

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2006 through 01 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 02 15 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	1

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	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">225102.30</td></tr></table>	225102.30
Y	Y	Y	Y									
2	0	0	6									
225102.30												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">225102.30</td></tr></table>	225102.30										
225102.30												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">25510.59</td></tr></table>	25510.59	<table border="1" style="width: 100%;"><tr><td align="center">25510.59</td></tr></table>	25510.59								
25510.59												
25510.59												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">250612.89</td></tr></table>	250612.89	<table border="1" style="width: 100%;"><tr><td align="center">250612.89</td></tr></table>	250612.89								
250612.89												
250612.89												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">26650.00</td></tr></table>	26650.00	<table border="1" style="width: 100%;"><tr><td align="center">26650.00</td></tr></table>	26650.00								
26650.00												
26650.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">223962.89</td></tr></table>	223962.89	<table border="1" style="width: 100%;"><tr><td align="center">223962.89</td></tr></table>	223962.89								
223962.89												
223962.89												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	1

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	8094.40	8094.40
(i) Itemized (use Schedule A) .....	17340.38	17340.38
(ii) Unitemized .....	25434.78	25434.78
(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) .....	25434.78	25434.78
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.) .....	75.81	75.81
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)) .....	25510.59	25510.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25510.59	25510.59

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	15500.00	15500.00
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.....	11150.00	11150.00
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))..	26650.00	26650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26650.00	26650.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	25434.78	25434.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25434.78	25434.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 30
	<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. MR MICHAEL BARONE</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 452 MEDWAY RD		<b>Transaction ID: INC:A:20540</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 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. BRYAN BIRCH</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 4 WINDRUSH LANE		<b>Transaction ID: INC:A:20514</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 SYSTEMED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.00	

Full Name (Last, First, Middle Initial) <b>C. MS SALLIE BOWDEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 5259 FISHERCREST LN		<b>Transaction ID: INC:A:20468</b>	
City State Zip Code RICHMOND VA 23231		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FORMULARY CONSULTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	642.00
<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 7 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS MARY DASCHNER</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 2926 EWING AVE S		<b>Transaction ID: INC:A:20311</b>	
City MINNEAPOLIS	State MN	Zip Code 55416	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60		

Full Name (Last, First, Middle Initial) <b>B. MICHEL DUFRESNE</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 8 FRANKLIN PL		<b>Transaction ID: INC:A:20522</b>	
City SUMMIT	State NJ	Zip Code 07901	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 ▼ 384.60		

Full Name (Last, First, Middle Initial) <b>C. DR ROBERT EPSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 75 TWEED BLVD		<b>Transaction ID: INC:A:20216</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 SVP MEDICAL AFFAIRS & CMO		
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) ..... ▶	504.60
<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 / 30
	<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 0 1 / 0 7 / 2 0 0 6	
Mailing Address 58 APPLE HILL DR		<b>Transaction ID: INC:A:20350</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 ▼ 384.46		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL GALVIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 4 LONE PINE LANE		<b>Transaction ID: INC:A:20524</b>	
City State Zip Code WESTPORT CT 06880	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. MR THOMAS GILSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 2 PELL FARM ROAD		<b>Transaction ID: INC:A:20499</b>	
City State Zip Code SADDLE RIVER NJ 07458	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 GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	509.54
<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 / 30
	<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 HARTY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 7 / 2 0 0 6
Mailing Address 19520 YELLOW WING COURT		Transaction ID: INC:A:20215
City State Zip Code COLORADO SPRINGS CO 80908	Amount of Each Receipt this Period 160.00	
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 ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. KENNETH KLEPPER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 7 / 2 0 0 6
Mailing Address 295 GLEN PLACE		Transaction ID: INC:A:20513
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 EVP CHIEF OPERATING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) <b>C. MR TODD MARTIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 7 / 2 0 0 6
Mailing Address 11825 SHEPPARDS CROSSING		Transaction ID: INC:A:20295
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 MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	544.60
<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 10 / 30
	(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR JEFFREY MAY		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 137 WASHINGTON AVE		<b>Transaction ID:</b> INC:A:20456	
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 ▼ 384.60		

<b>B.</b> Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 87 ROSELAWN RD		<b>Transaction ID:</b> INC:A:20365	
City HIGHLAND MILLS	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 ▼ 232.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 112 GREEN TERRACE WAY		<b>Transaction ID:</b> INC:A:20488	
City WEST MILFORD	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 ▼ 384.62		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.61
<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 / 30
	<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 ARTHUR NARDIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 28 POWDERHORN DR		<b>Transaction ID: INC:A:20457</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 ▼ 384.00		

Full Name (Last, First, Middle Initial) <b>B. MS KARIN PRINCIVALLE</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 875 ALEXANDRIA CT		<b>Transaction ID: INC:A:20353</b>	
City State Zip Code RAMSEY NJ 07446	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 HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY SIMEK</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 197 OXFORD RD		<b>Transaction ID: INC:A:20348</b>	
City State Zip Code CHESTER NY 10918	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 PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	576.61
<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 12 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code  
DARIEN CT 06820

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS PRES & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

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

Transaction ID: INC:A:20511

Amount of Each Receipt this Period  
192.31

**B.** 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 ▼ 384.62

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

Transaction ID: INC:A:20423

Amount of Each Receipt this Period  
192.31

**C.** 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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

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

Transaction ID: INC:A:20526

Amount of Each Receipt this Period  
192.31

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	576.93
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<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 WENTWORTH</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address <b>309 WATERVIEW DR</b>		<b>Transaction ID: INC:A:20285</b>	
City State Zip Code <b>FRANKLIN LAKES NJ 07417</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 GROUP PRES NATL ACCTS</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.62	

Full Name (Last, First, Middle Initial) <b>B. MR MICHAEL BARONE</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address <b>452 MEDWAY RD</b>		<b>Transaction ID: INC:A:20881</b>	
City State Zip Code <b>HIGHLAND HEIGHTS OH 44143</b>		Amount of Each Receipt this Period 250.00	
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. BRYAN BIRCH</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address <b>4 WINDRUSH LANE</b>		<b>Transaction ID: INC:A:20855</b>	
City State Zip Code <b>WESTPORT CT 06880</b>		Amount of Each Receipt this Period 192.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS GROUP PRES SYSTEMED</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	634.31
<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 14 / 30
	<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 SALLIE BOWDEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address <b>5259 FISHERCREST LN</b>		<b>Transaction ID: INC:A:20809</b>	
City State Zip Code <b>RICHMOND VA 23231</b>		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS VP FORMULARY CONSULTING</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. MS MARY DASCHNER</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address <b>2926 EWING AVE S</b>		<b>Transaction ID: INC:A:20651</b>	
City State Zip Code <b>MINNEAPOLIS MN 55416</b>		Amount of Each Receipt this Period 192.30	
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 ▼ 384.60	

Full Name (Last, First, Middle Initial) <b>C. MICHEL DUFRESNE</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address <b>8 FRANKLIN PL</b>		<b>Transaction ID: INC:A:20863</b>	
City State Zip Code <b>SUMMIT NJ 07901</b>		Amount of Each Receipt this Period 192.30	
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 ▼ 384.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	584.60
<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 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. DR ROBERT EPSTEIN</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2006
Mailing Address 75 TWEED BLVD		<b>Transaction ID: INC:A:20554</b>
City UPPER GRANDVIEW	State NY	Zip Code 10960
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 120.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP MEDICAL AFFAIRS & CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. MR THOMAS FEITEL</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2006
Mailing Address 58 APPLE HILL DR		<b>Transaction ID: INC:A:20690</b>
City GILLETTE	State NJ	Zip Code 07933
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 192.23	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP CORP MKTG & E-COMM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.46	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL GALVIN</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2006
Mailing Address 4 LONE PINE LANE		<b>Transaction ID: INC:A:20865</b>
City WESTPORT	State CT	Zip Code 06880
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 125.00	
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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>437.23</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 16 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City State Zip Code  
SADDLE RIVER NJ 07458

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
384.62

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2006

Transaction ID: INC:A:20840

Amount of Each Receipt this Period  
192.31

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

Mailing Address 19520 YELLOW WING COURT

City State Zip Code  
COLORADO SPRINGS CO 80908

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP POLICY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2006

Transaction ID: INC:A:20553

Amount of Each Receipt this Period  
160.00

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

Mailing Address 295 GLEN PLACE

City State Zip Code  
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS EVP CHIEF OPERATING OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2006

Transaction ID: INC:A:20854

Amount of Each Receipt this Period  
192.30

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>544.61</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 17 / 30
	<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 TODD MARTIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 11825 SHEPPARDS CROSSING		<b>Transaction ID: INC:A:20635</b>	
City State Zip Code CLARKSVILLE MD 21029		Amount of Each Receipt this Period 192.30	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) <b>B. MR JEFFREY MAY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 137 WASHINGTON AVE		<b>Transaction ID: INC:A:20796</b>	
City State Zip Code HILLSDALE NJ 07642		Amount of Each Receipt this Period 192.30	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP DRUG DISTRIB & CONTROL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) <b>C. MS COLLEEN MCINTOSH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 87 ROSELAWN RD		<b>Transaction ID: INC:A:20705</b>	
City State Zip Code HIGHLAND MILLS NY 10930		Amount of Each Receipt this Period 116.00	
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 ▼ 232.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.60
<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 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR STEVEN MCNAMARA</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 112 GREEN TERRACE WAY		<b>Transaction ID: INC:A:20829</b>	
City WEST MILFORD	State NJ	Zip Code 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 ▼ 384.62		

Full Name (Last, First, Middle Initial) <b>B. MR ARTHUR NARDIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 28 POWDERHORN DR		<b>Transaction ID: INC:A:20797</b>	
City KINNELON	State NJ	Zip Code 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 ▼ 384.00		

Full Name (Last, First, Middle Initial) <b>C. MS KARIN PRINCIVALLE</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 875 ALEXANDRIA CT		<b>Transaction ID: INC:A:20693</b>	
City RAMSEY	State NJ	Zip Code 07446	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 HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	576.61
<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 / 30
	<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. JEFFREY SIMEK</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2006
Mailing Address 197 OXFORD RD		<b>Transaction ID: INC:A:20688</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>384.62</b>	

Full Name (Last, First, Middle Initial) <b>B. MR DAVID SNOW, JR</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2006
Mailing Address 23 CEDAR GATE ROAD		<b>Transaction ID: INC:A:20852</b>
City <b>DARIEN</b>	State <b>CT</b>	Zip Code <b>06820</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 PRES & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>384.62</b>	

Full Name (Last, First, Middle Initial) <b>C. MR DANIEL WALDEN</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2006
Mailing Address 450 BEECHMONT DR		<b>Transaction ID: INC:A:20763</b>
City <b>NEW ROCHELLE</b>	State <b>NY</b>	Zip Code <b>10804</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 SVP REGULATORY & MC PROGRAMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>384.62</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>576.93</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 20 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
384.62

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2006

Transaction ID: INC:A:20867

Amount of Each Receipt this Period  
192.31

**B.** 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 GROUP PRES NATL ACCTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
384.62

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2006

Transaction ID: INC:A:20625

Amount of Each Receipt this Period  
192.31

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	384.62
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8094.40

**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 21 / 30

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
GENERAL PURPOSE COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20549

Date of Disbursement

01 / 19 / 2006

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. RODNEY ALEXANDER FOR CONGRESS INC.**

Mailing Address PO BOX 367

City QUITMAN State LA Zip Code 71268

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
RODNEY ALEXANDER

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: LA District: 05

Transaction ID: EXP:B:20550

Date of Disbursement

01 / 19 / 2006

Amount of Each Disbursement this Period

500.00

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

15500.00

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

15500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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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. CITIZENS FOR STIVERS</b>		Transaction ID: EXP:B:20199 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 2500 SHERWIN RD.		Amount of Each Disbursement this Period 500.00	
City COLUMBUS State OH Zip Code 43221	011 Category/ Type		
Purpose of Disbursement			
Candidate Name NON-FEDERAL CONTRIBUTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO ELECT LYNN WACHTMANN</b>		Transaction ID: EXP:B:20201 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 550 EUCLID AVE.		Amount of Each Disbursement this Period 500.00	
City NAPOLEON State OH Zip Code 43545	011 Category/ Type		
Purpose of Disbursement			
Candidate Name NON-FEDERAL CONTRIBUTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAN STEWART FOR STATE REPRESENTATIVE</b>		Transaction ID: EXP:B:20204 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 363 DEMOREST RD.		Amount of Each Disbursement this Period 300.00	
City COLUMBUS State OH Zip Code 43204	011 Category/ Type		
Purpose of Disbursement			
Candidate Name NON-FEDERAL CONTRIBUTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> 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 23 / 30

<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. DARRELL NOTTESTAD FOR DISTRICT 43 RE-ELECTION FUND**

Mailing Address 2110 WESTWARD DR.

City GRAND FORKS State ND Zip Code 58201

Purpose of Disbursement

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

**Transaction ID: EXP:B:20192**

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DON VIGESAA FOR DISTRICT 43 RE-ELECTION FUND**

Mailing Address 203 FAIRWAY DR. NW

City COOPERSTOWN State ND Zip Code 58425

Purpose of Disbursement

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

**Transaction ID: EXP:B:20193**

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DUAINE ESPEGARD FOR DISTRICT 9 RE-ELECTION FUND**

Mailing Address 3649 LYNWOOD CIRCLE

City GRAND FORKS State ND Zip Code 58201

Purpose of Disbursement

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

**Transaction ID: EXP:B:20187**

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 30

<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. DUANE MUTCH FOR DISTRICT 19 RE-ELECTION FUND**

Mailing Address 711 TERRY AVENUE

City LARIMORE State ND Zip Code 58251

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20196

Date of Disbursement

01 / 09 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS FOR ALBERTA DARLING**

Mailing Address 4113 W. BRADLEY RD.

City BROWN DEER State WI Zip Code 53058

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20207

Date of Disbursement

01 / 09 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS FOR LASEE**

Mailing Address 2259 LASEE ROAD

City DE PERE State WI Zip Code 54115

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20206

Date of Disbursement

01 / 09 / 2006

Amount of Each Disbursement this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A. FRIENDS OF BILL MCREYNOLDS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 26

City NASHOTAH State WI Zip Code 53058

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20208

Date of Disbursement

01 / 09 / 2006

Amount of Each Disbursement this Period

500.00

**B. FRIENDS OF DALE MILLER**

Full Name (Last, First, Middle Initial)

Mailing Address 4300 W. 143 RD.

City CLEVELAND State OH Zip Code 44135

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20203

Date of Disbursement

01 / 09 / 2006

Amount of Each Disbursement this Period

300.00

**C. FRIENDS OF GARY W. CATES**

Full Name (Last, First, Middle Initial)

Mailing Address 6542 SEMINOLE DR.

City WESTCHESTER State OH Zip Code 45069

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20202

Date of Disbursement

01 / 09 / 2006

Amount of Each Disbursement this Period

500.00

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

1300.00

**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 26 / 30

<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) <b>A. GEORGE KEISER FOR DISTRICT 47 RE-ELECTION FUND</b>		<b>Transaction ID: EXP:B:20189</b> Date of Disbursement
Mailing Address 422 TORONTO DR.		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City BISMARCK	State ND	Zip Code 58503
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name NON-FEDERAL CONTRIBUTION		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>B. HOUSE DEMOCRATIC CAUCUS FUND</b>		<b>Transaction ID: EXP:B:20205</b> Date of Disbursement
Mailing Address 271 EAST STATE ST.		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City COLUMBUS	State OH	Zip Code 43215
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name NON-FEDERAL CONTRIBUTION		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="750.00"/>

Full Name (Last, First, Middle Initial) <b>C. JOHN TRAYNOR FOR DISTRICT 15 RE-ELECTION FUND</b>		<b>Transaction ID: EXP:B:20198</b> Date of Disbursement
Mailing Address BOX 838		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City DEVILS LAKE	State ND	Zip Code 58301
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name NON-FEDERAL CONTRIBUTION		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1100.00"/>
<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)

PAGE 27 / 30

<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. JUDITH LEE FOR DISTRICT 13 RE-ELECTION FUND**

Mailing Address 1822 BRENTWOOD CT.

City WEST FARGO State ND Zip Code 58078

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20197

Date of Disbursement

01 / 09 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. LAWRENCE KLEMIN FOR DISTRICT 47 RE-ELECTION FUND**

Mailing Address 1709 MONTEGO DR.

City BISMARCK State ND Zip Code 58503

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20190

Date of Disbursement

01 / 09 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MERLE BOUCHER FOR DISTRICT 9 RE-ELECTION FUND**

Mailing Address 606 HIGHLAND STREET

City ROLETTE State ND Zip Code 58366

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20186

Date of Disbursement

01 / 09 / 2006

Amount of Each Disbursement this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. OHIOANS FOR BLACKWELL</b>		Transaction ID: EXP:B:20200 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 172 EAST STATE ST., #203		Amount of Each Disbursement this Period 2500.00	
City COLUMBUS State OH Zip Code 43215	011 Category/ Type		
Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. RANDEL CHRISTMANN FOR DISTRICT 33 FOR RE-ELECTION FUND</b>		Transaction ID: EXP:B:20195 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 401 3RD AVE., NE		Amount of Each Disbursement this Period 100.00	
City HAZEN State ND Zip Code 58545	011 Category/ Type		
Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. RICK BERG FOR DISTRICT 45 RE-ELECTION FUND</b>		Transaction ID: EXP:B:20191 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 1707 GOLD DRIVE		Amount of Each Disbursement this Period 250.00	
City FARGO State ND Zip Code 58103	011 Category/ Type		
Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. SCOT KELSH FOR DESTRICIT 11 RE-ELECTION FUND</b>		<b>Transaction ID: EXP:B:20185</b> Date of Disbursement
Mailing Address 1114 SOUTH 10TH ST.		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City FARGO	State ND	Zip Code 58103
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name NON-FEDERAL CONTRIBUTION		<input type="text" value="011"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="100.00"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TONY GRINDBERG FOR DISTRICT 41 RE--ELECTION FUND</b>		<b>Transaction ID: EXP:B:20194</b> Date of Disbursement
Mailing Address 2382 39 1/2 AVE SW		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City FARGO	State ND	Zip Code 58104
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name NON-FEDERAL CONTRIBUTION		<input type="text" value="011"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WAYNE STENEHJEM FOR AG RE-ELECTION FUND</b>		<b>Transaction ID: EXP:B:20188</b> Date of Disbursement
Mailing Address 600 E. BOULEVARD AVE.		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City BISMARCK	State ND	Zip Code 58505
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name NON-FEDERAL CONTRIBUTION		<input type="text" value="011"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="600.00"/>
<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)

PAGE 30 / 30

<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 PARTY OF WISCONSIN

Mailing Address 148 E. JOHNSON STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20210

Date of Disbursement

01 / 10 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** INAUGURAL 2006, INC.

Mailing Address 196 WEST STATE STREET

City TRENTON State NJ Zip Code 08608

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP:B:20211

Date of Disbursement

01 / 13 / 2006

Amount of Each Disbursement this Period

500.00

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

2000.00

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

11150.00