount of Each Receipt this Period
 12.50

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

Mailing Address 43 OVERLOOK RIDGE

City State Zip Code
 OAKLAND NJ 07436

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 363.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118561

Amount of Each Receipt this Period
 1.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 43.50

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

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 1700 SUNRISE COURT

City State Zip Code
 BURNSVILLE MN 55306

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118654

Amount of Each Receipt this Period
 50.00

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

Mailing Address 8702 CHELMSFORD LANE

City State Zip Code
 SPRING TX 77379

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

Name of Employer Occupation
 ACCREDO HEALTH GROUP VP SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118737

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. 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 BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118594

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

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FOR LINE NUMBER: PAGE 125 OF 173
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS TRACY GRUNSFELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 NORTH END AVENUE
 APT 3C
 City NEW YORK State NY Zip Code 10282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CONSUMER DRIVEN MKTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118676
 Amount of Each Receipt this Period 50.00

B. SHARON HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 186 N. WHITE STATION RD
 City MEMPHIS State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation DIR HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118745
 Amount of Each Receipt this Period 25.00

C. MS SHANA HART
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 FAIR GREEN DRIVE
 City TROPHY CLUB State TX Zip Code 76262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118566
 Amount of Each Receipt this Period 50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR MARK HARTMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8980 KNOBLE COURT
 City State Zip Code
 EDEN PRAIRIE MN 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR ACCT MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118558
 Amount of Each Receipt this Period
 25.00

B. MR MARK HEGGESTAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13210 N. 11TH AVE.
 City State Zip Code
 PHOENIX AZ 85029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118827
 Amount of Each Receipt this Period
 25.00

C. MR SCOTT HELMUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 VALLEY RD
 City State Zip Code
 SUCCASUNNA NJ 07876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP CLIENT SOLUTIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 764.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118682
 Amount of Each Receipt this Period
 1.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS JANE HILDEBRANDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 CASCADE WAY
 City BUTLER State NJ Zip Code 07405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR E-COM STRAT & DELIV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118786
 Amount of Each Receipt this Period
 25.00

B. MR TIMOTHY HOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 HIRLE ST
 City CORNWALL ON HUDSON State NY Zip Code 12520
 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 ▼ 212.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118582
 Amount of Each Receipt this Period
 1.00

C. MR ROGER HOLLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 SAINT RAPHAEL
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118829
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 128 OF 173
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR JOHN HOLLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4986 TAUNTON WAY
 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 ▼ 390.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118575
 Amount of Each Receipt this Period 10.00

B. MR MATTHEW HOLMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 WESTON PARK DR
 City POWELL State OH Zip Code 43065
 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 ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118810
 Amount of Each Receipt this Period 25.00

C. LYNN HOSTMYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6708 N.W. 112TH
 City OKLAHOMA CITY State OK Zip Code 73162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation GENERAL MGR - MULTI BRANCH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118741
 Amount of Each Receipt this Period 25.00

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

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

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

FOR LINE NUMBER: PAGE 129 OF 173
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MRS KIMBERLY HUMPHRIES
 Full Name (Last, First, Middle Initial)
 Mailing Address 10010 POINTE COVE
 City LAKELAND State TN Zip Code 38002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation VP REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118734
 Amount of Each Receipt this Period 50.00

B. DR SUSAN ITO HOLLANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6366 SW 90TH STREET
 City GAINESVILLE State FL Zip Code 32608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118668
 Amount of Each Receipt this Period 50.00

C. MS MARIANNE JACKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 329 MORRIS AVENUE
 City MOUNTAIN LAKES State NJ Zip Code 07046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118559
 Amount of Each Receipt this Period 50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS TERESE JACKSON		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address 6085 S. PRESTON LANE		Transaction ID : INCA118560										
City NEW BERLIN	State WI	Zip Code 53151										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00										
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name (Last, First, Middle Initial) B. MS MICHELLE JAEGER		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address 302 HERMAN TERRACE		Transaction ID : INCA118570										
City HOPKINS	State MN	Zip Code 55343										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00										
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name (Last, First, Middle Initial) C. MR JASON JAMES		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address RR 2 BOX 2036		Transaction ID : INCA118679										
City CANADENSIS	State PA	Zip Code 18325										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00										
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHYSICIAN ENGAGEMENT											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00											

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

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

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

FOR LINE NUMBER: PAGE 131 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR EDWARD JESELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3270 KENNEY DR
 City GERMANTOWN State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation DIR NATIONAL DISPENSING OPERAT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118743
 Amount of Each Receipt this Period 25.00

B. ROBERT JINKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 PAGE AVE
 City LYNDHURST State NJ Zip Code 07071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS REQUIREMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118628
 Amount of Each Receipt this Period 50.00

C. MRS ANNE JOHNSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 S. HARBOUR ISLAND BLVD UNIT 432
 City TAMPA State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR INFO SERVICE CENTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118698
 Amount of Each Receipt this Period 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MRS REGINA JONES		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address POST OFFICE BOX 750995		Transaction ID : INCA118613										
City LAS VEGAS	State NV	Zip Code 89136										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00											
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 ▼ 1500.00											

Full Name (Last, First, Middle Initial) B. MR HECTOR JUST		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address 5329 BAYSHORE BLVD.		Transaction ID : INCA118610										
City TAMPA	State FL	Zip Code 33611										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 12.50											
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR FACILITY PLANNING & DESIGN											
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 BECKY KAUS		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address N81 W18359 TOURS DR		Transaction ID : INCA118824										
City MENOMONEE FALLS	State WI	Zip Code 53051										
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 CLINICAL SVCS											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

SUBTOTAL of Receipts This Page (optional).....▶	112.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR WILLIAM KEELER		Date of Receipt
Mailing Address 63 MOUNTAIN GLEN ROAD		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
RINGWOOD	NJ	07456
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118586
MEDCO HEALTH SOLUTIONS	TECHNICAL SPECIALIST	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. MS MICHELLE KEHOE		Date of Receipt
Mailing Address 26-1 FARMHOUSE LANE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
MORRISTOWN	NJ	07960
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118714
MEDCO HEALTH SOLUTIONS	SR DIR INT'L MARKETS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) C. MR WILLIAM KELLEY III		Date of Receipt
Mailing Address 1970 WOODLANDS PL		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
POWELL	OH	43065
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118651
MEDCO HEALTH SOLUTIONS	GENERAL MGR GROUP	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="50.00"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MS KARIN KLEINEGGER		Date of Receipt										
Mailing Address 121 CONKLING TOWN ROAD		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>27</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		27		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		27		2012								
City	State	Zip Code										
CHESTER	NY	10918										
FEC ID number of contributing federal political committee.		Transaction ID : INCA118601										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		25.00										
Name of Employer	Occupation											
MEDCO HEALTH SOLUTIONS	SR DIR ACCT MGMT											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00											

Full Name (Last, First, Middle Initial) B. RICHARD KLUSOVSKY		Date of Receipt										
Mailing Address 1016 FAIRWOOD LANE		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>27</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		27		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		27		2012								
City	State	Zip Code										
ACWORTH	GA	30101										
FEC ID number of contributing federal political committee.		Transaction ID : INCA118750										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		25.00										
Name of Employer	Occupation											
ACCREDO HEALTH GROUP	AVP MANAGED CARE											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00											

Full Name (Last, First, Middle Initial) C. MR BRADFORD KOGEN		Date of Receipt										
Mailing Address 555 FORBUSH STREET		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>27</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		27		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		27		2012								
City	State	Zip Code										
BOONTON	NJ	07005										
FEC ID number of contributing federal political committee.		Transaction ID : INCA118647										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		25.00										
Name of Employer	Occupation											
MEDCO HEALTH SOLUTIONS	SR DIR CLIENT RETAIL											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00											

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

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

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

FOR LINE NUMBER: PAGE 135 OF 173
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS KATHLEEN KORDUCKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 159 WINFIELD DR
 City BOWLING GREEN State OH Zip Code 43402
 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 ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118562
 Amount of Each Receipt this Period 50.00

B. MS ANNE KRAFT
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 ROSEMILT PLACE
 City MORRISTOWN State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR MARKET SEGMENT SOLUTIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118675
 Amount of Each Receipt this Period 25.00

C. MS CYNTHIA LAUBACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 KIMBERLY COURT
 City ROSEVILLE State CA Zip Code 95661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118578
 Amount of Each Receipt this Period 50.00

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

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

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

FOR LINE NUMBER: PAGE 136 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MICHELE LAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 KINGFRED DR
 City NORTH HUNTINGDON State PA Zip Code 15642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation VP TRC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118696
 Amount of Each Receipt this Period
 25.00

B. PAUL LEAPO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 CHRISTIAN DRIVE
 City EAST BRUNSWICK State NJ Zip Code 08816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118624
 Amount of Each Receipt this Period
 26.00

C. EMMA LEVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 SALEM RD
 City EAST BRUNSWICK State NJ Zip Code 08816
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118588
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 137 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 18 HARLIND TERRACE

City State Zip Code
 RAMSEY NJ 07446

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118567

Amount of Each Receipt this Period
 50.00

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

Mailing Address 232 EVERGREEN CT

City State Zip Code
 MOUNTAINSIDE NJ 07092

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR PROJECT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118801

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. ERICA MACK

Mailing Address 221 DELTA DRIVE

City State Zip Code
 MARION AR 72364

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

Name of Employer Occupation
 ACCREDO HEALTH GROUP DIR ENTERPRISE OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118713

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR MUDIT MAHESHWARI
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 WATCHUNG TRL
 City BRANCHBURG State NJ Zip Code 08876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRODUCT DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118661
 Amount of Each Receipt this Period
 25.00

B. MR MICHAEL MANDAGLIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 GREEN WAY
 City NEW PROVIDENCE State NJ Zip Code 07974
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118602
 Amount of Each Receipt this Period
 50.00

C. MS ILENE MARCUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 97 BLUEBERRY DR
 City WOODCLIFF LAKE DR State NJ Zip Code 07675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118608
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR JOSEPH MARINELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 SOUND BEACH AVENUE

City OLD GREENWICH	State CT	Zip Code 06870
-----------------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MEDICARE OPS
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118670

Amount of Each Receipt this Period
 25.00

B. MRS SHELLY MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9536 DOE MEADOW DR

City GERMANTOWN	State TN	Zip Code 38139
--------------------	-------------	-------------------

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

Name of Employer ACCREDITO HEALTH GROUP	Occupation DIR HR
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118746

Amount of Each Receipt this Period
 25.00

C. MR EDWARD MARTINEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 SALTER PLACE

City MAPLEWOOD	State NJ	Zip Code 07040
-------------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT MGMT
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : INCA118667

Amount of Each Receipt this Period
 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR THOMAS MCDONALD		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address 0-45 27TH ST		Transaction ID : INCA118789										
City FAIR LAWN	State NJ	Zip Code 07410										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) B. MR WILLIAM MCLAUGHLIN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address 8 BATES CIRCLE		Transaction ID : INCA118646										
City FLORIDA	State NY	Zip Code 10921										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
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 ▼ 500.00											

Full Name (Last, First, Middle Initial) C. MR ERIC MCPHERSON		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address 15008 EAGLEPARK PL		Transaction ID : INCA118846										
City LITHIA	State FL	Zip Code 33547										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50										
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50											

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

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

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

FOR LINE NUMBER: PAGE 141 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MRS WENDY MELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5147 BLUE SPRUCE DR
 City YPSILANTI State MI Zip Code 48197
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118577
 Amount of Each Receipt this Period
 200.00

B. MS LAURA MENVILLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 UNION HILL RD
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118790
 Amount of Each Receipt this Period
 10.00

C. DANETTE MEREDITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 W 2ND AVE
 City DERRY State PA Zip Code 15627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation VP SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118736
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR DAN MILKENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 DOWNING STREET
 City NORTHBROOK State IL Zip Code 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118828
 Amount of Each Receipt this Period
 25.00

B. DAVID MILLER
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118836
 Amount of Each Receipt this Period
 50.00

C. EDDY MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 POND AVENUE
 APT: 305
 City BROOKLINE State MA Zip Code 02445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118626
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 173
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	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR BHUPESH MISTRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 BRIARWOOD CT
 City WHIPPANY State NJ Zip Code 07981
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118580
 Amount of Each Receipt this Period
 25.00

B. MR PETER MONKHOUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 BRONCO CIR
 City WARRINGTON State PA Zip Code 18976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118617
 Amount of Each Receipt this Period
 25.00

C. MR CRAIG MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address N 49 W 25648 MCKERROW DR
 City PEWAUKEE State WI Zip Code 53072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118669
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. MR RICHARD MOUNTJOY

Mailing Address **2 STONEBRIDGE RD**

City **SPARTA** State **NJ** 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
09 / 27 / 2012

Transaction ID : INCA118568

Amount of Each Receipt this Period
200.00

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

Mailing Address **16329 RIVERBIRCH DRIVE**

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 SVCS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 27 / 2012

Transaction ID : INCA118779

Amount of Each Receipt this Period
25.00

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

Mailing Address **220 LAUREL BAY DRIVE**

City **MURRELLS INLET** State **SC** Zip Code **29576**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 27 / 2012

Transaction ID : INCA118821

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.00**

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

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

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

FOR LINE NUMBER: PAGE 145 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS BARBARA NEVERTH
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 523
 City SUGAR LOAF State NY Zip Code 10981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118593
 Amount of Each Receipt this Period
25.00

B. MR CHARLES OESTREICHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 PARK DR SOUTH
 City RYE State NY Zip Code 10580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT OPERATIONS SUPPORT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118688
 Amount of Each Receipt this Period
50.00

C. MR MELVIN OHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 274 E FRANKLIN TPKE
 City RIDGEWOOD State NJ Zip Code 07450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROCUREMENT & INVENTORY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118727
 Amount of Each Receipt this Period
50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR BRYAN OLENIK			Date of Receipt
Mailing Address 22212 N. 36TH ST			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA118844
PHOENIX	AZ	85050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="12.50"/>
Name of Employer	Occupation		
MEDCO HEALTH SOLUTIONS	DIR PHARM PRACTICE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="487.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS CLAUDINE OLSEN			Date of Receipt
Mailing Address 4 HIGHGATE CT			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA118812
SUFFERN	NY	10901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
MEDCO HEALTH SOLUTIONS	NATL ACCT EXEC		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS PATRICE OLSON			Date of Receipt
Mailing Address 9933 TOLEDO DRIVE NORTH			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : INCA118600
BROOKLYN PARK	MN	55443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
MEDCO HEALTH SOLUTIONS	SR DIR ACCT MGMT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 147 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 1 SCHINDLER CT

City State Zip Code
 UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118795

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City State Zip Code
 UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR BIAC SYSTEMS SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118702

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. 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 Y
 09 / 27 / 2012

Transaction ID : INCA118597

Amount of Each Receipt this Period
25.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 173
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	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. JULIE PAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 BRITTANY DRIVE

City	State	Zip Code
WAYNE	NJ	07470

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

Name of Employer	Occupation
MEDCO HEALTH SOLUTIONS	VP STRATEGIC MKT DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118705

Amount of Each Receipt this Period
 25.00

B. MR RICHARD PALOMBO
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 E. HOLLYWOOD LANE

City	State	Zip Code
BEESELY'S POINT	NJ	08223

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

Name of Employer	Occupation
MEDCO HEALTH SOLUTIONS	SR DIR PHARMACY REGULATORY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118685

Amount of Each Receipt this Period
 25.00

C. MS GIRA PATEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 FOXHILL RUN

City	State	Zip Code
MONMOUTH JUNCTION	NJ	08852

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

Name of Employer	Occupation
MEDCO HEALTH SOLUTIONS	SR DIR BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118595

Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. JIMMY PERREN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address 1250 BRAY PARK DR EAST		Transaction ID : INCA118733										
City COLLIERVILLE	State TN	Zip Code 38017										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00										
Name of Employer ACCREDITO HEALTH GROUP	Occupation VP REGULATORY COMPLIANCE											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00											

Full Name (Last, First, Middle Initial) B. MR NATHAN PETERSON		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address 1520 PEMBROKE PASS		Transaction ID : INCA118808										
City CHANHASSEN	State MN	Zip Code 55317										
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 ▼ 500.00											

Full Name (Last, First, Middle Initial) C. MR THOMAS PIERCE		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address 10297 E. LAKE DR.		Transaction ID : INCA118837										
City ENGLEWOOD	State CO	Zip Code 80111										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00										
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP LABOR RELATIONS											
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).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. DR PAGE PIGG		Date of Receipt
Mailing Address 9297 ANGLER TRL		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
MECHANICSVILLE	VA	23116
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118778
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	DIR CLINICAL SVCS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. MS JANET PORAT		Date of Receipt
Mailing Address 5 CRABAPPLE CT		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
MONSEY	NY	10952
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118615
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR DIR TECHNOLOGY	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. BARBARA PROSSER		Date of Receipt
Mailing Address 8A HEMLOCK ROAD		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
COLUMBIA	NJ	07832
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA118689
Name of Employer	Occupation	Amount of Each Receipt this Period
CRITICAL CARE SYSTEMS	VP CLINICAL MGMT & SVCS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 151 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS CATHERINE PURDUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 318 NEWBURY DRIVE
 City MONROEVILLE State PA Zip Code 15146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118633
 Amount of Each Receipt this Period
 25.00

B. SYED QUADRI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6040 KENNEDY BLVD EAST APT 30N
 City WEST NEW YORK State NJ Zip Code 07093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRIVACY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118648
 Amount of Each Receipt this Period
 25.00

C. MS FRANCES RAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 ROSS ROAD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PRIVACY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118649
 Amount of Each Receipt this Period
 75.00

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

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

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

FOR LINE NUMBER: PAGE 152 OF 173
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS MARGARET REICHENBACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 UNDERWOOD DR
 City WEST ORANGE State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118645
 Amount of Each Receipt this Period
 25.00

B. MRS HEATHER REIGLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10816 BARBADOS ISLE DRIVE
 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 CUST SVC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118849
 Amount of Each Receipt this Period
 25.00

C. MR JOSEPH REYNOLDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6308 HILLTOP COURT
 City FORT LEE State NJ Zip Code 07024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS REQUIREMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118629
 Amount of Each Receipt this Period
 70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR WILLIAM RINCON
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 CLINTON VIEW TERRACE

City HEWITT	State NJ	Zip Code 07421
----------------	-------------	-------------------

Date of Receipt: 09 / 27 / 2012
Transaction ID : INCA118666

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 PROJECT MGR
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

B. ELIZABETH RITCHIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 DAY RD

City PLEASANT VALLEY	State CT	Zip Code 06063
-------------------------	-------------	-------------------

Date of Receipt: 09 / 27 / 2012
Transaction ID : INCA118630

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 50.00

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MARKET STRATEGY
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 1000.00

C. MR DAVID ROBARGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4565 QUEENSLAND LN N

City MINNEAPOLIS	State MN	Zip Code 55446
---------------------	-------------	-------------------

Date of Receipt: 09 / 27 / 2012
Transaction ID : INCA118822

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 CLINICAL SVCS
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

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

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 1342 DALTON CT

City State Zip Code
 FAIRFIELD OH 45014

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 487.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118797

Amount of Each Receipt this Period
 12.50

Full Name (Last, First, Middle Initial)
B. MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City State Zip Code
 KINNELON NJ 07405

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118643

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118590

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 155 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MRS SARA SABIN		Date of Receipt
Mailing Address 133 MOUNTAIN ROAD		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
CORNWALL-ON-HUDSON	NY	12520
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118809
MEDCO HEALTH SOLUTIONS	NATL ACCT EXEC	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. MS BETH SAVARE		Date of Receipt
Mailing Address 27 JONES LN		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
BLAIRSTOWN	NJ	07825
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118612
MEDCO HEALTH SOLUTIONS	SR DIR PHARM OPS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) C. MR MITCHELL SCHERF		Date of Receipt
Mailing Address 739 CAMBERWELL DR		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
EAGAN	MN	55123
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : INCA118807
MEDCO HEALTH SOLUTIONS	NATL ACCT EXEC	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. FRANCIS SCHULTE

Mailing Address 5023 SW BERMUDA WAY

City PALM CITY	State FL	Zip Code 34990
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FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC OPS OFFICER
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.13**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : INCA118719

Amount of Each Receipt this Period
0.01

Full Name (Last, First, Middle Initial)
B. ERIC SCHUPP

Mailing Address 340 S. MAIN

City MEMPHIS	State TN	Zip Code 38103
-----------------	-------------	-------------------

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

Name of Employer ACCREDITO HEALTH GROUP	Occupation DIR PRODUCT LINE II
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : INCA118738

Amount of Each Receipt this Period
25.00

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

Mailing Address 9111 N KARLOV

City SKOKIE	State IL	Zip Code 60076
----------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL PROD CONSULT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : INCA118717

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	50.01
TOTAL This Period (last page this line number only).....▶	

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. 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 VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118835

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. 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 VP CLINICAL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118652

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118754

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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

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

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

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. WENDELL SHERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 748
 City COLLIERVILLE State TN Zip Code 38027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation DIR ACCDO CORP HR & TALENT MGT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118695
 Amount of Each Receipt this Period
 300.00

B. MR JAMES SHIVAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 PROSPECT AVE
 City NORTH ARLINGTON State NJ Zip Code 07031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation DIR PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118744
 Amount of Each Receipt this Period
 25.00

C. MS ANNE SIGILLITO
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 FAIRHAVEN DRIVE
 City ALLENDALE State NJ Zip Code 07401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GENERIC STRAT & CUST DV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118680
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 159 OF 173
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR JOHN SISTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 MAYBERRY LANE
 City State Zip Code
 MECHANICSBURG PA 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR PHARMACY REGULATORY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118684
 Amount of Each Receipt this Period
 25.00

B. MR EDWARD SKRIPATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 RIVER ROAD
 UNIT D9
 City State Zip Code
 CLIFTON NJ 07014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118584
 Amount of Each Receipt this Period
 25.00

C. ANN SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 437 GLENDALE RD
 City State Zip Code
 WYCKOFF NJ 07481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR PUBLIC AFFAIRS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118674
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 173
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR ERIC SMITHER		Date of Receipt
Mailing Address 1132 NORTH ST RT 123		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
LEBANON	OH	45036
FEC ID number of contributing federal political committee.		Transaction ID : INCA118799
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="12.50"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	DIR OPS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="487.50"/>	

Full Name (Last, First, Middle Initial) B. BRENDA STAFFORD		Date of Receipt
Mailing Address 647 BERKELEY AVENUE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
ORANGE	NJ	07050
FEC ID number of contributing federal political committee.		Transaction ID : INCA118756
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	ASST COUNSEL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. MR RALPH STAIANO		Date of Receipt
Mailing Address 1 LAMBROS DRIVE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
MONROE	NY	10950
FEC ID number of contributing federal political committee.		Transaction ID : INCA118592
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SR DIR BUSINESS REQUIREMENTS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 161 OF 173
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. MS JILL STEARNS
 Mailing Address 13130 HALSELL DR
 City State Zip Code
 AUSTIN TX 78732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118569
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. MS LEAH STERMAN-KABRT
 Mailing Address 24 OAK PL
 City State Zip Code
 NORTH CALDWELL NJ 07006
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118583
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. MS JANNA STOUL
 Mailing Address 4 APACHE WAY
 City State Zip Code
 MONTVILLE NJ 07045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118644
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 162 OF 173
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS SUZANNE STREDNAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 WATCHUNG DR
 City State Zip Code
 HAWTHORNE NJ 07506
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118823
 Amount of Each Receipt this Period
 50.00

B. MS PATRICIA STRETE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9930 FOREST AVENUE
 City State Zip Code
 LAKEVIEW OH 43331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR CLINICAL THERAPEUTICS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118640
 Amount of Each Receipt this Period
 25.00

C. MILAYNA SUBAR MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 RIVERSIDE DRIVE
 #8CE
 City State Zip Code
 NEW YORK NY 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP NATIONAL PRACTICE LEADER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118691
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 163 OF 173
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MS COLEEN SULLIVAN
 Full Name (Last, First, Middle Initial)
 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 TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118622
 Amount of Each Receipt this Period 25.00

B. MR MARK SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16025 PINE VALE PL.
 City MIDLOTHIAN State VA Zip Code 23113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation BUSINESS PROCESS SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118701
 Amount of Each Receipt this Period 50.00

C. MARK TANKERSLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1374 SAWMILL CREEK LANE
 City CORDOVA State TN Zip Code 38018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation DIR MEDICAL INFORMATICS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118749
 Amount of Each Receipt this Period 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 173
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MR BOOBALAN THANGAVELU
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 SNEAD COURT
 City FLANDERS State NJ Zip Code 07836
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118587
 Amount of Each Receipt this Period
 25.00

B. MS MELISSA THOMET
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 HINMAN AVE #1E
 City EVANSTON State IL Zip Code 60202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118692
 Amount of Each Receipt this Period
 25.00

C. MS MARY THORSBY
 Full Name (Last, First, Middle Initial)
 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118565
 Amount of Each Receipt this Period
 100.00

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

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

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

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MRS CHINNERETH TORRACA
 Full Name (Last, First, Middle Initial)
 Mailing Address 95 ERNST AVENUE
 City BLOOMFIELD State NJ Zip Code 07003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLIENT REQUIREMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118638
 Amount of Each Receipt this Period
 25.00

B. MR DAVID TRICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 BRADFORD DR.
 City SCHWENKSVILLE State PA Zip Code 19473
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118579
 Amount of Each Receipt this Period
 25.00

C. MR JEFFREY TYLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 KNOLL TERRACE
 City HAZLET State NJ Zip Code 07730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118619
 Amount of Each Receipt this Period
 30.77

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.77
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MRS JENNIFER UTTERDYKE		Date of Receipt
Mailing Address 1881 GREENTREE ROAD		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
LEBANON	OH	45036
FEC ID number of contributing federal political committee.		Transaction ID : INCA118706
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	DIR MEDICATION SAFETY/QUALITY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MRS JEANNINE VANKLEECK		Date of Receipt
Mailing Address 56 ZIMMER AVENUE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
MIDLAND PARK	NJ	07432
FEC ID number of contributing federal political committee.		Transaction ID : INCA118725
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	DIR FINANCIAL APPLICATIONS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR WIL VELARDE		Date of Receipt
Mailing Address 443 WEST SADDLE RIVER RD		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
UPPER SADDLE RIVER	NJ	07458
FEC ID number of contributing federal political committee.		Transaction ID : INCA118664
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SR DIR PRODUCT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 173
	<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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial) A. MR GORDON VICKERS		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address 436 MOUNTAIN AVENUE		Transaction ID : INCA118803										
City WESTFIELD	State NJ	Zip Code 07090										
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 ▼ 500.00											

Full Name (Last, First, Middle Initial) B. MR MUNISH VIJ		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address 11 BOULDER TRAIL		Transaction ID : INCA118791										
City MAHWAH	State NJ	Zip Code 07430										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00											
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) C. MR MICHAEL WAIBEL		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	27	/	2012								
Mailing Address N48 W16381 LONE OAK LN		Transaction ID : INCA118693										
City MENOMONEE FALLS	State WI	Zip Code 53051										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00											
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT OPS											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00											

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. LYNETTE WASHINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4272 MELWOOD OAK DR
 City LAKELAND State TN Zip Code 38002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation SR DIR ENTERPRISE OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118716
 Amount of Each Receipt this Period 25.00

B. MS CATHERINE WASSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 CALLE ANDALUCIA
 City SAN CLEMENTE State CA Zip Code 92673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP NATL ACCTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118826
 Amount of Each Receipt this Period 50.00

C. MR KENNETH WERMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 26037 N WRANGLER RD
 City SCOTTSDALE State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : INCA118726
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 169 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

A. MRS TAMARA WHITLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5847 CLENDENIN AVE
 City State Zip Code
 DALLAS TX 75228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP SR DIR BUSINESS REQUIREMENTS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118591
 Amount of Each Receipt this Period
 25.00

B. MR STEPHEN WILKINS SR
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 PARKER OAKS LN
 City State Zip Code
 HUDSON OAKS TX 76087
 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 ▼
 255.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118776
 Amount of Each Receipt this Period
 0.01

C. MS COLETTE WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 16608 56TH PL W
 City State Zip Code
 LYNNWOOD WA 98037
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118564
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.01
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 170 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

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

Mailing Address 2166 BROADWAY APT 8F

City State Zip Code
 NEW YORK NY 10024

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR CREATIVE DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118657

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. MRS ELISSA WOJTOWICZ RPH

Mailing Address 43 AZALEA PLACE

City State Zip Code
 PISCATAWAY NJ 08854

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR RRA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118690

Amount of Each Receipt this Period
 30.00

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

Mailing Address 4002 FALCON LAKE DR

City State Zip Code
 ARLINGTON TX 76016

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

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR PROFESS PRACTICES POLICIES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : INCA118715

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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

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

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

FOR LINE NUMBER: PAGE 171 OF 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)
A. MS JUDITH WOOD
 Mailing Address 76 COLONIAL ROAD
 City State Zip Code
 STILLWATER NY 12170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118694
 Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. 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 VP FINANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118604
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. MR JAMES ZIRPOLI
 Mailing Address 654 COPPER COVE CT
 City State Zip Code
 LOVELAND OH 45140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP/GM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : INCA118832
 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).....▶	14824.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS, INC. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)

A. NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP

Mailing Address 1415 L STREET, STE. 1200

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
LEGAL SERVICES AND PAC ADMINISTRATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : EXPB118557

Amount of Each Disbursement this Period

<input type="text" value="27.00"/>

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

<input type="text"/>

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

<input type="text"/>

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

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

<input type="text" value="27.00"/>

<input type="text" value="27.00"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. AND EXPRESS SCRIPTS, INC. POLITICAL ACTION COMMITTEE (AKA MEDCO-EXPRESS SCRIPTS PAC)

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address 700 13TH STREET NW, SUITE 600

Transaction ID : EXPB118252

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

-2500.00

Purpose of Disbursement
VOID CHECK ORIGINALLY ISSUED 03/19/2012

011
Category/ Type

Candidate Name

STENY HAMILTON HOYER

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MD District: 05	

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

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

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

-2500.00

-2500.00
