

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

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

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

5. Covering Period 08 01 2006 through 08 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JASON D. KAUNE

Signature of Treasurer Electronically Filed by JASON D. KAUNE Date 09 18 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		225102.30
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	180830.03									
(c) Total Receipts (from Line 19) .....	27233.49	288331.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	208063.52	513433.56								
7. Total Disbursements (from Line 31) .....	20371.50	325741.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	187692.02	187692.02								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
	11 02 2004	CA								

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	25637.84	236649.14
(i) Itemized (use Schedule A) .....	1518.66	51021.09
(ii) Unitemized .....	27156.50	287670.23
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	27156.50	287670.23
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	76.99	661.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	27233.49	288331.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27233.49	288331.26

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	121.50	2941.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	121.50	2941.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	188000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	7250.00	134800.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20371.50	325741.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20371.50	325741.54

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	27156.50	287670.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27156.50	287670.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	121.50	2941.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	121.50	2941.54

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS LUCILLE ACCETTA Mailing Address 11 ANDOVER CT City State Zip Code CORTLANDT MANOR NY 10567 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006 <b>Transaction ID: INC:A:25896</b> Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR SALES & NATL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS LESLIE ACHTER Mailing Address 821 ALBEMARLE STREET City State Zip Code WYCKOFF NJ 07481 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006 <b>Transaction ID: INC:A:25879</b> Amount of Each Receipt this Period 12.50
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ANALYTICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50		

<b>C.</b> Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK Mailing Address 1021 SUNSET RIDGE City State Zip Code BRIDGEWATER NJ 08807 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006 <b>Transaction ID: INC:A:25826</b> Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>87.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City State Zip Code  
WARWICK NY 10990

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 ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 6

Transaction ID: INC:A:25878

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4405 WISMER ROAD

City State Zip Code  
DOYLESTOWN PA 18901

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 6

Transaction ID: INC:A:26148

Amount of Each Receipt this Period  
35.00

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

Mailing Address 146 JOHNSON RD

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 ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 6

Transaction ID: INC:A:25931

Amount of Each Receipt this Period  
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. TEJWANSH ANAND</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 10 WHIPPOORWILL LAKE ROAD		<b>Transaction ID: INC:A:26123</b>	
City <b>CHAPPAQUA</b>	State <b>NY</b>	Zip Code <b>10514</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. DR ROGER ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 833 OXFORD COURT		<b>Transaction ID: INC:A:26143</b>	
City <b>LEWISVILLE</b>	State <b>TX</b>	Zip Code <b>75056</b>	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & CHIEF PHARMACIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1988.40		

Full Name (Last, First, Middle Initial) <b>C. MS JAYME ANTONOPLOS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 417 MILLS COURT		<b>Transaction ID: INC:A:25993</b>	
City <b>FLORHAM PARK</b>	State <b>NJ</b>	Zip Code <b>07932</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR EXEC CORR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	267.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR DAVID ARCISZEWSKI</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>20 CHADWELL PLACE</b>		<b>Transaction ID: INC:A:25945</b>	
City State Zip Code <b>MORRISTOWN NJ 07960</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS ASST COUNSEL</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MS BECKIE BARATKO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>80 N. WOODLAND STREET</b>		<b>Transaction ID: INC:A:26068</b>	
City State Zip Code <b>ENGLEWOOD NJ 07631</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS VP PROPOSAL UNIT</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. MR THOMAS BARATTA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>69 SKYLINE DR</b>		<b>Transaction ID: INC:A:26005</b>	
City State Zip Code <b>UPPER SADDLE RIVER NJ 07458</b>		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR MICHAEL BARONE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 452 MEDWAY RD		<b>Transaction ID: INC:A:26154</b>	
City State Zip Code HIGHLAND HEIGHTS OH 44143	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4250.00		

Full Name (Last, First, Middle Initial) <b>B. MRS BRENDA BASSETT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 1752 BLACKSTONE DRIVE		<b>Transaction ID: INC:A:26067</b>	
City State Zip Code CARROLLTON TX 75007	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP NATL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MR DAVID BAUGH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 1813 ADONIS AVE		<b>Transaction ID: INC:A:26113</b>	
City State Zip Code HENDERSON NV 89074	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MGR BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR PETER BEGANS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 1605 CHARNITA CT		<b>Transaction ID: INC:A:25969</b>	
City VIENNA	State VA	Zip Code 22182	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) <b>B. MR STEPHEN BELL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 24 GLENWOOD ROAD		<b>Transaction ID: INC:A:26126</b>	
City UPPER SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT BENSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 304 BERKSHIRE AVE		<b>Transaction ID: INC:A:26003</b>	
City NEW MILFORD	State NJ	Zip Code 07646	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS EILEEN BIDELE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 71 WASHINGTON CT.		<b>Transaction ID: INC:A:25999</b>	
City State Zip Code TOWACO NJ 07082		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PHARM OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR FLOYD BILLINGS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 4273 BROGDAN FARM COURT		<b>Transaction ID: INC:A:26014</b>	
City State Zip Code BUFORD GA 30518		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. BRYAN BIRCH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 4 WINDRUSH LANE		<b>Transaction ID: INC:A:26121</b>	
City State Zip Code WESTPORT CT 06880		Amount of Each Receipt this Period 192.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP PRES, EMPLOYER GROUP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3264.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR MITCHELL BLASHINSKY

Mailing Address 116 TAYLORS MILL RD

City State Zip Code  
MANALAPAN NJ 07726

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR GENERIC DRUG PURCHASING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:26082

Amount of Each Receipt this Period  
15.00

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

Mailing Address 50 NEW ENGLAND DR

City State Zip Code  
RAMSEY NJ 07446

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25960

Amount of Each Receipt this Period  
25.00

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

Mailing Address 80 LEONA CT

City State Zip Code  
LEVITTOWN NY 11756

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:26115

Amount of Each Receipt this Period  
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City State Zip Code  
BRYN MAWR PA 19010

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25862

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City State Zip Code  
RICHMOND VA 23231

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP FORMULARY CONSULTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:26073

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City State Zip Code  
RINGWOOD NJ 07456

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR HLTH MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:26109

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	255.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS PATRICIA BRANUM</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 210 FROG HOLLOW ROAD PO BOX 708		<b>Transaction ID: INC:A:26063</b>	
City <b>COATESVILLE</b>	State <b>PA</b>	Zip Code <b>19320</b>	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO & PROCESS ENGINEERING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) <b>B. MR DAVID BREEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 27 SEALS DR		<b>Transaction ID: INC:A:26043</b>	
City <b>MONROE</b>	State <b>NY</b>	Zip Code <b>10950</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ANALYTICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR PAUL BRISSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 469 MANOR LANE		<b>Transaction ID: INC:A:25916</b>	
City <b>PELHAM MANOR</b>	State <b>NY</b>	Zip Code <b>10803</b>	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 540 GIORDANO DRIVE

City YORKTOWN HEIGHTS State NY Zip Code 10598

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 6

**Transaction ID:** INC:A:25859

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 120 EAST MAIN ST

City WASHINGTONVILLE State NY Zip Code 10992

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 6

**Transaction ID:** INC:A:26042

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 68 WOODLAND DRIVE

City CHURCHVILLE State PA Zip Code 18966

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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 6

**Transaction ID:** INC:A:26133

Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MR KEVIN BURON

Mailing Address 301 TEMPLETON CT

City State Zip Code  
GRANITE BAY CA 95746

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 ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25948

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MRS PEGEEN BUTTERFIELD

Mailing Address 23 NUTTING PLACE

City State Zip Code  
WEST CALDWELL NJ 07006

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR MEMBER STRATEGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25886

Amount of Each Receipt this Period  
25.00

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

Mailing Address 441 S ELM STREET

City State Zip Code  
MAYWOOD NJ 07607

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25812

Amount of Each Receipt this Period  
40.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR RAYMOND CARLUCCI</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 24 SHERI DRIVE		<b>Transaction ID: INC:A:26036</b>	
City State Zip Code ALLENDALE NJ 07401	Amount of Each Receipt this Period 52.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 892.50		

Full Name (Last, First, Middle Initial) <b>B. MS CATHERINE CASALE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 16345 HEATHROW DRIVE		<b>Transaction ID: INC:A:26080</b>	
City State Zip Code TAMPA FL 33647	Amount of Each Receipt this Period 13.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 221.00		

Full Name (Last, First, Middle Initial) <b>C. MS MARY CASALE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 822 CEDAR AVE		<b>Transaction ID: INC:A:25951</b>	
City State Zip Code HADDENFIELD NJ 08033	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS KAREN CATHCART RUSSELL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 148 CLUBHOUSE DR		<b>Transaction ID: INC:A:25829</b>	
City State Zip Code WEST COLUMBIA SC 29172		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. MR FRANK COLIANO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 5176 BALDWIN TERRACE		<b>Transaction ID: INC:A:25889</b>	
City State Zip Code MARIETTA GA 30068		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>C. MR JOSEPH CONOSHENTI, JR</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 5 MAGNOLIA DRIVE		<b>Transaction ID: INC:A:25835</b>	
City State Zip Code MARLBORO NJ 07746		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR DUR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM CONSIDINE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 130 WEST 67TH STREET, #4J		<b>Transaction ID: INC:A:26135</b>
City NEW YORK	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUSINESS PLANNING & DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR ROBERT COOK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 270 S FRANKLIN TURNPIKE		<b>Transaction ID: INC:A:25852</b>
City RAMSEY	State NJ	Zip Code 07446
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HLTH CARE OPS-TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. MR STEPHEN COURTMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 25 FAIRWAY TRAIL		<b>Transaction ID: INC:A:25932</b>
City SPARTA	State NJ	Zip Code 07871
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARMACY NETWORK MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS ROSELIN DANIEL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 17 DEVONSHIRE DRIVE		<b>Transaction ID: INC:A:26018</b>	
City State Zip Code RANDOLPH NJ 07869		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BENEFIT DELIVERY SYS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR KENNETH DANIELS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 2903 CHUKKAR COURT		<b>Transaction ID: INC:A:25995</b>	
City State Zip Code PLANT CITY FL 33567		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. MS MARY DASCHNER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 2926 EWING AVE S		<b>Transaction ID: INC:A:25912</b>	
City State Zip Code MINNEAPOLIS MN 55416		Amount of Each Receipt this Period 192.30	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR MEDICARE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3269.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address **402 HIGHLAND AVE**

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 05 / 2006**

**Transaction ID: INC:A:26037**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR LUCA DEFLORENTIIS**

Mailing Address **W62 N1032 FAIRHAVEN CT**

City **CEDARBURG** State **WI** Zip Code **53012**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR ACCT MGMT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 05 / 2006**

**Transaction ID: INC:A:25970**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address **3625 PATTERNSTONE DR**

City **ALPHARETTA** State **GA** Zip Code **30022**

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 ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 05 / 2006**

**Transaction ID: INC:A:25831**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1003T HIGH STREET

City BURLINGTON TOWNSHI State NJ Zip Code 08016

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR MGR TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.52

Date of Receipt  
08 / 05 / 2006

Transaction ID: INC:A:26032

Amount of Each Receipt this Period  
9.28

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

Mailing Address 17826 ARBOR GREENE DR

City TAMPA State FL Zip Code 33647

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
08 / 05 / 2006

Transaction ID: INC:A:25885

Amount of Each Receipt this Period  
25.00

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

Mailing Address 9 CRANE AVENUE

City WEST CALDWELL State NJ Zip Code 07006

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BENEFIT DELIVERY SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
08 / 05 / 2006

Transaction ID: INC:A:26019

Amount of Each Receipt this Period  
25.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City State Zip Code  
ALLENTOWN PA 18104

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 ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25844

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City State Zip Code  
IRVINE CA 92614

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP CONTRACT ADMINISTRATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:26074

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MICHEL DUFRESNE

Mailing Address 58 INDEPENDENCE WAY

City State Zip Code  
MORRIS TWP NJ 07960

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 ▼ 3269.10

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:26129

Amount of Each Receipt this Period  
192.30

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	267.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR DANA DUNCAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 72 HALLEY DR		<b>Transaction ID: INC:A:25954</b>	
City State Zip Code POMONA NY 10970		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ENGINEERING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR YAACOV DUSHEK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 312 MEGAN CT		<b>Transaction ID: INC:A:26010</b>	
City State Zip Code WYCKOFF NJ 07481		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BENEFIT DELIVERY SYS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. MS GEORGIA EDDLEMAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 908 EDGEMEER LANE		<b>Transaction ID: INC:A:26097</b>	
City State Zip Code SOUTHLAKE TX 76092		Amount of Each Receipt this Period 34.45	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1171.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	84.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR MICHAEL EDWARDS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 109 KAREN PLACE		<b>Transaction ID: INC:A:25858</b>	
City State Zip Code WYCKOFF NJ 07481	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MR EDWARD EISENBERG, MD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 128 SUMMIT AVENUE		<b>Transaction ID: INC:A:26142</b>	
City State Zip Code UPPER MONTCLAIR NJ 07043	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MEDICARE CHIEF MEDICAL OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 685.00		

Full Name (Last, First, Middle Initial) <b>C. MR FREDERICK ELSTON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 106 GRAHAM TERRACE		<b>Transaction ID: INC:A:26011</b>	
City State Zip Code SADDLE BROOK NJ 07663	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR BRAD EPSTEIN**

Mailing Address **359 LONG HILL ROAD EAST**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP CORP COMMUNICATIONS**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 05 / 2006**

**Transaction ID: INC:A:26146**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address **75 TWEED BLVD**

City **UPPER GRANDVIEW** State **NY** Zip Code **10960**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2040.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 05 / 2006**

**Transaction ID: INC:A:25806**

Amount of Each Receipt this Period  
**120.00**

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

Mailing Address **11505 40TH 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 **SR DIR ACCT MGMT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 05 / 2006**

**Transaction ID: INC:A:25925**

Amount of Each Receipt this Period  
**15.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR YAKOV ESTERLIS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 25 STONEHEDGE DR		<b>Transaction ID: INC:A:26099</b>	
City State Zip Code WEST NYACK NY 10994		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BENEFIT DELIVERY SYS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR EDWARD FARGIS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 216 ELMWOOD AVENUE		<b>Transaction ID: INC:A:26122</b>	
City State Zip Code HO-HO-KUS NJ 07423		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. DR RICHARD FEIFER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 32 EILEEN DR		<b>Transaction ID: INC:A:25917</b>	
City State Zip Code MAHWAH NJ 07430		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR THOMAS FEITEL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 58 APPLE HILL DR		<b>Transaction ID: INC:A:25949</b>	
City State Zip Code GILLETTE NJ 07933	Amount of Each Receipt this Period 192.23		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP CORP MKTG & E-COMM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3267.91		

Full Name (Last, First, Middle Initial) <b>B. MS DAWN FELDNER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 275 BIRCH STREET		<b>Transaction ID: INC:A:26075</b>	
City State Zip Code EMERSON NJ 07630	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. MR THOMAS FERRAZZANO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 138 HEIGHTS ROAD		<b>Transaction ID: INC:A:26038</b>	
City State Zip Code RIDGEWOOD NJ 07450	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR EDWARD FISCHER		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 465 OLD STONE RD		<b>Transaction ID:</b> INC:A:25907
City RIDGEWOOD	State NJ	Zip Code 07450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MEDICARE OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 1933 MT. OLIVE AGOSTA ROAD		<b>Transaction ID:</b> INC:A:25986
City NEW BLOOMINGTON	State OH	Zip Code 43341
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR HLTH CARE OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR KEVIN FRANCO		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 140 BELLAIR RD UNIT Q		<b>Transaction ID:</b> INC:A:26051
City RIDGEWOOD	State NJ	Zip Code 07450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MR JOSEPH FRENDO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 9 GREEN HILL TRAIL		<b>Transaction ID: INC:A:26001</b>	
City State Zip Code TROPHY CLUB TX 76262	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) <b>B. MR ANDREW FRIEDEL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 55 WHEELER		<b>Transaction ID: INC:A:25877</b>	
City State Zip Code EDGEWOOD RI 02905	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR STATE GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>C. MR JOSEPH GALARDI</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 24 MOREHOUSE PL		<b>Transaction ID: INC:A:25804</b>	
City State Zip Code NEW PROVIDENCE NJ 07974	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MANAGING COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS PAMELA GALASSINI</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 333 N. CANAL ST. #1804		<b>Transaction ID: INC:A:26108</b>	
City State Zip Code CHICAGO IL 60606	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) <b>B. MS PATRICIA GALLAGHER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 842 ASHLER CT		<b>Transaction ID: INC:A:26076</b>	
City State Zip Code COLUMBUS OH 43235	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. MR BARNEY GALLASSIO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 69 LAKEVIEW DR		<b>Transaction ID: INC:A:25976</b>	
City State Zip Code OLD TAPPAN NJ 07675	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLIENT RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.92		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL GALVIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address P.O. 86		<b>Transaction ID: INC:A:26131</b>	
City <b>WYCKOFF</b>	State NJ	Zip Code 07481	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP/CHIEF INFRASTRUCTURE OFFR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2125.00		

Full Name (Last, First, Middle Initial) <b>B. MR PETER GAYLORD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 1201 BRIDGE STREET		<b>Transaction ID: INC:A:25803</b>	
City <b>ASBURY PARK</b>	State NJ	Zip Code 07712	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 FINANCIAL EVALUATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MR FRANK GENTILELLA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 20 BROOKSHIRE DR		<b>Transaction ID: INC:A:25883</b>	
City <b>ROBBINSVILLE</b>	State NJ	Zip Code 08691	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR THOMAS GILSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>2 PELL FARM ROAD</b>		<b>Transaction ID: INC:A:26104</b>	
City State Zip Code <b>SADDLE RIVER NJ 07458</b>		Amount of Each Receipt this Period 192.31	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS GENERAL MGR</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3269.27	

Full Name (Last, First, Middle Initial) <b>B. MS MICHELE GLYNN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>5333 EAST HELENA DRIVE</b>		<b>Transaction ID: INC:A:26022</b>	
City State Zip Code <b>SCOTTSDALE AZ 85254</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. MS AUDREY GOODMAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>26 HILLSIDE AVE.</b>		<b>Transaction ID: INC:A:26052</b>	
City State Zip Code <b>GLEN ROCK NJ 07452</b>		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS VP ORG DEV</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>232.31</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 194		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

Mailing Address 11 WASHBURN RD

City State Zip Code  
CANTON CT 06022

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25853

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1928 BEVERLY LANE

City State Zip Code  
BUFFALO GROVE IL 60089

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP FINANCIAL INSIGHTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25897

Amount of Each Receipt this Period  
25.00

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

Mailing Address 525 ORANGEBURG RD

City State Zip Code  
PEARL RIVER NY 10965

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25919

Amount of Each Receipt this Period  
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS GINA GRUHN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 13 WEATHER VANE DRIVE		<b>Transaction ID: INC:A:25944</b>	
City State Zip Code CONVENT STATION NJ 07960		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MS TRACY GRUNSFELD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 264 HARVEST AVE		<b>Transaction ID: INC:A:25845</b>	
City State Zip Code STATEN ISLAND NY 10310		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CONSUMER DRIVEN MKTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>C. MR RICHARD GUIOR</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 50 BELLEVUE AVE		<b>Transaction ID: INC:A:25818</b>	
City State Zip Code SUMMIT NJ 07901		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS & INSTALLATION SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1530.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR MARK HALLORAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 19 KINGS RIDGE ROAD		<b>Transaction ID: INC:A:26012</b>	
City State Zip Code LONG VALLEY NJ 07853	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CHIEF INFO OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00		

Full Name (Last, First, Middle Initial) <b>B. MR GREGORY HANSEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 1659 ISABELLA PARKWAY		<b>Transaction ID: INC:A:26107</b>	
City State Zip Code CHASKA MN 55318	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ACCT SVCS & ADMIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MS KELLY HANZAWA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 1116 OAKCROFT LANE		<b>Transaction ID: INC:A:26077</b>	
City State Zip Code SOMERSET NJ 08873	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLIENT REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	155.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR PETER HARTY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 19520 YELLOW WING COURT		<b>Transaction ID: INC:A:25805</b>	
City State Zip Code COLORADO SPRINGS CO 80908	Amount of Each Receipt this Period 192.31		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP POLICY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3043.10		

Full Name (Last, First, Middle Initial) <b>B. MR BILL HEAD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 501 SLATERS LANE #816		<b>Transaction ID: INC:A:26151</b>	
City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>C. MR MARK HEGGESTAD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 13210 N. 11TH AVE.		<b>Transaction ID: INC:A:25863</b>	
City State Zip Code PHOENIX AZ 85029	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 PHARMACIES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 6

Transaction ID: INC:A:25846

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 10 CARLTON RD

City FLANDERS State NJ Zip Code 07836

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENGINEERING & OPS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 6

Transaction ID: INC:A:25909

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 1 HERITAGE RD

City FLORHAM PARK State NJ Zip Code 07932

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation REGIONAL VP PHARMACIES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 6

Transaction ID: INC:A:25984

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR GLENN HOFFMAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>974 HILLCREST ROAD</b>		<b>Transaction ID: INC:A:26053</b>	
City <b>RIDGEWOOD</b>	State <b>NJ</b>	Amount of Each Receipt this Period 30.00	
Zip Code <b>07450</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>VP FACILITIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>B. MR TIMOTHY HOGAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>9 HIRLE ST</b>		<b>Transaction ID: INC:A:25921</b>	
City <b>CORNWALL ON HUDSON</b>	State <b>NY</b>	Amount of Each Receipt this Period 25.00	
Zip Code <b>12520</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>TECHNICAL SPECIALIST</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR STEPHEN HOLODAK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>49 S HILLSIDE AVE</b>		<b>Transaction ID: INC:A:26008</b>	
City <b>ELMSFORD</b>	State <b>NY</b>	Amount of Each Receipt this Period 80.00	
Zip Code <b>10523</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>VP INTERVENTION DELIVERY SYST</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS CYNTHIA HORN</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6	
Mailing Address <b>9553 ANDREW DR</b>		<b>Transaction ID: INC:A:26155</b>	
City State Zip Code <b>TWINSBURG OH 44087</b>		Amount of Each Receipt this Period 14.69	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS VP CUST SVC</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.73	

Full Name (Last, First, Middle Initial) <b>B. MR STEVEN HOROWITZ</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6	
Mailing Address <b>30 AVENUE AT PORT IMPERIAL APT. 415</b>		<b>Transaction ID: INC:A:26153</b>	
City State Zip Code <b>WEST NEW YORK NJ 07093</b>		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS VP BUSINESS PLANNING</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. MR WALTER HOSP</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6	
Mailing Address <b>1 OLD LANE</b>		<b>Transaction ID: INC:A:25965</b>	
City State Zip Code <b>SCARSDALE NY 10583</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS VP TREASURY</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	89.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS JANE HULSE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 95 GORDON RD		<b>Transaction ID: INC:A:26041</b>	
City ESSEX FELLS	State NJ	Zip Code 07021	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. MS JEANNINE INFANTINO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 34 MOHEGAN TRL		<b>Transaction ID: INC:A:25840</b>	
City SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR FINANCIAL APPLICATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. MR DAVID ISRAEL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 730 COLUMBUS AVENUE		<b>Transaction ID: INC:A:25808</b>	
City NEW YORK	State NY	Zip Code 10025	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUSINESS DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS SUSAN ITO</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6	
Mailing Address 6366 SW 90TH STREET		<b>Transaction ID: INC:A:25814</b>	
City State Zip Code GAINESVILLE FL 32608	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. MR WILLIAM JACKSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6	
Mailing Address 105 ROOSEVELT AVE		<b>Transaction ID: INC:A:26084</b>	
City State Zip Code WEST ORANGE NJ 07052	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MEDICARE OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. MR TODD JEFFREY</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6	
Mailing Address 15 ELIZABETH STREET		<b>Transaction ID: INC:A:26095</b>	
City State Zip Code DUMONT NJ 07628	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARM CONTRACT & CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MISS ANNE JOHNSTON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 256 MADISON AVE		<b>Transaction ID: INC:A:26093</b>	
City State Zip Code RIVER EDGE NJ 07661	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>B. MR RICHARD JONES</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 12 WADE HAMPTON TRAIL		<b>Transaction ID: INC:A:26055</b>	
City State Zip Code HENDERSON NV 89052	Amount of Each Receipt this Period 15.08		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.72		

Full Name (Last, First, Middle Initial) <b>C. MS KATHRYN JONSRUD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 16357 VICTORIA CURVE SE		<b>Transaction ID: INC:A:25940</b>	
City State Zip Code PRIOR LAKE MN 55372	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLIENT & MKT PROG STRAT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS BECKY KAUS</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 05 / 2006	
Mailing Address N81 W18359 TOURS DR		<b>Transaction ID: INC:A:25930</b>	
City State Zip Code MENOMONEE FALLS WI 53051		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR WILLIAM KEELER</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 05 / 2006	
Mailing Address 63 MOUNTAIN GLEN ROAD		<b>Transaction ID: INC:A:26114</b>	
City State Zip Code RINGWOOD NJ 07456		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. MR WILLIAM KELLEY, III</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 05 / 2006	
Mailing Address 1970 WOODLANDS PL		<b>Transaction ID: INC:A:25978</b>	
City State Zip Code POWELL OH 43065		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR KEVIN KELLY		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 251 POPLAR AVE		<b>Transaction ID:</b> INC:A:25832
City State Zip Code HACKENSACK NJ 07601	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLIENT SVC DELIVERY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MS LISA KETNER		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 7 POINT VIEW		<b>Transaction ID:</b> INC:A:25966
City State Zip Code OAKLAND NJ 07436	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MKTING & PRODUCT DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 121 CONKLING TOWN ROAD		<b>Transaction ID:</b> INC:A:26086
City State Zip Code CHESTER NY 10918	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HLTH MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. KENNETH KLEPPER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 295 GLEN PLACE		<b>Transaction ID: INC:A:26120</b>	
City FRANKLIN LAKES	State NJ	Zip Code 07417	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES & CHIEF OPERATING OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.10		

Full Name (Last, First, Middle Initial) <b>B. MR JON KLINE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 36 CORTLAND TL		<b>Transaction ID: INC:A:26116</b>	
City MAHWAH	State NJ	Zip Code 07430	Amount of Each Receipt this Period 50.54
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 859.18		

Full Name (Last, First, Middle Initial) <b>C. MR BRADFORD KOGEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 555 FORBUSH STREET		<b>Transaction ID: INC:A:26079</b>	
City BOONTON	State NJ	Zip Code 07005	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLIENT RETAIL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	262.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS KATHLEEN KORDUCKI		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 920 CLARK STREET		<b>Transaction ID:</b> INC:A:25851
City State Zip Code BOWLING GREEN OH 43402	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 365.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR RODGER KORMYLO		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 1310 43RD AVE		<b>Transaction ID:</b> INC:A:25937
City State Zip Code KENOSHA WI 53144	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 425.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MS JOANN KRENITSKY		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 143 DEERFIELD TERRACE		<b>Transaction ID:</b> INC:A:25874
City State Zip Code MAHWAH NJ 07430	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUS PLANNING & ADMIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS BARBARA KRZAK</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2006
Mailing Address 495 ISLAND WAY		<b>Transaction ID:</b> INC:A:26015
City FRANKLIN LAKES	State NJ	Zip Code 07417
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 55.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM STRATEGY & DELIVERY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) <b>B. MR MICHAEL KRZAN</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2006
Mailing Address 2735 YORK RD		<b>Transaction ID:</b> INC:A:26065
City COLUMBUS	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation REGIONAL VP PHARMACIES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. MS CYNTHIA LAUBACHER</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2006
Mailing Address 7017 COBALT WAY		<b>Transaction ID:</b> INC:A:25968
City CITRUS HEIGHTS	State CA	Zip Code 95621
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	205.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR ROBERT LONG</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 18 HARLIND TERRACE		<b>Transaction ID: INC:A:25959</b>	
City State Zip Code RAMSEY NJ 07446		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR ROSS LUCE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 2116 BELLANCA CT.		<b>Transaction ID: INC:A:25881</b>	
City State Zip Code FLOWER MOUND TX 75028		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. MS DEBRA LUDGATE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 238 WOODLAND AVE		<b>Transaction ID: INC:A:25924</b>	
City State Zip Code SUMMIT NJ 07901		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CREATIVE SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS CHERYL MACDONALD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 15011 EAGLEPARK PLACE		<b>Transaction ID: INC:A:26002</b>	
City State Zip Code LITHIA FL 33547		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CS REQUIREMENTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR KENNETH MALLEY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 764 W. SADDLE RIVER ROAD		<b>Transaction ID: INC:A:25911</b>	
City State Zip Code HO HO KUS NJ 07423		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. MR MICHAEL MANDAGLIO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 33 HICKORY TAVERN RD		<b>Transaction ID: INC:A:25816</b>	
City State Zip Code GILLETTE NJ 07933		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS TAMARA MARSHALL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006
Mailing Address <b>W144 N7150 TERRACE DRIVE</b>		<b>Transaction ID: INC:A:25926</b>
City <b>MENOMONEE FALLS</b>	State <b>WI</b>	Zip Code <b>53051</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>SR NATL ACCT EXEC</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR TODD MARTIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006
Mailing Address <b>11825 SHEPPARDS CROSSING</b>		<b>Transaction ID: INC:A:25893</b>
City <b>CLARKSVILLE</b>	State <b>MD</b>	Zip Code <b>21029</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>GENERAL MGR</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.10	

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT MATCHETT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006
Mailing Address <b>27 LAKEVILLE RD</b>		<b>Transaction ID: INC:A:25861</b>
City <b>SUSSEX</b>	State <b>NJ</b>	Zip Code <b>07461</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR TECHNOLOGY</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR JEFFREY MAY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 137 WASHINGTON AVE		<b>Transaction ID: INC:A:26056</b>	
City HILLSDALE	State NJ	Amount of Each Receipt this Period 192.30	
Zip Code 07642			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP DRUG DISTRIB & CONTROL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.10		

Full Name (Last, First, Middle Initial) <b>B. MS PATRICIA MAZZONE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 56 PENOBSCOT ST		<b>Transaction ID: INC:A:25964</b>	
City CLIFTON	State NJ	Amount of Each Receipt this Period 25.00	
Zip Code 07013			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR DANIEL MCCRONE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 41 HENRY COURT		<b>Transaction ID: INC:A:26144</b>	
City MOUNT ARLINGTON	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 07856			
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	267.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006
Mailing Address 0-45 27TH ST		<b>Transaction ID:</b> INC:A:26009
City State Zip Code FAIR LAWN NJ 07410	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 425.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006
Mailing Address 87 ROSELAWN RD		<b>Transaction ID:</b> INC:A:25967
City State Zip Code HIGHLAND MILLS NY 10930	Amount of Each Receipt this Period 116.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1972.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006
Mailing Address 112 GREEN TERRACE WAY		<b>Transaction ID:</b> INC:A:26092
City State Zip Code WEST MILFORD NJ 07480	Amount of Each Receipt this Period 192.31	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP BUSINESS OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	333.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR EDWARD MCNEILEY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 5646 BIRCHWOOD CIRCLE		<b>Transaction ID: INC:A:25915</b>	
City State Zip Code LAS VEGAS NV 89120	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>B. MRS WENDY MELLO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address PO BOX 43232		<b>Transaction ID: INC:A:25855</b>	
City State Zip Code MONTCLAIR NJ 07043	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR MKTING & STRATEGIC ANAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. DAVID MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 7 CLOVER LANE		<b>Transaction ID: INC:A:25820</b>	
City State Zip Code RANDOLPH NJ 07869	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MRS KAREN MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 34 ROBERT MACKENZIE LANE NORTH		<b>Transaction ID: INC:A:25815</b>	
City State Zip Code DENVILLE NJ 07834	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>B. MR GIOVANNI MINARDI</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 12 LINCOLN ROAD		<b>Transaction ID: INC:A:26105</b>	
City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM STRAT & DELI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR BHUPESH MISTRY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 106 HAMBURG ROAD		<b>Transaction ID: INC:A:25824</b>	
City State Zip Code PARSIPPANY NJ 07054	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR PETER MONKHOUSE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 1320 BRONCO CIR		<b>Transaction ID: INC:A:25908</b>	
City <b>WARRINGTON</b>	State <b>PA</b>	Zip Code <b>18976</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>B. MR THOMAS MORIARTY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 86 WELLINGTON AVENUE		<b>Transaction ID: INC:A:25809</b>	
City <b>SHORT HILLS</b>	State <b>NJ</b>	Zip Code <b>07078</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MR TREVOR MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 25611 ROLLING HILLS RD		<b>Transaction ID: INC:A:25891</b>	
City <b>LAGUNA HILLS</b>	State <b>CA</b>	Zip Code <b>92653</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 275.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR RICHARD MOUNTJOY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 2 STONEBRIDGE RD		<b>Transaction ID: INC:A:26087</b>	
City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B. MR KEVIN MURPHY, JR</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 105 COVENTRY LN		<b>Transaction ID: INC:A:25849</b>	
City State Zip Code TRUMBULL CT 06611	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1175.00		

Full Name (Last, First, Middle Initial) <b>C. MS BECKY NAGLE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 64 WALTER AVE		<b>Transaction ID: INC:A:25850</b>	
City State Zip Code HASBROUCK HEIGHTS NJ 07604	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR ARTHUR NARDIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 28 POWDERHORN DR		<b>Transaction ID: INC:A:26058</b>	
City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 192.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACEUTICAL CONTRACTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3264.00		

Full Name (Last, First, Middle Initial) <b>B. MR HAIK NOVSHADIAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 45 DAVIS ROAD		<b>Transaction ID: INC:A:25929</b>	
City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 26.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.00		

Full Name (Last, First, Middle Initial) <b>C. MR CHARLES OESTREICHER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 6 PARK DR SOUTH		<b>Transaction ID: INC:A:26078</b>	
City State Zip Code RYE NY 10580	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM STRATEGY & DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	268.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR MELVIN OHL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 274 E FRANKLIN TPKE		<b>Transaction ID: INC:A:26033</b>	
City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PROCUREMENT & INVENTORY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. MS CLAUDINE OLSEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 4 HIGHGATE CT		<b>Transaction ID: INC:A:26071</b>	
City SUFFERN	State NY	Zip Code 10901	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER ONIK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 1 SCHINDLER CT		<b>Transaction ID: INC:A:26150</b>	
City UPPER SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS NATALYA ONIK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 1 SCHINDLER CT		<b>Transaction ID: INC:A:25946</b>	
City UPPER SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MS LUDIVINA PACAMARRA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 4 TEAK COURT		<b>Transaction ID: INC:A:26021</b>	
City RINGWOOD	State NJ	Zip Code 07456	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MS DAWN PAGANO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 185 PASCACK ROAD		<b>Transaction ID: INC:A:26020</b>	
City PARK RIDGE	State NJ	Zip Code 07656	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR RICHARD PAGANO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>185 PASCACK RD</b>		<b>Transaction ID: INC:A:26016</b>	
City <b>PARK RIDGE</b>	State <b>NJ</b>	Zip Code <b>07656</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>SR DIR BUSINESS REQUIREMENTS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. MRS MICHELE PAIGE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>12 MILLBROOK COURT</b>		<b>Transaction ID: INC:A:25942</b>	
City <b>LIVINGSTON</b>	State <b>NJ</b>	Zip Code <b>07039</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>SR DIR MARKET STRATEGY</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR JAY PATEL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>14 BROWNSTONE TERRACE</b>		<b>Transaction ID: INC:A:26139</b>	
City <b>HAWTHORNE</b>	State <b>NJ</b>	Zip Code <b>07506</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR E-COM STRAT &amp; DELIV</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR MICHAEL PETEROY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 18 MOUNTAIN VIEW CT		<b>Transaction ID: INC:A:26004</b>	
City State Zip Code RIVERDALE NJ 07457	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MR THOMAS PETTYES</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 8522 UPLAND LN NORTH		<b>Transaction ID: INC:A:25887</b>	
City State Zip Code MAPLE GROVE MN 55311	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>C. MS JUDITH PLATKIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 29 BLACKWELL AVE		<b>Transaction ID: INC:A:25817</b>	
City State Zip Code MORRISTOWN NJ 07960	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS JANET PORAT		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 5 CRABAPPLE CT		<b>Transaction ID:</b> INC:A:25890	
City MONSEY	State NY	Zip Code 10952	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 875 ALEXANDRIA CT		<b>Transaction ID:</b> INC:A:25952	
City RAMSEY	State NJ	Zip Code 07446	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.10		

<b>C.</b> Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 135 HOLLYBERRY DRIVE		<b>Transaction ID:</b> INC:A:26049	
City HOPEWELL JUNCTION	State NY	Zip Code 12533	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 CONTRACT ADMINISTRATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR MARK PROULX		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 20 BRANDY RIDGE ROAD		<b>Transaction ID:</b> INC:A:26110	
City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACY & CUST SVC OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR GILBERT RAINES		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 800 SANDY TRAIL		<b>Transaction ID:</b> INC:A:26128	
City State Zip Code KELLER TX 76248	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS FRANCES RAO		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 146 JOHNSON RD		<b>Transaction ID:</b> INC:A:25833	
City State Zip Code SCARSDALE NY 10583	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRIVACY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS JOANN REED		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 4 ANTLER CT		<b>Transaction ID:</b> INC:A:26040	
City MATAWAN	State NJ	Zip Code 07747	Amount of Each Receipt this Period 65.38
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP FINANCE & CHIEF FIN OFFCR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1111.46		

<b>B.</b> Full Name (Last, First, Middle Initial) MR THOMAS REINCKENS		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 22 BARTLETT AVE.		<b>Transaction ID:</b> INC:A:25906	
City NORWALK	State CT	Zip Code 06850	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 412 RIVER MEWS LANE		<b>Transaction ID:</b> INC:A:26125	
City EDGEWATER	State NJ	Zip Code 07020	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1190.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR DAVID ROBARGE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>4565 QUEENSLAND LN N</b>		<b>Transaction ID: INC:A:25860</b>	
City <b>MINNEAPOLIS</b>	State <b>MN</b>	Zip Code <b>55446</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR CLINICAL SVCS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MS SORAYA RODRIGUEZ-BALZAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>22 PAPOOSE TRAIL</b>		<b>Transaction ID: INC:A:26124</b>	
City <b>ANDOVER</b>	State <b>NJ</b>	Zip Code <b>07821</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR PUBLIC AFFAIRS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR MICHAEL ROMANZO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>96 LEHMANN STREET</b>		<b>Transaction ID: INC:A:25904</b>	
City <b>MAHWAH</b>	State <b>NJ</b>	Zip Code <b>07430</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>PRESIDENT SYSTEMED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City State Zip Code  
KINNELON NJ 07405

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:26050

Amount of Each Receipt this Period  
50.00

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

Mailing Address 3103 RIO VISTA DRIVE

City State Zip Code  
MAHWAH NJ 07430

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & CONTROLLER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1445.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:26046

Amount of Each Receipt this Period  
85.00

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

Mailing Address 21 SKY TOP RIDGE

City State Zip Code  
OAKLAND NJ 07436

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP FORMULARY & COVERAGE MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25920

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	185.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS MARY RYAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 456 RICHMOND AVENUE		<b>Transaction ID: INC:A:26039</b>	
City MAPLEWOOD	State NJ	Zip Code 07040	Amount of Each Receipt this Period 78.34
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP REGULATORY AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1331.78		

Full Name (Last, First, Middle Initial) <b>B. MISS CYNTHIA RYLANDS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 4836 MIDDLE RD		<b>Transaction ID: INC:A:26066</b>	
City ALLISON PARK	State PA	Zip Code 15101	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>C. MR MICHAEL SARDONE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 7 AHERN WAY		<b>Transaction ID: INC:A:25939</b>	
City WEST ORANGE	State NJ	Zip Code 07052	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	128.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 339 GRAMERCY PL

City State Zip Code  
GLEN ROCK NJ 07452

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP ANALYTICAL SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:26045

Amount of Each Receipt this Period  
50.00

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

Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code  
LAS VEGAS NV 89117

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 303.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25900

Amount of Each Receipt this Period  
8.92

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

Mailing Address 3556 DAVIS

City State Zip Code  
EVANSTON IL 60203

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25856

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	83.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR JEFFREY SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 7330 EVEREST LANE - NORTH		<b>Transaction ID: INC:A:26081</b>	
City State Zip Code MAPLE GROVE MN 55311	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MR LEONARD SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 13514 MOTTLESTONE DRIVE NW		<b>Transaction ID: INC:A:25979</b>	
City State Zip Code PICKERINGTON OH 43147	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation REG DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT SENDEWICZ</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 1220 CROSSING WAY		<b>Transaction ID: INC:A:25836</b>	
City State Zip Code WAYNE NJ 07470	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR GEORGE SERPIKOV</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 66 PROSPECT AVE		<b>Transaction ID: INC:A:26102</b>	
City WESTWOOD	State NJ	Zip Code 07675	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. MR THOMAS SHANAHAN, III</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 266 BRUSHY CREEK AVE		<b>Transaction ID: INC:A:25963</b>	
City LAS VEGAS	State NV	Zip Code 89148	Amount of Each Receipt this Period 28.85
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.10		

Full Name (Last, First, Middle Initial) <b>C. MR JOHN SHEA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 62 FRANKLIN TURNPIKE		<b>Transaction ID: INC:A:25823</b>	
City ALLENDALE	State NJ	Zip Code 07401	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	118.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR FRANK SHEEHY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 119 HAMILTON RD		<b>Transaction ID: INC:A:25870</b>	
City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) <b>B. MR PETER SHERMAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 139 GATES AVENUE		<b>Transaction ID: INC:A:25810</b>	
City MONTCLAIR	State NJ	Zip Code 07042	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MANAGING COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MR ELWOOD SIDES III</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 150 CLAREMONT AVE		<b>Transaction ID: INC:A:25875</b>	
City LONG BEACH	State CA	Zip Code 90803	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY SIMEK</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2006
Mailing Address 197 OXFORD RD		<b>Transaction ID: INC:A:25947</b>
City <b>CHESTER</b>	State NY	Zip Code 10918
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 192.31	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27	

Full Name (Last, First, Middle Initial) <b>B. MR LEE SIMON</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2006
Mailing Address 2390 GREENVIEW ROAD		<b>Transaction ID: INC:A:26088</b>
City <b>NORTHBROOK</b>	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. MR JEFFREY SINKO</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2006
Mailing Address 10 CHERRY TREE LANE		<b>Transaction ID: INC:A:25973</b>
City <b>KINNELON</b>	State NJ	Zip Code 07405
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>267.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City RIVER VALE State NJ Zip Code 07675

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 ▼ 510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2006

Transaction ID: INC:A:25834

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 24 YORKSHIRE AVE

City SUFFERN State NY Zip Code 10901

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 ▼ 385.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2006

Transaction ID: INC:A:25934

Amount of Each Receipt this Period  
 31.00

**C.** Full Name (Last, First, Middle Initial)  
ANN SMITH

Mailing Address 437 GLENDALE RD

City WYCKOFF State NJ Zip Code 07481

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation Sr Dir Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2006

Transaction ID: INC:A:25938

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	86.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR ROBERT SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 40 JOSHUA DR T		<b>Transaction ID: INC:A:26064</b>	
City <b>RAMSEY</b>	State NJ	Zip Code 07446	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) <b>B. MR DAVID SNOW, JR</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 23 CEDAR GATE ROAD		<b>Transaction ID: INC:A:26117</b>	
City <b>DARIEN</b>	State CT	Zip Code 06820	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CHAIRMAN & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27		

Full Name (Last, First, Middle Initial) <b>C. MR ALAN SOKALER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 30 MICHELLE WAY		<b>Transaction ID: INC:A:26138</b>	
City <b>PINE BROOK</b>	State NJ	Zip Code 07058	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	282.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR RALPH STAIANO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 32 ALDEN RD		<b>Transaction ID: INC:A:25819</b>	
City State Zip Code MONROE NY 10950		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR CHRISTOPHER STATEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 7 FOREST LAKE DR		<b>Transaction ID: INC:A:26048</b>	
City State Zip Code WEST HARRISON NY 10604		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP VP FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. MS JILL STEARNS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 13130 HALSELL DR		<b>Transaction ID: INC:A:26090</b>	
City State Zip Code AUSTIN TX 78732		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City State Zip Code  
EMERSON NJ 07630

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25894

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MS SUSAN STEELE

Mailing Address 501 CONTINENTAL DR

City State Zip Code  
SAGAMORE HILLS OH 44067

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:26156

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code  
ELM GROVE WI 53122

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25927

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) DR GLEN STETTIN		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 8 MILL GLEN CT		<b>Transaction ID:</b> INC:A:26106	
City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP/GM CLIN & THERAP SOL GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR SCOTT STRATTON		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 351 TIMBERLANE DRIVE		<b>Transaction ID:</b> INC:A:26145	
City State Zip Code ORANGE CT 06477	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS PATRICIA STRETE		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 19275 PAVER BARNES ROAD		<b>Transaction ID:</b> INC:A:25854	
City State Zip Code MARYSVILLE OH 43040	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLINICAL THERAPEUTICS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS COLEEN SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 38 BARKMILL TERRACE		<b>Transaction ID: INC:A:26089</b>	
City State Zip Code MONTVILLE NJ 07045	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MS CYNTHIA SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 21 DENISE DRIVE		<b>Transaction ID: INC:A:26047</b>	
City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCIAL PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MR MARK SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 821 SUMMIT CT		<b>Transaction ID: INC:A:25821</b>	
City State Zip Code MANAKIN SABOT VA 23103	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CS SYSTEMS PLAN & IMPLM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS IRENE SUTTON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 374 KINGSTON CT		<b>Transaction ID: INC:A:25872</b>	
City WEST NEW YORK	State NJ	Zip Code 07093	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MR TIMOTHY SWETT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE		<b>Transaction ID: INC:A:25902</b>	
City TAMPA	State FL	Zip Code 33647	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1135.00		

Full Name (Last, First, Middle Initial) <b>C. MS MARY THORSBY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 17326 ELLEN DR		<b>Transaction ID: INC:A:25918</b>	
City LIVONIA	State MI	Zip Code 48152	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1150.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR WILLIAM TOBIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>838 COLONIAL RD</b>		<b>Transaction ID: INC:A:25828</b>	
City State Zip Code <b>FRANKLIN LAKES NJ 07417</b>		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS VP BENEFIT SYSTEMS SUPPORT</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B. MS CLAUDIA TUCKER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>713 INDIAN CREEK RD</b>		<b>Transaction ID: INC:A:25971</b>	
City State Zip Code <b>AMHERST VA 24521</b>		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1275.00	

Full Name (Last, First, Middle Initial) <b>C. MR GARY TULLY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address <b>16 FIELDHEDGE DRIVE</b>		<b>Transaction ID: INC:A:26094</b>	
City State Zip Code <b>HILLSBOROUGH NJ 08844</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS DIR CLIENT SVC DELIVERY</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City State Zip Code  
KINNELON NJ 07405

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

**Transaction ID:** INC:A:25913

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code  
WAUKESHA WI 53188

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP ACCT MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

**Transaction ID:** INC:A:26157

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City State Zip Code  
ROCKVILLE CENTRE NY 11570

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP MKTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

**Transaction ID:** INC:A:25961

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City WESTFIELD State NJ Zip Code 07090

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2006

Transaction ID: INC:A:25807

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
MR MUNISH VJ

Mailing Address 2108 HENRY COURT

City MAHWAH State NJ Zip Code 07430

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2006

Transaction ID: INC:A:26132

Amount of Each Receipt this Period  
 25.00

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

Mailing Address N48 W16381 LONE OAK LN

City MENOMONEE FALLS State WI Zip Code 53051

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2006

Transaction ID: INC:A:25928

Amount of Each Receipt this Period  
 15.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR DANIEL WALDEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 450 BEECHMONT DR		<b>Transaction ID: INC:A:26023</b>	
City State Zip Code NEW ROCHELLE NY 10804	Amount of Each Receipt this Period 192.31		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP REGULATORY & MC PROGRAMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27		

Full Name (Last, First, Middle Initial) <b>B. MR WILLIAM WALLACE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 5445 GOODWIN AVENUE		<b>Transaction ID: INC:A:26134</b>	
City State Zip Code DALLAS TX 75206	Amount of Each Receipt this Period 192.31		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES SEGMENT LEADER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27		

Full Name (Last, First, Middle Initial) <b>C. MR CALVIN WASDYKE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 5 APPLE ORCHARD RD		<b>Transaction ID: INC:A:25975</b>	
City State Zip Code MOORESTOWN NJ 08057	Amount of Each Receipt this Period 12.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	397.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 26072 HARBOR VIEW

City State Zip Code  
CAPISTRANO BEACH CA 92624

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP NATL ACCTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25830

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City State Zip Code  
SOMERSET NJ 08873

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:26017

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code  
MONTVALE NJ 07645

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP CORP HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25956

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 309 WATERVIEW DR

City State Zip Code  
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS PRES, CEO ACCREDO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.27

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25882

Amount of Each Receipt this Period  
192.31

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

Mailing Address 26037 N WRANGLER RD

City State Zip Code  
SCOTTSDALE AZ 85255

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25950

Amount of Each Receipt this Period  
75.00

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

Mailing Address 2241 E. PINCHOT AVE.  
#17F

City State Zip Code  
PHOENIX AZ 85016

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR ACCT MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2006

Transaction ID: INC:A:25822

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>287.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR CHRISTOPHER WILSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 1 RIVER COURT APARTMENT 2809		<b>Transaction ID: INC:A:25935</b>	
City JERSEY CITY	State NJ	Zip Code 07310	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 CONSULT SUPPORT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. MS BEVERLY WINKLER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 17 LYNWOOD RD		<b>Transaction ID: INC:A:26044</b>	
City VERONA	State NJ	Zip Code 07044	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ORG DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MS MARILYN WOLLETT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 8174 MT AIR PL		<b>Transaction ID: INC:A:25983</b>	
City COLUMBUS	State OH	Zip Code 43235	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS ANNA WONG</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 64-20 BELL BLVD		<b>Transaction ID: INC:A:26130</b>	
City State Zip Code BAYSIDE NY 11364		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INSURED SOLUTIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B. MS JUDITH WOOD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 76 COLONIAL ROAD		<b>Transaction ID: INC:A:26083</b>	
City State Zip Code STILLWATER NY 12170		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. MR JORDAN WOUK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 554 CUMBERLAND AVE		<b>Transaction ID: INC:A:26101</b>	
City State Zip Code TEANECK NJ 07666		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR SERGEY YANITSKIY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 793 LINCOLN AVE		<b>Transaction ID: INC:A:25867</b>	
City POMPTON LAKES	State NJ	Zip Code 07442	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MS SARAH YINGLING</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 901 ST MARKS AVE		<b>Transaction ID: INC:A:25943</b>	
City WESTFIELD	State NJ	Zip Code 07090	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR DANIEL ZELEM, JR</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 219 SPOOK ROCK RD.		<b>Transaction ID: INC:A:26007</b>	
City SUFFERN	State NY	Zip Code 10901	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS JILL ZELMAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 43604 EMERALD DUNES PL		<b>Transaction ID: INC:A:26060</b>	
City State Zip Code LEESBURG VA 20176	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CONSOLIDATION PLAN & RPRT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 367.28		

Full Name (Last, First, Middle Initial) <b>B. MR ANTHONY ZOLFO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006	
Mailing Address 726 HIGH MOUNTAIN ROAD		<b>Transaction ID: INC:A:26137</b>	
City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR DAVID BAUGH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2006	
Mailing Address 1813 ADONIS AVE		<b>Transaction ID: INC:A:26471</b>	
City State Zip Code HENDERSON NV 89074	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MGR BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	55.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 2903 CHUKKAR COURT

City State Zip Code  
PLANT CITY FL 33567

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 12 / 2006

Transaction ID: INC:A:26353

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1003T HIGH STREET

City State Zip Code  
BURLINGTON TOWNSHI NJ 08016

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR MGR TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 12 / 2006

Transaction ID: INC:A:26390

Amount of Each Receipt this Period  
9.28

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

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code  
TAMPA FL 33647

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 12 / 2006

Transaction ID: INC:A:26242

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	59.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS GEORGIA EDDLEMAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2006	
Mailing Address 908 EDGEMEER LANE		<b>Transaction ID: INC:A:26455</b>	
City SOUTHLAKE	State TX	Zip Code 76092	Amount of Each Receipt this Period 34.45
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1171.30		

Full Name (Last, First, Middle Initial) <b>B. MR JOSEPH FREND0</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2006	
Mailing Address 9 GREEN HILL TRAIL		<b>Transaction ID: INC:A:26359</b>	
City TROPHY CLUB	State TX	Zip Code 76262	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) <b>C. MR RICHARD JONES</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2006	
Mailing Address 12 WADE HAMPTON TRAIL		<b>Transaction ID: INC:A:26413</b>	
City HENDERSON	State NV	Zip Code 89052	Amount of Each Receipt this Period 15.08
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	99.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 94 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR WILLIAM KELLEY, III</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2006	
Mailing Address 1970 WOODLANDS PL		<b>Transaction ID: INC:A:26336</b>	
City State Zip Code POWELL OH 43065		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B. MR ROSS LUCE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2006	
Mailing Address 2116 BELLANCA CT.		<b>Transaction ID: INC:A:26238</b>	
City State Zip Code FLOWER MOUND TX 75028		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. MR EDWARD MCNEILEY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2006	
Mailing Address 5646 BIRCHWOOD CIRCLE		<b>Transaction ID: INC:A:26273</b>	
City State Zip Code LAS VEGAS NV 89120		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR GILBERT RAINES</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 6	
Mailing Address <b>800 SANDY TRAIL</b>		<b>Transaction ID: INC:A:26486</b>	
City <b>KELLER</b>	State <b>TX</b>	Amount of Each Receipt this Period 10.00	
Zip Code <b>76248</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR HR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B. MR FRANK SCHULTE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 6	
Mailing Address <b>2121 AMERICA'S CUP CIR</b>		<b>Transaction ID: INC:A:26258</b>	
City <b>LAS VEGAS</b>	State <b>NV</b>	Amount of Each Receipt this Period 8.92	
Zip Code <b>89117</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>REGIONAL VP PHARMACIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.28		

Full Name (Last, First, Middle Initial) <b>C. MR THOMAS SHANAHAN, III</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 6	
Mailing Address <b>266 BRUSHY CREEK AVE</b>		<b>Transaction ID: INC:A:26321</b>	
City <b>LAS VEGAS</b>	State <b>NV</b>	Amount of Each Receipt this Period 28.85	
Zip Code <b>89148</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR OPS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.10		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	47.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. MR TIMOTHY SWETT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2006	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE		<b>Transaction ID: INC:A:26260</b>	
City State Zip Code TAMPA FL 33647	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1135.00		

Full Name (Last, First, Middle Initial) <b>B. MR CALVIN WASDYKE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2006	
Mailing Address 5 APPLE ORCHARD RD		<b>Transaction ID: INC:A:26333</b>	
City State Zip Code MOORESTOWN NJ 08057	Amount of Each Receipt this Period 12.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MS MARILYN WOLLETT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2006	
Mailing Address 8174 MT AIR PL		<b>Transaction ID: INC:A:26341</b>	
City State Zip Code COLUMBUS OH 43235	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 850.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS LUCILLE ACCETTA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 11 ANDOVER CT		<b>Transaction ID: INC:A:26255</b>	
City State Zip Code CORTLANDT MANOR NY 10567	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR SALES & NATL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MS LESLIE ACHTER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 821 ALBEMARLE STREET		<b>Transaction ID: INC:A:26237</b>	
City State Zip Code WYCKOFF NJ 07481	Amount of Each Receipt this Period 12.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ANALYTICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50		

Full Name (Last, First, Middle Initial) <b>C. MR EDWARD ADAMCIK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1021 SUNSET RIDGE		<b>Transaction ID: INC:A:26184</b>	
City State Zip Code BRIDGEWATER NJ 08807	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARM CONTRACT & CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR STEPHEN ADLER**

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 ▼ **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26236**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **4405 WISMER ROAD**

City **DOYLESTOWN** State **PA** Zip Code **18901**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26507**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address **146 JOHNSON RD**

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 ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26290**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. TEJWANSH ANAND</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2006
Mailing Address 10 WHIPPOORWILL LAKE ROAD		<b>Transaction ID:</b> INC:A:26482
City <b>CHAPPAQUA</b>	State <b>NY</b>	Zip Code <b>10514</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B. DR ROGER ANDERSON</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2006
Mailing Address 833 OXFORD COURT		<b>Transaction ID:</b> INC:A:26502
City <b>LEWISVILLE</b>	State <b>TX</b>	Zip Code <b>75056</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 192.30	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & CHIEF PHARMACIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1988.40	

Full Name (Last, First, Middle Initial) <b>C. MS JAYME ANTONOPLOS</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2006
Mailing Address 417 MILLS COURT		<b>Transaction ID:</b> INC:A:26352
City <b>FLORHAM PARK</b>	State <b>NJ</b>	Zip Code <b>07932</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR EXEC CORR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>267.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 20 CHADWELL PLACE

City State Zip Code  
MORRISTOWN NJ 07960

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
08 / 19 / 2006

Transaction ID: INC:A:26304

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City State Zip Code  
ENGLEWOOD NJ 07631

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP PROPOSAL UNIT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
08 / 19 / 2006

Transaction ID: INC:A:26427

Amount of Each Receipt this Period  
25.00

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

Mailing Address 69 SKYLINE DR

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
08 / 19 / 2006

Transaction ID: INC:A:26364

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR MICHAEL BARONE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 452 MEDWAY RD		<b>Transaction ID: INC:A:26513</b>	
City HIGHLAND HEIGHTS	State OH	Zip Code 44143	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4250.00		

Full Name (Last, First, Middle Initial) <b>B. MRS BRENDA BASSETT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1752 BLACKSTONE DRIVE		<b>Transaction ID: INC:A:26426</b>	
City CARROLLTON	State TX	Zip Code 75007	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP NATL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MR DAVID BAUGH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1813 ADONIS AVE		<b>Transaction ID: INC:A:26472</b>	
City HENDERSON	State NV	Zip Code 89074	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MGR BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City State Zip Code  
VIENNA VA 22182

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26328

Amount of Each Receipt this Period  
100.00

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

Mailing Address 24 GLENWOOD ROAD

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26485

Amount of Each Receipt this Period  
50.00

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

Mailing Address 304 BERKSHIRE AVE

City State Zip Code  
NEW MILFORD NJ 07646

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP BENEFIT DELIVERY SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26362

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS EILEEN BIDELE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 71 WASHINGTON CT.		<b>Transaction ID: INC:A:26358</b>	
City State Zip Code TOWACO NJ 07082	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PHARM OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. MR FLOYD BILLINGS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 4273 BROGDAN FARM COURT		<b>Transaction ID: INC:A:26373</b>	
City State Zip Code BUFORD GA 30518	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. BRYAN BIRCH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 4 WINDRUSH LANE		<b>Transaction ID: INC:A:26480</b>	
City State Zip Code WESTPORT CT 06880	Amount of Each Receipt this Period 192.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP PRES, EMPLOYER GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3264.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 194		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A. MR MITCHELL BLASHINSKY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 116 TAYLORS MILL RD		<b>Transaction ID: INC:A:26441</b>	
City MANALAPAN	State NJ	Zip Code 07726	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR GENERIC DRUG PURCHASING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B. MR JONATHAN BLAUMAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 50 NEW ENGLAND DR		<b>Transaction ID: INC:A:26319</b>	
City RAMSEY	State NJ	Zip Code 07446	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MKTING & PRODUCT DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR MICHAEL BOGDA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 80 LEONA CT		<b>Transaction ID: INC:A:26474</b>	
City LEVITTOWN	State NY	Zip Code 11756	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City State Zip Code  
BRYN MAWR PA 19010

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26220

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City State Zip Code  
RICHMOND VA 23231

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP FORMULARY CONSULTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26432

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City State Zip Code  
RINGWOOD NJ 07456

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR HLTH MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26468

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	255.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS PATRICIA BRANUM</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address <b>210 FROG HOLLOW ROAD PO BOX 708</b>		<b>Transaction ID: INC:A:26422</b>	
City <b>COATESVILLE</b>	State <b>PA</b>	Zip Code <b>19320</b>	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>VP INFO &amp; PROCESS ENGINEERING</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) <b>B. MR DAVID BREEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address <b>27 SEALS DR</b>		<b>Transaction ID: INC:A:26402</b>	
City <b>MONROE</b>	State <b>NY</b>	Zip Code <b>10950</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR ANALYTICAL SVCS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR PAUL BRISSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address <b>469 MANOR LANE</b>		<b>Transaction ID: INC:A:26275</b>	
City <b>PELHAM MANOR</b>	State <b>NY</b>	Zip Code <b>10803</b>	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR PRODUCT DEVELOPMENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR KENNETH BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 540 GIORDANO DRIVE		<b>Transaction ID: INC:A:26217</b>	
City YORKTOWN HEIGHTS	State NY	Zip Code 10598	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. MS VIVIAN BULGER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 120 EAST MAIN ST		<b>Transaction ID: INC:A:26401</b>	
City WASHINGTONVILLE	State NY	Zip Code 10992	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>C. MR GEORGE BURNITE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 68 WOODLAND DRIVE		<b>Transaction ID: INC:A:26492</b>	
City CHURCHVILLE	State PA	Zip Code 18966	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PHARM OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR KEVIN BURON

Mailing Address 301 TEMPLETON CT

City State Zip Code  
GRANITE BAY CA 95746

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 ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26307

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MRS PEGEEN BUTTERFIELD

Mailing Address 23 NUTTING PLACE

City State Zip Code  
WEST CALDWELL NJ 07006

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR MEMBER STRATEGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26244

Amount of Each Receipt this Period  
25.00

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

Mailing Address 441 S ELM STREET

City State Zip Code  
MAYWOOD NJ 07607

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26170

Amount of Each Receipt this Period  
40.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR RAYMOND CARLUCCI</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 24 SHERI DRIVE		<b>Transaction ID: INC:A:26395</b>	
City State Zip Code ALLENDALE NJ 07401		Amount of Each Receipt this Period 52.50	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 892.50	

Full Name (Last, First, Middle Initial) <b>B. MS CATHERINE CASALE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 16345 HEATHROW DRIVE		<b>Transaction ID: INC:A:26439</b>	
City State Zip Code TAMPA FL 33647		Amount of Each Receipt this Period 13.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.00	

Full Name (Last, First, Middle Initial) <b>C. MS MARY CASALE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 822 CEDAR AVE		<b>Transaction ID: INC:A:26310</b>	
City State Zip Code HADDENFIELD NJ 08033		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 110 / 194						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A. MS KAREN CATHCART RUSSELL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 148 CLUBHOUSE DR		<b>Transaction ID: INC:A:26187</b>	
City WEST COLUMBIA	State SC	Zip Code 29172	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 365.00		

Full Name (Last, First, Middle Initial) <b>B. MR FRANK COLIANO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 5176 BALDWIN TERRACE		<b>Transaction ID: INC:A:26247</b>	
City MARIETTA	State GA	Zip Code 30068	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. MR JOSEPH CONOSHENTI, JR</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 5 MAGNOLIA DRIVE		<b>Transaction ID: INC:A:26193</b>	
City MARLBORO	State NJ	Zip Code 07746	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR DUR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code  
NEW YORK NY 10023

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS PLANNING & DEV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26494

Amount of Each Receipt this Period  
25.00

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

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code  
RAMSEY NJ 07446

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26210

Amount of Each Receipt this Period  
25.00

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

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code  
SPARTA NJ 07871

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP PHARMACY NETWORK MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26291

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code  
RANDOLPH NJ 07869

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
08 / 19 / 2006

Transaction ID: INC:A:26377

Amount of Each Receipt this Period  
25.00

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

Mailing Address 2903 CHUKKAR COURT

City State Zip Code  
PLANT CITY FL 33567

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
08 / 19 / 2006

Transaction ID: INC:A:26354

Amount of Each Receipt this Period  
25.00

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

Mailing Address 2926 EWING AVE S

City State Zip Code  
MINNEAPOLIS MN 55416

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.10

Date of Receipt  
08 / 19 / 2006

Transaction ID: INC:A:26271

Amount of Each Receipt this Period  
192.30

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>242.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR DANIEL DAVISON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 402 HIGHLAND AVE		<b>Transaction ID: INC:A:26396</b>	
City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PRICING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. MR LUCA DEFLORENTIIS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address W62 N1032 FAIRHAVEN CT		<b>Transaction ID: INC:A:26329</b>	
City CEDARBURG	State WI	Zip Code 53012	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MS KAREN DEZEARN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 3625 PATTERNSTONE DR		<b>Transaction ID: INC:A:26189</b>	
City ALPHARETTA	State GA	Zip Code 30022	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MS ROBBIN DICESARE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1003T HIGH STREET		<b>Transaction ID: INC:A:26391</b>	
City State Zip Code BURLINGTON TOWNSHI NJ 08016		Amount of Each Receipt this Period 9.28	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR MGR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.52	

Full Name (Last, First, Middle Initial) <b>B. MR WILLIS DINGLE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 17826 ARBOR GREENE DR		<b>Transaction ID: INC:A:26243</b>	
City State Zip Code TAMPA FL 33647		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT DOLAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 9 CRANE AVENUE		<b>Transaction ID: INC:A:26378</b>	
City State Zip Code WEST CALDWELL NJ 07006		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS MERIDITH DORNER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 4448 CREEK ROAD		<b>Transaction ID: INC:A:26202</b>	
City ALLENTOWN	State PA	Zip Code 18104	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MR H.RONALD DRIZIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 17 DAYBREAK		<b>Transaction ID: INC:A:26433</b>	
City IRVINE	State CA	Zip Code 92614	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CONTRACT ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MICHEL DUFRESNE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 58 INDEPENDENCE WAY		<b>Transaction ID: INC:A:26488</b>	
City MORRIS TWP	State NJ	Zip Code 07960	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.10		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	267.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR DANA DUNCAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 72 HALLEY DR		<b>Transaction ID: INC:A:26313</b>	
City POMONA	State NY	Zip Code 10970	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ENGINEERING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MR YAACOV DUSHEK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 312 MEGAN CT		<b>Transaction ID: INC:A:26369</b>	
City WYCKOFF	State NJ	Zip Code 07481	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BENEFIT DELIVERY SYS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MS GEORGIA EDDLEMAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 908 EDGEMEER LANE		<b>Transaction ID: INC:A:26456</b>	
City SOUTHLAKE	State TX	Zip Code 76092	Amount of Each Receipt this Period 34.45
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1171.30		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	84.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR MICHAEL EDWARDS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 109 KAREN PLACE		<b>Transaction ID: INC:A:26216</b>	
City State Zip Code WYCKOFF NJ 07481		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR EDWARD EISENBERG, MD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 128 SUMMIT AVENUE		<b>Transaction ID: INC:A:26501</b>	
City State Zip Code UPPER MONTCLAIR NJ 07043		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS MEDICARE CHIEF MEDICAL OFFICER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 685.00	

Full Name (Last, First, Middle Initial) <b>C. MR FREDERICK ELSTON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 106 GRAHAM TERRACE		<b>Transaction ID: INC:A:26370</b>	
City State Zip Code SADDLE BROOK NJ 07663		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 118 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR BRAD EPSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 359 LONG HILL ROAD EAST		<b>Transaction ID: INC:A:26505</b>	
City BRIARCLIFF MANOR	State NY	Zip Code 10510	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP COMMUNICATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		

Full Name (Last, First, Middle Initial) <b>B. DR ROBERT EPSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 75 TWEED BLVD		<b>Transaction ID: INC:A:26164</b>	
City UPPER GRANDVIEW	State NY	Zip Code 10960	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CMO SVP MEDICAL&ANLYTC AFFRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2040.00		

Full Name (Last, First, Middle Initial) <b>C. MR SCOTT ERHARDT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 11505 40TH AVE N		<b>Transaction ID: INC:A:26284</b>	
City PLYMOUTH	State MN	Zip Code 55441	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR YAKOV ESTERLIS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 25 STONEHEDGE DR		<b>Transaction ID: INC:A:26458</b>	
City State Zip Code WEST NYACK NY 10994		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BENEFIT DELIVERY SYS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR EDWARD FARGIS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 216 ELMWOOD AVENUE		<b>Transaction ID: INC:A:26481</b>	
City State Zip Code HO-HO-KUS NJ 07423		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. DR RICHARD FEIFER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 32 EILEEN DR		<b>Transaction ID: INC:A:26276</b>	
City State Zip Code MAHWAH NJ 07430		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 120 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR THOMAS FEITEL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 58 APPLE HILL DR		<b>Transaction ID: INC:A:26308</b>	
City State Zip Code GILLETTE NJ 07933	Amount of Each Receipt this Period 192.23		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP CORP MKTG & E-COMM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3267.91		

Full Name (Last, First, Middle Initial) <b>B. MS DAWN FELDNER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 275 BIRCH STREET		<b>Transaction ID: INC:A:26434</b>	
City State Zip Code EMERSON NJ 07630	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. MR THOMAS FERRAZZANO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 138 HEIGHTS ROAD		<b>Transaction ID: INC:A:26397</b>	
City State Zip Code RIDGEWOOD NJ 07450	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR EDWARD FISCHER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 465 OLD STONE RD		<b>Transaction ID: INC:A:26266</b>	
City State Zip Code RIDGEWOOD NJ 07450		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MEDICARE OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR ANTHONY FLOWERS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1933 MT. OLIVE AGOSTA ROAD		<b>Transaction ID: INC:A:26345</b>	
City State Zip Code NEW BLOOMINGTON OH 43341		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HLTH CARE OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. MR KEVIN FRANCO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 140 BELLAIR RD UNIT Q		<b>Transaction ID: INC:A:26410</b>	
City State Zip Code RIDGEWOOD NJ 07450		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR JOSEPH FRENDO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 9 GREEN HILL TRAIL		<b>Transaction ID: INC:A:26360</b>	
City State Zip Code TROPHY CLUB TX 76262	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) <b>B. MR ANDREW FRIEDEL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 55 WHEELER		<b>Transaction ID: INC:A:26235</b>	
City State Zip Code EDGEWOOD RI 02905	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR STATE GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>C. MR JOSEPH GALARDI</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 24 MOREHOUSE PL		<b>Transaction ID: INC:A:26162</b>	
City State Zip Code NEW PROVIDENCE NJ 07974	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MANAGING COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS PAMELA GALASSINI</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 333 N. CANAL ST. #1804		<b>Transaction ID: INC:A:26467</b>	
City State Zip Code CHICAGO IL 60606	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) <b>B. MS PATRICIA GALLAGHER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 842 ASHLER CT		<b>Transaction ID: INC:A:26435</b>	
City State Zip Code COLUMBUS OH 43235	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. MR BARNEY GALLASSIO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 69 LAKEVIEW DR		<b>Transaction ID: INC:A:26335</b>	
City State Zip Code OLD TAPPAN NJ 07675	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLIENT RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.92		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 124 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL GALVIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address P.O. 86		<b>Transaction ID: INC:A:26490</b>	
City <b>WYCKOFF</b>	State NJ	Zip Code 07481	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP/CHIEF INFRASTRUCTURE OFFR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2125.00		

Full Name (Last, First, Middle Initial) <b>B. MR PETER GAYLORD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1201 BRIDGE STREET		<b>Transaction ID: INC:A:26161</b>	
City <b>ASBURY PARK</b>	State NJ	Zip Code 07712	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 FINANCIAL EVALUATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MR FRANK GENTILELLA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 20 BROOKSHIRE DR		<b>Transaction ID: INC:A:26241</b>	
City <b>ROBBINSVILLE</b>	State NJ	Zip Code 08691	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 125 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City State Zip Code  
SADDLE RIVER NJ 07458

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
3269.27

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26463

Amount of Each Receipt this Period  
192.31

**B.** Full Name (Last, First, Middle Initial)  
MS MICHELE GLYNN

Mailing Address 5333 EAST HELENA DRIVE

City State Zip Code  
SCOTTSDALE AZ 85254

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26381

Amount of Each Receipt this Period  
25.00

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

Mailing Address 26 HILLSIDE AVE.

City State Zip Code  
GLEN ROCK NJ 07452

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP ORG DEV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26411

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	232.31
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR JAMES GORMAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 11 WASHBURN RD		<b>Transaction ID: INC:A:26211</b>	
City State Zip Code CANTON CT 06022		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLIENT & MKT PROG STRAT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR JAMES GRANT, JR</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1928 BEVERLY LANE		<b>Transaction ID: INC:A:26256</b>	
City State Zip Code BUFFALO GROVE IL 60089		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCIAL INSIGHTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. MR EDWARD GRIX</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 525 ORANGEBURG RD		<b>Transaction ID: INC:A:26278</b>	
City State Zip Code PEARL RIVER NY 10965		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR E-COM BUSINESS OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code  
CONVENT STATION NJ 07960

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
08 / 19 / 2006

Transaction ID: INC:A:26303

Amount of Each Receipt this Period  
25.00

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

Mailing Address 264 HARVEST AVE

City State Zip Code  
STATEN ISLAND NY 10310

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP CONSUMER DRIVEN MKTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
08 / 19 / 2006

Transaction ID: INC:A:26203

Amount of Each Receipt this Period  
15.00

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

Mailing Address 50 BELLEVUE AVE

City State Zip Code  
SUMMIT NJ 07901

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1530.00

Date of Receipt  
08 / 19 / 2006

Transaction ID: INC:A:26176

Amount of Each Receipt this Period  
90.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 130.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR MARK HALLORAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 19 KINGS RIDGE ROAD		<b>Transaction ID: INC:A:26371</b>	
City State Zip Code LONG VALLEY NJ 07853	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CHIEF INFO OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00		

Full Name (Last, First, Middle Initial) <b>B. MR GREGORY HANSEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1659 ISABELLA PARKWAY		<b>Transaction ID: INC:A:26466</b>	
City State Zip Code CHASKA MN 55318	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ACCT SVCS & ADMIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MS KELLY HANZAWA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1116 OAKCROFT LANE		<b>Transaction ID: INC:A:26436</b>	
City State Zip Code SOMERSET NJ 08873	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLIENT REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	155.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR PETER HARTY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 19520 YELLOW WING COURT		<b>Transaction ID: INC:A:26163</b>	
City State Zip Code COLORADO SPRINGS CO 80908	Amount of Each Receipt this Period 192.31		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP POLICY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3043.10		

Full Name (Last, First, Middle Initial) <b>B. MR BILL HEAD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 501 SLATERS LANE #816		<b>Transaction ID: INC:A:26510</b>	
City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>C. MR MARK HEGGESTAD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 13210 N. 11TH AVE.		<b>Transaction ID: INC:A:26221</b>	
City State Zip Code PHOENIX AZ 85029	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR SCOTT HELMUS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 23 VALLEY RD		<b>Transaction ID: INC:A:26204</b>	
City State Zip Code SUCCASUNNA NJ 07876		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARMACIES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. MR ERIC HESS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 10 CARLTON RD		<b>Transaction ID: INC:A:26268</b>	
City State Zip Code FLANDERS NJ 07836		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ENGINEERING & OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) <b>C. MR STEPHEN HOBSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1 HERITAGE RD		<b>Transaction ID: INC:A:26343</b>	
City State Zip Code FLORHAM PARK NJ 07932		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR GLENN HOFFMAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 974 HILLCREST ROAD		<b>Transaction ID: INC:A:26412</b>	
City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FACILITIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>B. MR TIMOTHY HOGAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 9 HIRLE ST		<b>Transaction ID: INC:A:26280</b>	
City CORNWALL ON HUDSON	State NY	Zip Code 12520	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR STEPHEN HOLODAK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 49 S HILLSIDE AVE		<b>Transaction ID: INC:A:26367</b>	
City ELMSFORD	State NY	Zip Code 10523	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INTERVENTION DELIVERY SYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS CYNTHIA HORN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 9553 ANDREW DR		<b>Transaction ID: INC:A:26514</b>	
City State Zip Code TWINSBURG OH 44087		Amount of Each Receipt this Period 14.69	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CUST SVC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.73	

Full Name (Last, First, Middle Initial) <b>B. MR STEVEN HOROWITZ</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 30 AVENUE AT PORT IMPERIAL APT. 415		<b>Transaction ID: INC:A:26512</b>	
City State Zip Code WEST NEW YORK NJ 07093		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BUSINESS PLANNING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. MR WALTER HOSP</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1 OLD LANE		<b>Transaction ID: INC:A:26324</b>	
City State Zip Code SCARSDALE NY 10583		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP TREASURY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	89.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS JANE HULSE		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 95 GORDON RD		<b>Transaction ID:</b> INC:A:26400	
City ESSEX FELLS	State NJ	Zip Code 07021	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS JEANNINE INFANTINO		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 34 MOHEGAN TRL		<b>Transaction ID:</b> INC:A:26198	
City SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR FINANCIAL APPLICATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR DAVID ISRAEL		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 730 COLUMBUS AVENUE		<b>Transaction ID:</b> INC:A:26166	
City NEW YORK	State NY	Zip Code 10025	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUSINESS DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS SUSAN ITO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 6366 SW 90TH STREET		<b>Transaction ID: INC:A:26172</b>	
City State Zip Code GAINESVILLE FL 32608	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. MR WILLIAM JACKSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 105 ROOSEVELT AVE		<b>Transaction ID: INC:A:26443</b>	
City State Zip Code WEST ORANGE NJ 07052	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MEDICARE OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. MR TODD JEFFREY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 15 ELIZABETH STREET		<b>Transaction ID: INC:A:26454</b>	
City State Zip Code DUMONT NJ 07628	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARM CONTRACT & CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MISS ANNE JOHNSTON

Mailing Address 256 MADISON AVE

City State Zip Code  
RIVER EDGE NJ 07661

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 ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26452

Amount of Each Receipt this Period  
30.00

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

Mailing Address 12 WADE HAMPTON TRAIL

City State Zip Code  
HENDERSON NV 89052

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 512.72

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26414

Amount of Each Receipt this Period  
15.08

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

Mailing Address 16357 VICTORIA CURVE SE

City State Zip Code  
PRIOR LAKE MN 55372

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26299

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.08
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City State Zip Code  
MENOMONEE FALLS WI 53051

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26289

Amount of Each Receipt this Period  
25.00

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

Mailing Address 63 MOUNTAIN GLEN ROAD

City State Zip Code  
RINGWOOD NJ 07456

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26473

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1970 WOODLANDS PL

City State Zip Code  
POWELL OH 43065

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26337

Amount of Each Receipt this Period  
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR KEVIN KELLY		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 251 POPLAR AVE		<b>Transaction ID:</b> INC:A:26190	
City State Zip Code HACKENSACK NJ 07601	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLIENT SVC DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS LISA KETNER		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 7 POINT VIEW		<b>Transaction ID:</b> INC:A:26325	
City State Zip Code OAKLAND NJ 07436	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MKTING & PRODUCT DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 121 CONKLING TOWN ROAD		<b>Transaction ID:</b> INC:A:26445	
City State Zip Code CHESTER NY 10918	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HLTH MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. KENNETH KLEPPER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 295 GLEN PLACE		<b>Transaction ID: INC:A:26479</b>	
City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 192.30		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES & CHIEF OPERATING OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.10		

Full Name (Last, First, Middle Initial) <b>B. MR JON KLINE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 36 CORTLAND TL		<b>Transaction ID: INC:A:26475</b>	
City State Zip Code MAHWAH NJ 07430	Amount of Each Receipt this Period 50.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 859.18		

Full Name (Last, First, Middle Initial) <b>C. MR BRADFORD KOGEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 555 FORBUSH STREET		<b>Transaction ID: INC:A:26438</b>	
City State Zip Code BOONTON NJ 07005	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLIENT RETAIL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	262.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS KATHLEEN KORDUCKI</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 920 CLARK STREET		Transaction ID: INC:A:26209
City State Zip Code BOWLING GREEN OH 43402	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. MR RODGER KORMYLO</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 1310 43RD AVE		Transaction ID: INC:A:26296
City State Zip Code KENOSHA WI 53144	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. MS JOANN KRENITSKY</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 143 DEERFIELD TERRACE		Transaction ID: INC:A:26232
City State Zip Code MAHWAH NJ 07430	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUS PLANNING & ADMIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS BARBARA KRZAK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 495 ISLAND WAY		<b>Transaction ID: INC:A:26374</b>	
City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM STRATEGY & DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00		

Full Name (Last, First, Middle Initial) <b>B. MR MICHAEL KRZAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 2735 YORK RD		<b>Transaction ID: INC:A:26424</b>	
City State Zip Code COLUMBUS OH 43221	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation REGIONAL VP PHARMACIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MS CYNTHIA LAUBACHER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 7017 COBALT WAY		<b>Transaction ID: INC:A:26327</b>	
City State Zip Code CITRUS HEIGHTS CA 95621	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	205.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR ROBERT LONG</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address <b>18 HARLIND TERRACE</b>		<b>Transaction ID: INC:A:26318</b>	
City State Zip Code <b>RAMSEY NJ 07446</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS NATL ACCT EXEC</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR ROSS LUCE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address <b>2116 BELLANCA CT.</b>		<b>Transaction ID: INC:A:26239</b>	
City State Zip Code <b>FLOWER MOUND TX 75028</b>		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS DIR OPS</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. MS DEBRA LUDGATE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address <b>238 WOODLAND AVE</b>		<b>Transaction ID: INC:A:26283</b>	
City State Zip Code <b>SUMMIT NJ 07901</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS SR DIR CREATIVE SVCS</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS CHERYL MACDONALD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 15011 EAGLEPARK PLACE		<b>Transaction ID: INC:A:26361</b>	
City State Zip Code LITHIA FL 33547		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CS REQUIREMENTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR KENNETH MALLEY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 764 W. SADDLE RIVER ROAD		<b>Transaction ID: INC:A:26270</b>	
City State Zip Code HO HO KUS NJ 07423		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. MR MICHAEL MANDAGLIO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 33 HICKORY TAVERN RD		<b>Transaction ID: INC:A:26174</b>	
City State Zip Code GILLETTE NJ 07933		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS TAMARA MARSHALL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address W144 N7150 TERRACE DRIVE		<b>Transaction ID: INC:A:26285</b>	
City State Zip Code MENOMONEE FALLS WI 53051		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. MR TODD MARTIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 11825 SHEPPARDS CROSSING		<b>Transaction ID: INC:A:26251</b>	
City State Zip Code CLARKSVILLE MD 21029		Amount of Each Receipt this Period 192.30	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3269.10	

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT MATCHETT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 27 LAKEVILLE RD		<b>Transaction ID: INC:A:26219</b>	
City State Zip Code SUSSEX NJ 07461		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	242.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR JEFFREY MAY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 137 WASHINGTON AVE		<b>Transaction ID: INC:A:26415</b>	
City HILLSDALE	State NJ	Zip Code 07642	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP DRUG DISTRIB & CONTROL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.10		

Full Name (Last, First, Middle Initial) <b>B. MS PATRICIA MAZZONE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 56 PENOBSCOT ST		<b>Transaction ID: INC:A:26323</b>	
City CLIFTON	State NJ	Zip Code 07013	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR DANIEL MCCRONE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 41 HENRY COURT		<b>Transaction ID: INC:A:26503</b>	
City MOUNT ARLINGTON	State NJ	Zip Code 07856	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	267.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR THOMAS MCDONALD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 0-45 27TH ST		<b>Transaction ID: INC:A:26368</b>	
City <b>FAIR LAWN</b>	State NJ	Zip Code 07410	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MS COLLEEN MCINTOSH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 87 ROSELAWN RD		<b>Transaction ID: INC:A:26326</b>	
City <b>HIGHLAND MILLS</b>	State NY	Zip Code 10930	Amount of Each Receipt this Period 116.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1972.00		

Full Name (Last, First, Middle Initial) <b>C. MR STEVEN MCNAMARA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 112 GREEN TERRACE WAY		<b>Transaction ID: INC:A:26451</b>	
City <b>WEST MILFORD</b>	State NJ	Zip Code 07480	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP BUSINESS OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	333.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR EDWARD MCNEILEY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 5646 BIRCHWOOD CIRCLE		<b>Transaction ID: INC:A:26274</b>	
City State Zip Code LAS VEGAS NV 89120	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>B. MRS WENDY MELLO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address PO BOX 43232		<b>Transaction ID: INC:A:26213</b>	
City State Zip Code MONTCLAIR NJ 07043	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR MKTING & STRATEGIC ANAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. DAVID MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 7 CLOVER LANE		<b>Transaction ID: INC:A:26178</b>	
City State Zip Code RANDOLPH NJ 07869	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 147 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MRS KAREN MILLER</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2006
Mailing Address 34 ROBERT MACKENZIE LANE NORTH		<b>Transaction ID: INC:A:26173</b>
City DENVERLE	State NJ	Zip Code 07834
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>B. MR GIOVANNI MINARDI</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2006
Mailing Address 12 LINCOLN ROAD		<b>Transaction ID: INC:A:26464</b>
City KINNELON	State NJ	Zip Code 07405
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM STRAT & DELI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. MR BHUPESH MISTRY</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2006
Mailing Address 106 HAMBURG ROAD		<b>Transaction ID: INC:A:26182</b>
City PARSIPPANY	State NJ	Zip Code 07054
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR PETER MONKHOUSE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1320 BRONCO CIR		<b>Transaction ID: INC:A:26267</b>	
City <b>WARRINGTON</b>	State <b>PA</b>	Zip Code <b>18976</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR BENEFIT DELIVERY SYSTEMS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>B. MR THOMAS MORIARTY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 86 WELLINGTON AVENUE		<b>Transaction ID: INC:A:26167</b>	
City <b>SHORT HILLS</b>	State <b>NJ</b>	Zip Code <b>07078</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>SVP Business Development</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MR TREVOR MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 25611 ROLLING HILLS RD		<b>Transaction ID: INC:A:26249</b>	
City <b>LAGUNA HILLS</b>	State <b>CA</b>	Zip Code <b>92653</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>NATL ACCT EXEC</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City State Zip Code  
SPARTA NJ 07871

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26446

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
MR KEVIN MURPHY, JR

Mailing Address 105 COVENTRY LN

City State Zip Code  
TRUMBULL CT 06611

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1175.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26207

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City State Zip Code  
HASBROUCK HEIGHTS NJ 07604

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26208

Amount of Each Receipt this Period  
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR ARTHUR NARDIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 28 POWDERHORN DR		<b>Transaction ID: INC:A:26417</b>	
City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 192.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACEUTICAL CONTRACTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3264.00		

Full Name (Last, First, Middle Initial) <b>B. MR HAIK NOVSHADIAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 45 DAVIS ROAD		<b>Transaction ID: INC:A:26288</b>	
City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 26.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.00		

Full Name (Last, First, Middle Initial) <b>C. MR CHARLES OESTREICHER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 6 PARK DR SOUTH		<b>Transaction ID: INC:A:26437</b>	
City State Zip Code RYE NY 10580	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM STRATEGY & DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	268.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 151 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR MELVIN OHL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 274 E FRANKLIN TPKE		<b>Transaction ID: INC:A:26392</b>	
City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PROCUREMENT & INVENTORY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. MS CLAUDINE OLSEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 4 HIGHGATE CT		<b>Transaction ID: INC:A:26430</b>	
City SUFFERN	State NY	Zip Code 10901	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER ONIK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1 SCHINDLER CT		<b>Transaction ID: INC:A:26509</b>	
City UPPER SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS NATALYA ONIK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1 SCHINDLER CT		<b>Transaction ID: INC:A:26305</b>	
City <b>UPPER SADDLE RIVER</b>	State <b>NJ</b>	Zip Code <b>07458</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>TECHNICAL SPECIALIST</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MS LUDIVINA PACAMARRA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 4 TEAK COURT		<b>Transaction ID: INC:A:26380</b>	
City <b>RINGWOOD</b>	State <b>NJ</b>	Zip Code <b>07456</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>EXEC DIR TECHNOLOGY</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MS DAWN PAGANO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 185 PASCACK ROAD		<b>Transaction ID: INC:A:26379</b>	
City <b>PARK RIDGE</b>	State <b>NJ</b>	Zip Code <b>07656</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>VP INFO TECHNOLOGY</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR RICHARD PAGANO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 185 PASCACK RD		<b>Transaction ID: INC:A:26375</b>	
City State Zip Code PARK RIDGE NJ 07656	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. MRS MICHELE PAIGE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 12 MILLBROOK COURT		<b>Transaction ID: INC:A:26301</b>	
City State Zip Code LIVINGSTON NJ 07039	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MARKET STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR JAY PATEL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 14 BROWNSTONE TERRACE		<b>Transaction ID: INC:A:26498</b>	
City State Zip Code HAWTHORNE NJ 07506	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address **18 MOUNTAIN VIEW CT**

City **RIVERDALE** State **NJ** Zip Code **07457**

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 ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26363**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address **8522 UPLAND LN 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 **GENERAL MGR GROUP**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26245**

Amount of Each Receipt this Period  
**30.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS JUDITH PLATKIN**

Mailing Address **29 BLACKWELL AVE**

City **MORRISTOWN** State **NJ** Zip Code **07960**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **GENERAL MGR**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26175**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 5 CRABAPPLE CT

City State Zip Code  
MONSEY NY 10952

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 ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26248

Amount of Each Receipt this Period  
25.00

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

Mailing Address 875 ALEXANDRIA CT

City State Zip Code  
RAMSEY NJ 07446

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.10

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26311

Amount of Each Receipt this Period  
192.30

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

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code  
HOPEWELL JUNCTION NY 12533

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR CONTRACT ADMINISTRATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26408

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	242.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR MARK PROULX</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 20 BRANDY RIDGE ROAD		<b>Transaction ID: INC:A:26469</b>	
City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACY & CUST SVC OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) <b>B. MR GILBERT RAINES</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 800 SANDY TRAIL		<b>Transaction ID: INC:A:26487</b>	
City State Zip Code KELLER TX 76248	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>C. MS FRANCES RAO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 146 JOHNSON RD		<b>Transaction ID: INC:A:26191</b>	
City State Zip Code SCARSDALE NY 10583	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRIVACY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS JOANN REED		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 4 ANTLER CT		<b>Transaction ID:</b> INC:A:26399	
City MATAWAN	State NJ	Zip Code 07747	Amount of Each Receipt this Period 65.38
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP FINANCE & CHIEF FIN OFFCR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1111.46		

<b>B.</b> Full Name (Last, First, Middle Initial) MR THOMAS REINCKENS		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 22 BARTLETT AVE.		<b>Transaction ID:</b> INC:A:26265	
City NORWALK	State CT	Zip Code 06850	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 412 RIVER MEWS LANE		<b>Transaction ID:</b> INC:A:26484	
City EDGEWATER	State NJ	Zip Code 07020	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1190.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR DAVID ROBARGE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6	
Mailing Address 4565 QUEENSLAND LN N		<b>Transaction ID: INC:A:26218</b>	
City State Zip Code MINNEAPOLIS MN 55446	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MS SORAYA RODRIGUEZ-BALZAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6	
Mailing Address 22 PAPOOSE TRAIL		<b>Transaction ID: INC:A:26483</b>	
City State Zip Code ANDOVER NJ 07821	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR MICHAEL ROMANZO</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6	
Mailing Address 96 LEHMANN STREET		<b>Transaction ID: INC:A:26263</b>	
City State Zip Code MAHWAH NJ 07430	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRESIDENT SYSTEMED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS 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 ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26409

Amount of Each Receipt this Period  
50.00

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

Mailing Address 3103 RIO VISTA DRIVE

City State Zip Code  
MAHWAH NJ 07430

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & CONTROLLER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1445.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26405

Amount of Each Receipt this Period  
85.00

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

Mailing Address 21 SKY TOP RIDGE

City State Zip Code  
OAKLAND NJ 07436

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP FORMULARY & COVERAGE MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26279

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	185.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS MARY RYAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 456 RICHMOND AVENUE		<b>Transaction ID: INC:A:26398</b>	
City MAPLEWOOD	State NJ	Zip Code 07040	Amount of Each Receipt this Period 78.34
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP REGULATORY AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1331.78		

Full Name (Last, First, Middle Initial) <b>B. MISS CYNTHIA RYLANDS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 4836 MIDDLE RD		<b>Transaction ID: INC:A:26425</b>	
City ALLISON PARK	State PA	Zip Code 15101	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>C. MR MICHAEL SARDONE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 7 AHERN WAY		<b>Transaction ID: INC:A:26298</b>	
City WEST ORANGE	State NJ	Zip Code 07052	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	128.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MR DAVID SCHLETT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 339 GRAMERCY PL		<b>Transaction ID: INC:A:26404</b>	
City State Zip Code GLEN ROCK NJ 07452	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ANALYTICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. MR FRANK SCHULTE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 2121 AMERICA'S CUP CIR		<b>Transaction ID: INC:A:26259</b>	
City State Zip Code LAS VEGAS NV 89117	Amount of Each Receipt this Period 8.92		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation REGIONAL VP PHARMACIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.28		

Full Name (Last, First, Middle Initial) <b>C. MR ALLEN SCHWARTZ</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 3556 DAVIS		<b>Transaction ID: INC:A:26214</b>	
City State Zip Code EVANSTON IL 60203	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	83.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR JEFFREY SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6	
Mailing Address 7330 EVEREST LANE - NORTH		<b>Transaction ID: INC:A:26440</b>	
City State Zip Code MAPLE GROVE MN 55311	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MR LEONARD SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6	
Mailing Address 13514 MOTTLESTONE DRIVE NW		<b>Transaction ID: INC:A:26338</b>	
City State Zip Code PICKERINGTON OH 43147	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation REG DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT SENDEWICZ</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6	
Mailing Address 1220 CROSSING WAY		<b>Transaction ID: INC:A:26194</b>	
City State Zip Code WAYNE NJ 07470	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 66 PROSPECT AVE

City WESTWOOD State NJ Zip Code 07675

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS DEV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26461

Amount of Each Receipt this Period  
50.00

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

Mailing Address 266 BRUSHY CREEK AVE

City LAS VEGAS State NV Zip Code 89148

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.10

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26322

Amount of Each Receipt this Period  
28.85

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

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 ▼ 680.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26181

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	118.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR FRANK SHEEHY		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 119 HAMILTON RD		<b>Transaction ID:</b> INC:A:26228	
City State Zip Code RIDGEWOOD NJ 07450	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR PETER SHERMAN		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 139 GATES AVENUE		<b>Transaction ID:</b> INC:A:26168	
City State Zip Code MONTCLAIR NJ 07042	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MANAGING COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 150 CLAREMONT AVE		<b>Transaction ID:</b> INC:A:26233	
City State Zip Code LONG BEACH CA 90803	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY SIMEK</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2006
Mailing Address 197 OXFORD RD		<b>Transaction ID: INC:A:26306</b>
City <b>CHESTER</b>	State <b>NY</b>	Zip Code <b>10918</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>192.31</b>	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>3269.27</b>	

Full Name (Last, First, Middle Initial) <b>B. MR LEE SIMON</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2006
Mailing Address 2390 GREENVIEW ROAD		<b>Transaction ID: INC:A:26447</b>
City <b>NORTHBROOK</b>	State <b>IL</b>	Zip Code <b>60062</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>50.00</b>	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>850.00</b>	

Full Name (Last, First, Middle Initial) <b>C. MR JEFFREY SINKO</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2006
Mailing Address 10 CHERRY TREE LANE		<b>Transaction ID: INC:A:26332</b>
City <b>KINNELON</b>	State <b>NJ</b>	Zip Code <b>07405</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>25.00</b>	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>425.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>267.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR WILLIAM SIRICO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 564 DALE COURT EAST		<b>Transaction ID: INC:A:26192</b>	
City State Zip Code RIVER VALE NJ 07675		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>B. MR DAVID SITVER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 24 YORKSHIRE AVE		<b>Transaction ID: INC:A:26293</b>	
City State Zip Code SUFFERN NY 10901		Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>C. ANN SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 437 GLENDALE RD		<b>Transaction ID: INC:A:26297</b>	
City State Zip Code WYCKOFF NJ 07481		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS Sr Dir Public Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	86.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 40 JOSHUA DR T

City State Zip Code  
RAMSEY NJ 07446

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26423

Amount of Each Receipt this Period  
50.00

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

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code  
DARIEN CT 06820

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.27

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26476

Amount of Each Receipt this Period  
192.31

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

Mailing Address 30 MICHELLE WAY

City State Zip Code  
PINE BROOK NJ 07058

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26497

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>282.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR RALPH STAIANO		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 32 ALDEN RD		<b>Transaction ID:</b> INC:A:26177
City MONROE	State NY	Zip Code 10950
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 7 FOREST LAKE DR		<b>Transaction ID:</b> INC:A:26407
City WEST HARRISON	State NY	Zip Code 10604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MS JILL STEARNS		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 13130 HALSELL DR		<b>Transaction ID:</b> INC:A:26449
City AUSTIN	State TX	Zip Code 78732
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR CRAIG STEEL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 122 DEMAREST AVENUE		<b>Transaction ID: INC:A:26252</b>	
City State Zip Code EMERSON NJ 07630	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MS SUSAN STEELE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 501 CONTINENTAL DR		<b>Transaction ID: INC:A:26515</b>	
City State Zip Code SAGAMORE HILLS OH 44067	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MS AMY STEINKELLNER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 1740 HIGHLAND DRIVE		<b>Transaction ID: INC:A:26286</b>	
City State Zip Code ELM GROVE WI 53122	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 170 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. DR GLEN STETTIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 8 MILL GLEN CT		<b>Transaction ID: INC:A:26465</b>	
City UPPER SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP/GM CLIN & THERAP SOL GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) <b>B. MR SCOTT STRATTON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 351 TIMBERLANE DRIVE		<b>Transaction ID: INC:A:26504</b>	
City ORANGE	State CT	Zip Code 06477	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 PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. MS PATRICIA STRETE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 19275 PAVER BARNES ROAD		<b>Transaction ID: INC:A:26212</b>	
City MARYSVILLE	State OH	Zip Code 43040	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLINICAL THERAPEUTICS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS COLEEN SULLIVAN		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 38 BARKMILL TERRACE		<b>Transaction ID:</b> INC:A:26448
City State Zip Code MONTVILLE NJ 07045	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MS CYNTHIA SULLIVAN		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 21 DENISE DRIVE		<b>Transaction ID:</b> INC:A:26406
City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCIAL PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR MARK SULLIVAN		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 9 / 2 0 0 6
Mailing Address 821 SUMMIT CT		<b>Transaction ID:</b> INC:A:26179
City State Zip Code MANAKIN SABOT VA 23103	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CS SYSTEMS PLAN & IMPLM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 374 KINGSTON CT

City State Zip Code  
WEST NEW YORK NJ 07093

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26230

Amount of Each Receipt this Period  
25.00

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

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code  
TAMPA FL 33647

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1135.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26261

Amount of Each Receipt this Period  
50.00

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

Mailing Address 17326 ELLEN DR

City State Zip Code  
LIVONIA MI 48152

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 ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26277

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address **838 COLONIAL RD**

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26186**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS CLAUDIA TUCKER**

Mailing Address **713 INDIAN CREEK RD**

City **AMHERST** State **VA** Zip Code **24521**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR GOVERNMENT AFFAIRS**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26330**

Amount of Each Receipt this Period  
**75.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR GARY TULLY**

Mailing Address **16 FIELDHEDGE DRIVE**

City **HILLSBOROUGH** State **NJ** Zip Code **08844**

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 ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26453**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS CARA VAN ZILE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 31 LINCOLN RD		<b>Transaction ID: INC:A:26272</b>	
City State Zip Code KINNELON NJ 07405		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. MRS MICHELLE VANCURA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address W328 S4230 SPRING RIDGE		<b>Transaction ID: INC:A:26516</b>	
City State Zip Code WAUKESHA WI 53188		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ACCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>C. MR NICHOLAS VASILOPOULOS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 105 ARRANDALE RD		<b>Transaction ID: INC:A:26320</b>	
City State Zip Code ROCKVILLE CENTRE NY 11570		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MKTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 175 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City WESTFIELD State NJ Zip Code 07090

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 6

Transaction ID: INC:A:26165

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MR MUNISH VJ

Mailing Address 2108 HENRY COURT

City MAHWAH State NJ Zip Code 07430

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 6

Transaction ID: INC:A:26491

Amount of Each Receipt this Period  
25.00

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

Mailing Address N48 W16381 LONE OAK LN

City MENOMONEE FALLS State WI Zip Code 53051

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 6

Transaction ID: INC:A:26287

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 65.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 450 BEECHMONT DR

City State Zip Code  
NEW ROCHELLE NY 10804

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.27

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26382

Amount of Each Receipt this Period  
192.31

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

Mailing Address 5445 GOODWIN AVENUE

City State Zip Code  
DALLAS TX 75206

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.27

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26493

Amount of Each Receipt this Period  
192.31

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

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code  
MOORESTOWN NJ 08057

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2006

Transaction ID: INC:A:26334

Amount of Each Receipt this Period  
12.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	397.12
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 26072 HARBOR VIEW

City State Zip Code  
CAPISTRANO BEACH CA 92624

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP NATL ACCTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26188

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City State Zip Code  
SOMERSET NJ 08873

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26376

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code  
MONTVALE NJ 07645

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP CORP HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26315

Amount of Each Receipt this Period  
50.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 309 WATERVIEW DR		<b>Transaction ID:</b> INC:A:26240	
City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 192.31		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES, CEO ACCREDO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27		

<b>B.</b> Full Name (Last, First, Middle Initial) MR KENNETH WERMES		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 26037 N WRANGLER RD		<b>Transaction ID:</b> INC:A:26309	
City State Zip Code SCOTTSDALE AZ 85255	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR PETER WHITE		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2006	
Mailing Address 2241 E. PINCHOT AVE. #17F		<b>Transaction ID:</b> INC:A:26180	
City State Zip Code PHOENIX AZ 85016	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	287.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR CHRISTOPHER WILSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6	
Mailing Address 1 RIVER COURT APARTMENT 2809		<b>Transaction ID: INC:A:26294</b>	
City JERSEY CITY      State NJ      Zip Code 07310	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CONSULT SUPPORT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. MS BEVERLY WINKLER</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6	
Mailing Address 17 LYNWOOD RD		<b>Transaction ID: INC:A:26403</b>	
City VERONA      State NJ      Zip Code 07044	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ORG DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MS MARILYN WOLLETT</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6	
Mailing Address 8174 MT AIR PL		<b>Transaction ID: INC:A:26342</b>	
City COLUMBUS      State OH      Zip Code 43235	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 850.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 194		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** Full Name (Last, First, Middle Initial)  
MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City State Zip Code  
BAYSIDE NY 11364

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP INSURED SOLUTIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26489

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City State Zip Code  
STILLWATER NY 12170

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26442

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MR JORDAN WOUK

Mailing Address 554 CUMBERLAND AVE

City State Zip Code  
TEANECK NJ 07666

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 ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2006

Transaction ID: INC:A:26460

Amount of Each Receipt this Period  
25.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR SERGEY YANITSKIY**

Mailing Address **793 LINCOLN AVE**

City **POMPTON LAKES** State **NJ** Zip Code **07442**

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 ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26225**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS SARAH YINGLING**

Mailing Address **901 ST MARKS AVE**

City **WESTFIELD** State **NJ** Zip Code **07090**

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 ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26302**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address **219 SPOOK ROCK RD.**

City **SUFFERN** State **NY** Zip Code **10901**

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

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP E-COM DEV**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 19 / 2006**

**Transaction ID: INC:A:26366**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code  
LEESBURG VA 20176

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR CONSOLIDATION PLAN & RPRT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 367.28

Date of Receipt  
08 / 19 / 2006

Transaction ID: INC:A:26419

Amount of Each Receipt this Period  
25.00

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

Mailing Address 726 HIGH MOUNTAIN ROAD

City State Zip Code  
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
08 / 19 / 2006

Transaction ID: INC:A:26496

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1813 ADONIS AVE

City State Zip Code  
HENDERSON NV 89074

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS MGR BENEFIT DELIVERY SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
08 / 26 / 2006

Transaction ID: INC:A:26854

Amount of Each Receipt this Period  
5.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 183 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR KENNETH DANIELS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address <b>2903 CHUKKAR COURT</b>		<b>Transaction ID: INC:A:26738</b>	
City <b>PLANT CITY</b>	State <b>FL</b>	Amount of Each Receipt this Period 25.00	
Zip Code <b>33567</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00	
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>		Occupation <b>VP/GM</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B. MS ROBBIN DICESARE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address <b>1003T HIGH STREET</b>		<b>Transaction ID: INC:A:26774</b>	
City <b>BURLINGTON TOWNSHI</b>	State <b>NJ</b>	Amount of Each Receipt this Period 9.28	
Zip Code <b>08016</b>		Amount of Each Receipt this Period 9.28	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 9.28	
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>		Occupation <b>SR MGR TECHNOLOGY</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.52	

Full Name (Last, First, Middle Initial) <b>C. MR WILLIS DINGLE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address <b>17826 ARBOR GREENE DR</b>		<b>Transaction ID: INC:A:26627</b>	
City <b>TAMPA</b>	State <b>FL</b>	Amount of Each Receipt this Period 25.00	
Zip Code <b>33647</b>		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00	
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>		Occupation <b>SR DIR HR</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	59.28

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 184 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS GEORGIA EDDLEMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address 908 EDGEMEER LANE		<b>Transaction ID: INC:A:26838</b>	
City SOUTHLAKE	State TX	Zip Code 76092	Amount of Each Receipt this Period 34.45
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1171.30		

Full Name (Last, First, Middle Initial) <b>B. MR JOSEPH FREND0</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address 9 GREEN HILL TRAIL		<b>Transaction ID: INC:A:26744</b>	
City TROPHY CLUB	State TX	Zip Code 76262	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) <b>C. MR RICHARD JONES</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address 12 WADE HAMPTON TRAIL		<b>Transaction ID: INC:A:26796</b>	
City HENDERSON	State NV	Zip Code 89052	Amount of Each Receipt this Period 15.08
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	99.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 / 194		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

Mailing Address 1970 WOODLANDS PL

City State Zip Code  
POWELL OH 43065

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
08 / 26 / 2006

Transaction ID: INC:A:26721

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROSS LUCE

Mailing Address 2116 BELLANCA CT.

City State Zip Code  
FLOWER MOUND TX 75028

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
08 / 26 / 2006

Transaction ID: INC:A:26622

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
MR EDWARD MCNEILEY

Mailing Address 5646 BIRCHWOOD CIRCLE

City State Zip Code  
LAS VEGAS NV 89120

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 ▼ 330.00

Date of Receipt  
08 / 26 / 2006

Transaction ID: INC:A:26658

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR GILBERT RAINES</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address <b>800 SANDY TRAIL</b>		<b>Transaction ID: INC:A:26868</b>	
City <b>KELLER</b>	State <b>TX</b>	Amount of Each Receipt this Period 10.00	
Zip Code <b>76248</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR HR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B. MR FRANK SCHULTE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address <b>2121 AMERICA'S CUP CIR</b>		<b>Transaction ID: INC:A:26643</b>	
City <b>LAS VEGAS</b>	State <b>NV</b>	Amount of Each Receipt this Period 8.92	
Zip Code <b>89117</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>REGIONAL VP PHARMACIES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.28		

Full Name (Last, First, Middle Initial) <b>C. MR THOMAS SHANAHAN, III</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address <b>266 BRUSHY CREEK AVE</b>		<b>Transaction ID: INC:A:26706</b>	
City <b>LAS VEGAS</b>	State <b>NV</b>	Amount of Each Receipt this Period 28.85	
Zip Code <b>89148</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR OPS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.10		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	47.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR TIMOTHY SWETT</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE		<b>Transaction ID: INC:A:26645</b>	
City State Zip Code TAMPA FL 33647	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1135.00		

Full Name (Last, First, Middle Initial) <b>B. MR CALVIN WASDYKE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address 5 APPLE ORCHARD RD		<b>Transaction ID: INC:A:26718</b>	
City State Zip Code MOORESTOWN NJ 08057	Amount of Each Receipt this Period 12.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. MS MARILYN WOLLETT</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address 8174 MT AIR PL		<b>Transaction ID: INC:A:26726</b>	
City State Zip Code COLUMBUS OH 43235	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	87.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	25637.84

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 188 / 194	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City State Zip Code  
CORTE MADERA CA 94925

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
661.03

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	6

Transaction ID: INC:A:26534

Amount of Each Receipt this Period  
76.99

INTEREST EARNED

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	76.99
<b>TOTAL</b> This Period (last page this line number only) .....	▶	76.99

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP

Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000

City MILL VALLEY State CA Zip Code 94941

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: EXP.B.26899

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

121.50

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

121.50

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

121.50

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MAKING BUSINESS EXCEL PAC</b>		<b>Transaction ID: EXP:B:25793</b> Date of Disbursement
Mailing Address PO BOX 3241		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City CHEYENNE	State WY	Zip Code 82001
Purpose of Disbursement	<input type="text" value="5000.00"/>	
Candidate Name GENERAL PURPOSE COMMITTEE	<input type="text" value="011"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FREEDOM FUND</b>		<b>Transaction ID: EXP:B:26521</b> Date of Disbursement
Mailing Address 1155 21ST STREET NW SUITE 300		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement	<input type="text" value="2500.00"/>	
Candidate Name GENERAL PURPOSE COMMITTEE	<input type="text" value="011"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JERRY WELLER FOR CONGRESS INC.</b>		<b>Transaction ID: EXP:B:26518</b> Date of Disbursement
Mailing Address P.O. BOX 2368		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City JOLIET	State IL	Zip Code 60434
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name JERRY WELLER	<input type="text" value="011"/> Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1986

City NEW BRITAIN State CT Zip Code 06050

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NANCY L. JOHNSON

Office Sought:  House  Senate  President  
State: CT District: 05  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: EXP:B:26519

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.** PEOPLE WITH HART INC.

Mailing Address PO BOX 435

City WEXFORD State PA Zip Code 15090

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
MELISSA HART

Office Sought:  House  Senate  President  
State: PA District: 04  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: EXP:B:26520

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

500.00

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

4500.00

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

13000.00

# 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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SUSAN COMBS COMMITTEE**

Mailing Address P.O. BOX 160956

City AUSTIN State TX Zip Code 78716-0956

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: TX District:

Transaction ID: EXP.B.25802

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. MARK ZIEMAN FOR SENATE COMMITTEE**

Mailing Address 284 LUANA ROAD

City POSTVILLE State IA Zip Code 52162

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: IA District:

Transaction ID: EXP.B.25794

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. RAYMOND E. BASHAM FOR STATE SENATE**

Mailing Address 12406 TELEGRAPH RD.

City TAYLOR State MI Zip Code 48180

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.25797

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

250.00

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

2000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN BUSINESS COUNCIL PAC**

Mailing Address 7308 N. NORMAN RD.

City OKLAHOMA CITY State OK Zip Code 73132

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: OK District:

Transaction ID: EXP.B.25800

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN MEDIA FUND**

Mailing Address 1854 CHURCH AVE.

City HARRAH State OK Zip Code 73045

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: OK District:

Transaction ID: EXP.B.25799

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN STATE HOUSE COMMITTEE**

Mailing Address P.O. BOX 53354

City OKLAHOMA CITY State OK Zip Code 73152

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: OK District:

Transaction ID: EXP.B.25798

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 194 / 194

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** RSVP PAC

Mailing Address 7308 N. NORMAN RD.

City OKLAHOMA CITY State OK Zip Code 73132

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: OK District:

Transaction ID: EXP.B.25801

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** TOMENGA FOR STATE REPRESENTATIVE

Mailing Address 7250 HYPERION POINT

City JOHNSTON State IA Zip Code 50131

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CANDIDATE

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼ 2006

State: IA District:

Transaction ID: EXP.B.25795

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

250.00

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

1750.00

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

7250.00