

# 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 11 07 2006 in the State of CA  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 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 10 24 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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 .....	180578.89									
(c) Total Receipts (from Line 19) .....	14213.75	345170.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	194792.64	570272.42								
7. Total Disbursements (from Line 31) .....	24500.00	399979.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	170292.64	170292.64								
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									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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	13806.92	291219.14
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	406.83	53217.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14213.75	344436.69
(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) .....	14213.75	344436.69
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.) .....	0.00	733.43
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)) .....	14213.75	345170.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14213.75	345170.12

**DETAILED SUMMARY PAGE**

of Disbursements

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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	3129.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	3129.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	258000.00
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.....	0.00	138850.00
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))..	24500.00	399979.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	24500.00	399979.78

**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) .....	14213.75	344436.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14213.75	344436.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3129.78
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	3129.78

**SCHEDULE A (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 / 116		
	<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

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)  
HEATHER STEWART

Mailing Address 5492 BERKSHIRE RD.

City State Zip Code  
OAK RIDGE NJ 07438

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS ASSISTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 6

Transaction ID: INC:A:27300

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4605 W SUNSET BLVD

City State Zip Code  
TAMPA FL 33629

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

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

Transaction ID: INC:A:27912

Amount of Each Receipt this Period  
5.00

**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 ▼ 660.00

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

Transaction ID: INC:A:27991

Amount of Each Receipt this Period  
5.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	260.00
<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 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2903 CHUKKAR COURT

City State Zip Code  
PLANT CITY FL 33567

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1025.00

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

Transaction ID: INC:A:27873

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 ▼  
380.48

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

Transaction ID: INC:A:27909

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 ▼  
1025.00

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

Transaction ID: INC:A:27762

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: (check only one)	PAGE 8 / 116		
	<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 GEORGIA EDDLEMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 908 EDGEMEER LANE		<b>Transaction ID: INC:A:27975</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 ▼ 1412.45		

Full Name (Last, First, Middle Initial) <b>B. MR JOSEPH FREND0</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 9 GREEN HILL TRAIL		<b>Transaction ID: INC:A:27879</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 ▼ 2050.00		

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT GIBBS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 544 DENMOOR COURT		<b>Transaction ID: INC:A:27718</b>	
City GALLOWAY	State OH	Zip Code 43119	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 DIR PHARM PRACTICE		
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) ..... ▶	96.95
<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 / 116
	<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 JONES</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 12 WADE HAMPTON TRAIL		<b>Transaction ID: INC:A:27932</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 ▼ 618.28		

Full Name (Last, First, Middle Initial) <b>B. MR WILLIAM KELLEY, III</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 1970 WOODLANDS PL		<b>Transaction ID: INC:A:27856</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 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 ▼ 1025.00		

Full Name (Last, First, Middle Initial) <b>C. MR ROSS LUCE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 2116 BELLANCA CT.		<b>Transaction ID: INC:A:27757</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 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 ▼ 315.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.08
<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 10 / 116
	<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 EDWARD MCNEILEY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 5646 BIRCHWOOD CIRCLE		<b>Transaction ID:</b> INC:A:27793	
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 ▼ 435.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR GILBERT RAINES		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 800 SANDY TRAIL		<b>Transaction ID:</b> INC:A:28006	
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 ▼ 410.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS MARSHA REYNOLDS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 310 S. WILLOW #D		<b>Transaction ID:</b> INC:A:27875	
City State Zip Code TAMPA FL 33606	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 DIR CUST SVC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<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 / 116
	<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 SCHULTE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 2121 AMERICA'S CUP CIR		<b>Transaction ID: INC:A:27778</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 ▼ 365.72		

Full Name (Last, First, Middle Initial) <b>B. MR THOMAS SHANAHAN, III</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 266 BRUSHY CREEK AVE		<b>Transaction ID: INC:A:27841</b>	
City State Zip Code LAS VEGAS NV 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 ▼ 952.05		

Full Name (Last, First, Middle Initial) <b>C. MR TIMOTHY SWETT</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE		<b>Transaction ID: INC:A:27780</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 ▼ 1485.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	87.77
<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 12 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7974 FLAMETREE CT

City State Zip Code  
LAS VEGAS NV 89123

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 ▼ 287.50

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

Transaction ID: INC:A:27836

Amount of Each Receipt this Period  
12.50

**B.** 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 ▼ 512.50

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

Transaction ID: INC:A:27853

Amount of Each Receipt this Period  
12.50

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

Mailing Address 8174 MT AIR PL

City State Zip Code  
COLUMBUS OH 43235

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 ▼ 1025.00

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

Transaction ID: INC:A:27861

Amount of Each Receipt this Period  
25.00

<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:	PAGE 13 / 116
	(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 Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 11 ANDOVER CT		<b>Transaction ID: INC:A:27775</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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>B. MS LESLIE ACHTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 821 ALBEMARLE STREET		<b>Transaction ID: INC:A:27756</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 ▼ 262.50		

Full Name (Last, First, Middle Initial) <b>C. MR EDWARD ADAMCIK</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1021 SUNSET RIDGE		<b>Transaction ID: INC:A:27703</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 ▼ 1050.00		

<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 14 / 116
	<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 STEPHEN ADLER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 139 BELLVALE LAKES RD		<b>Transaction ID: INC:A:27755</b>	
City State Zip Code WARWICK NY 10990	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 ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B. MARENE ALLISON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 4405 WISMER ROAD		<b>Transaction ID: INC:A:28026</b>	
City State Zip Code DOYLESTOWN PA 18901	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 SECURITY & ASSET PROTECTION		
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>C. MR JAMES ALLOCCO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 19 ROSS ROAD		<b>Transaction ID: INC:A:27812</b>	
City State Zip Code SCARSDALE NY 10583	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 ▼ 550.00		

<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 15 / 116
	(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)  
TEJWANSH ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code  
CHAPPAQUA NY 10514

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:28002

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4605 W SUNSET BLVD

City State Zip Code  
TAMPA FL 33629

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR CUST SVC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27913

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City State Zip Code  
LEWISVILLE TX 75056

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & CHIEF PHARMACIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2757.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:28021

Amount of Each Receipt this Period  
192.30

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	247.30
<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:	PAGE 16 / 116
	(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 JAYME ANTONOPLOS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 417 MILLS COURT		<b>Transaction ID: INC:A:27872</b>	
City State Zip Code FLORHAM PARK NJ 07932	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR EXEC CORR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>B. MR DAVID ARCISZEWSKI</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 20 CHADWELL PLACE		<b>Transaction ID: INC:A:27824</b>	
City State Zip Code MORRISTOWN NJ 07960	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MS BECKIE BARATKO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 80 N. WOODLAND STREET		<b>Transaction ID: INC:A:27946</b>	
City State Zip Code ENGLEWOOD NJ 07631	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PROPOSAL UNIT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<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 / 116
	<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 BARATTA</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 69 SKYLINE DR		<b>Transaction ID: INC:A:27883</b>	
City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <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 ▼ 770.00		

Full Name (Last, First, Middle Initial) <b>B. MRS BRENDA BASSETT</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1752 BLACKSTONE DRIVE		<b>Transaction ID: INC:A:27945</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 ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>C. MR DAVID BAUGH</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1813 ADONIS AVE		<b>Transaction ID: INC:A:27992</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 ▼ 660.00		

<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:	PAGE 18 / 116
	(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 PETER BEGANS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1605 CHARNITA CT		<b>Transaction ID: INC:A:27848</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 ▼ 2100.00		

Full Name (Last, First, Middle Initial) <b>B. MR STEPHEN BELL</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 24 GLENWOOD ROAD		<b>Transaction ID: INC:A:28005</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 ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>C. MS ELIZABETH BERGMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 36 LONGACRE DR		<b>Transaction ID: INC:A:27947</b>	
City LIVINGSTON	State NJ	Zip Code 07039	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 NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<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 19 / 116
	(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 EILEEN BIDELE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 71 WASHINGTON CT.		<b>Transaction ID: INC:A:27878</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 ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. MR FLOYD BILLINGS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 4273 BROGDAN FARM COURT		<b>Transaction ID: INC:A:27892</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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. BRYAN BIRCH</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 4 WINDRUSH LANE		<b>Transaction ID: INC:A:28000</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 ▼ 4032.00		

<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 20 / 116
	<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 ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27961

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 ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27839

Amount of Each Receipt this Period  
50.00

**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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27994

Amount of Each Receipt this Period  
25.00

<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:	PAGE 21 / 116
	(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)  
MRS HEATHER BONOME

Mailing Address 305 10TH STREET NE

City State Zip Code  
WASHINGTON DC 20002

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27814

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MR DUANE BOSCH

Mailing Address 3935 BALSAM LA

City State Zip Code  
PLYMOUTH MN 55441

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27734

Amount of Each Receipt this Period  
10.00

**C.** 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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27739

Amount of Each Receipt this Period  
25.00

<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 22 / 116
	<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 SALLIE BOWDEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 5259 FISHERCREST LN		<b>Transaction ID:</b> INC:A:27951	
City RICHMOND	State VA	Zip Code 23231	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FORMULARY CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS HEIDI BOWMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 15 DAWN LANE		<b>Transaction ID:</b> INC:A:27988	
City RINGWOOD	State NJ	Zip Code 07456	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 HLTH MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR CHRISTOPHER BRADBURY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 10 HILLSIDE AVENUE		<b>Transaction ID:</b> INC:A:27742	
City UPPER SADDLE RIVER	State NJ	Zip Code 07458	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 VP CARE ENHANCING SOLUTIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	240.00
<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 23 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS PATRICIA BRANUM

Mailing Address PO BOX 708

City COATESVILLE State PA Zip Code 19320

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO & PROCESS ENGINEERING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27941

Amount of Each Receipt this Period  
 75.00

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

Mailing Address 27 SEALS DR

City MONROE State NY Zip Code 10950

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR ANALYTICAL SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27922

Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City PELHAM MANOR State NY Zip Code 10803

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRODUCT DEVELOPMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27795

Amount of Each Receipt this Period  
 15.00

<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 24 / 116
	<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 KENNETH BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 540 GIORDANO DRIVE		<b>Transaction ID: INC:A:27736</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 ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B. MS VIVIAN BULGER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 120 EAST MAIN ST		<b>Transaction ID: INC:A:27921</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 ▼ 420.00		

Full Name (Last, First, Middle Initial) <b>C. MS MARY BURKE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 638 LENOX AVE		<b>Transaction ID: INC:A:27789</b>	
City WESTFIELD	State NJ	Zip Code 07090	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 EXEC DIR MEDICARE CLIENT PRODU		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<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:	PAGE 25 / 116
	(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 GEORGE BURNITE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 68 WOODLAND DRIVE		<b>Transaction ID: INC:A:28011</b>	
City State Zip Code CHURCHVILLE PA 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 ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>B. MR KEVIN BURON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 301 TEMPLETON CT		<b>Transaction ID: INC:A:27827</b>	
City State Zip Code GRANITE BAY CA 95746	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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MRS PEGEEN BUTTERFIELD</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 23 NUTTING PLACE		<b>Transaction ID: INC:A:27764</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 MEDCO HEALTH SOLUTIONS	Occupation SR DIR MEMBER STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

<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:	PAGE 26 / 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 441 S ELM STREET

City State Zip Code  
MAYWOOD NJ 07607

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27689

Amount of Each Receipt this Period  
40.00

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

Mailing Address 3 MEADOW LANE

City State Zip Code  
ANNANDALE NJ 08801

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27964

Amount of Each Receipt this Period  
10.00

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

Mailing Address 24 SHERI DRIVE

City State Zip Code  
ALLENDALE NJ 07401

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1102.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27915

Amount of Each Receipt this Period  
52.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	102.50
<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 27 / 116
	<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 CASALE

Mailing Address 16345 HEATHROW DRIVE

City State Zip Code  
TAMPA FL 33647

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27959

Amount of Each Receipt this Period  
13.00

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

Mailing Address 822 CEDAR AVE

City State Zip Code  
HADDENFIELD NJ 08033

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27830

Amount of Each Receipt this Period  
25.00

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

Mailing Address 148 CLUBHOUSE DR

City State Zip Code  
WEST COLUMBIA SC 29172

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27706

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	63.00
<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 28 / 116
	(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 FRANK COLIANO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 5176 BALDWIN TERRACE		<b>Transaction ID: INC:A:27767</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 ▼ 315.00		

Full Name (Last, First, Middle Initial) <b>B. MR JOSEPH CONOSHENTI, JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 5 MAGNOLIA DRIVE		<b>Transaction ID: INC:A:27712</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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM CONSIDINE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 130 WEST 67TH STREET, #4J		<b>Transaction ID: INC:A:28013</b>	
City NEW YORK	State NY	Zip Code 10023	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 PLANNING & DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

<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 29 / 116
	(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 ROBERT COOK</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 270 S FRANKLIN TURNPIKE		<b>Transaction ID: INC:A:27729</b>	
City State Zip Code RAMSEY NJ 07446		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR HLTH CARE OPS-TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. MR STEPHEN COURTMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 25 FAIRWAY TRAIL		<b>Transaction ID: INC:A:27813</b>	
City State Zip Code SPARTA NJ 07871		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARMACY NETWORK MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 775.00	

Full Name (Last, First, Middle Initial) <b>C. MR ANGELO CUOZZO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 19 IDA COURT		<b>Transaction ID: INC:A:27834</b>	
City State Zip Code STATEN ISLAND NY 10312		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<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 30 / 116
	(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 ROSELIN DANIEL</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 17 DEVONSHIRE DRIVE		<b>Transaction ID: INC:A:27896</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 ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. MR KENNETH DANIELS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 2903 CHUKKAR COURT		<b>Transaction ID: INC:A:27874</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 ▼ 1025.00	

Full Name (Last, First, Middle Initial) <b>C. MS MARY DASCHNER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 2926 EWING AVE S		<b>Transaction ID: INC:A:27791</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 ▼ 4038.30	

<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 31 / 116
	<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. DR AMITA DASMAHAPATRA</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 24 CHARLOTTE HILL DR		<b>Transaction ID: INC:A:27725</b>	
City State Zip Code BERNARDSVILLE NJ 07924		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MEDICAL POLICY & PROG			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. MR DANIEL DAVISON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 402 HIGHLAND AVE		<b>Transaction ID: INC:A:27916</b>	
City State Zip Code RIDGEWOOD NJ 07450		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRICING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>C. MR LUCA DEFLORENTIIS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address W62 N1032 FAIRHAVEN CT		<b>Transaction ID: INC:A:27849</b>	
City State Zip Code CEDARBURG WI 53012		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<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 / 116
	(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 BARBARA DELLEDONNA**

Mailing Address **199 SANFORD AVE**

City **EMERSON** State **NJ** Zip Code **07630**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 14 / 2006**

**Transaction ID: INC:A:27948**

Amount of Each Receipt this Period  
**10.00**

**B.** 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 ▼ **525.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 14 / 2006**

**Transaction ID: INC:A:27708**

Amount of Each Receipt this Period  
**25.00**

**C.** 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 ▼ **380.48**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 14 / 2006**

**Transaction ID: INC:A:27910**

Amount of Each Receipt this Period  
**9.28**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **44.28**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 116
	(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 WILLIS DINGLE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 17826 ARBOR GREENE DR		<b>Transaction ID: INC:A:27763</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 MEDCO HEALTH SOLUTIONS	Occupation SR DIR HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.00		

Full Name (Last, First, Middle Initial) <b>B. MR ROBERT DOLAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 9 CRANE AVENUE		<b>Transaction ID: INC:A:27897</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 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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MS MERIDITH DORNER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 4448 CREEK ROAD		<b>Transaction ID: INC:A:27721</b>	
City State Zip Code ALLENTOWN PA 18104	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 ▼ 525.00		

<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 34 / 116
	(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 H.RONALD DRIZIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 17 DAYBREAK		<b>Transaction ID: INC:A:27952</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 ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B. MR DANA DUNCAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 72 HALLEY DR		<b>Transaction ID: INC:A:27833</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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MR YAACOV DUSHEK</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 312 MEGAN CT		<b>Transaction ID: INC:A:27888</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 ▼ 525.00		

<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 35 / 116
	(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 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>908 EDGEMEER LANE</b>		<b>Transaction ID: INC:A:27976</b>	
City <b>SOUTHLAKE</b>	State <b>TX</b>	Amount of Each Receipt this Period 34.45	
Zip Code <b>76092</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1412.45		

Full Name (Last, First, Middle Initial) <b>B. MR MICHAEL EDWARDS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>109 KAREN PLACE</b>		<b>Transaction ID: INC:A:27735</b>	
City <b>WYCKOFF</b>	State <b>NJ</b>	Amount of Each Receipt this Period 25.00	
Zip Code <b>07481</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>VP SALES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MR EDWARD EISENBERG, MD</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>128 SUMMIT AVENUE</b>		<b>Transaction ID: INC:A:28020</b>	
City <b>UPPER MONTCLAIR</b>	State <b>NJ</b>	Amount of Each Receipt this Period 50.00	
Zip Code <b>07043</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>MEDICARE CHIEF MEDICAL OFFICER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 885.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	109.45
<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 36 / 116
	<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 FREDERICK ELSTON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 106 GRAHAM TERRACE		<b>Transaction ID: INC:A:27889</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 ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. MR SCOTT ENOS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 22 BARNARD RD		<b>Transaction ID: INC:A:27816</b>	
City State Zip Code WARWICK RI 02886		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 CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. MR BRAD EPSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 359 LONG HILL ROAD EAST		<b>Transaction ID: INC:A:28024</b>	
City State Zip Code BRIARCLIFF MANOR NY 10510		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 CORP COMMUNICATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 840.00	

<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 37 / 116
	(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)  
DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City State Zip Code  
UPPER GRANDVIEW NY 10960

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27683

Amount of Each Receipt this Period  
120.00

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

Mailing Address 11505 40TH AVE N

City State Zip Code  
PLYMOUTH MN 55441

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27806

Amount of Each Receipt this Period  
15.00

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

Mailing Address 25 STONEHEDGE DR

City State Zip Code  
WEST NYACK NY 10994

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27978

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<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 / 116
	<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 FARGIS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 216 ELMWOOD AVENUE		<b>Transaction ID: INC:A:28001</b>
City HO-HO-KUS	State NJ	Zip Code 07423
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 ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. DR RICHARD FEIFER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 32 EILEEN DR		<b>Transaction ID: INC:A:27796</b>
City MAHWAH	State NJ	Zip Code 07430
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 CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>C. MR THOMAS FEITEL</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 58 APPLE HILL DR		<b>Transaction ID: INC:A:27828</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 ▼ 4036.83	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	267.23
<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 39 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City State Zip Code  
EMERSON NJ 07630

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27953

Amount of Each Receipt this Period  
25.00

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

Mailing Address 138 HEIGHTS ROAD

City State Zip Code  
RIDGEWOOD NJ 07450

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27917

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MR DON FISCHER

Mailing Address 132 PROSPECT RD

City State Zip Code  
MONROE NY 10950

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27743

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 40 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 465 OLD STONE RD

City State Zip Code  
RIDGEWOOD NJ 07450

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP MEDICARE OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27786

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1933 MT. OLIVE AGOSTA ROAD

City State Zip Code  
NEW BLOOMINGTON OH 43341

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27865

Amount of Each Receipt this Period  
25.00

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

Mailing Address 18 WINDING RIDGE

City State Zip Code  
OAKLAND NJ 07436

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27746

Amount of Each Receipt this Period  
10.00

<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:	PAGE 41 / 116
	(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 JOSEPH FRENDO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 9 GREEN HILL TRAIL		<b>Transaction ID: INC:A:27880</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 ▼ 2050.00		

Full Name (Last, First, Middle Initial) <b>B. MR ANDREW FRIEDEL</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 55 WHEELER		<b>Transaction ID: INC:A:27754</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 ▼ 630.00		

Full Name (Last, First, Middle Initial) <b>C. MR JOSEPH GALARDI</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 24 MOREHOUSE PL		<b>Transaction ID: INC:A:27681</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 ▼ 1050.00		

<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 42 / 116
	(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 PAMELA GALASSINI

Mailing Address 333 N. CANAL ST. #1804

City State Zip Code  
CHICAGO IL 60606

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 ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27987

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MS IRENE GALE

Mailing Address 3 MAIZE TRAIL

City State Zip Code  
PLACITAS NM 87043

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27782

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
MS IVY GALLACCHI

Mailing Address 11 LAKE AVENUE

City State Zip Code  
MALTA NY 12020

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:28019

Amount of Each Receipt this Period  
10.00

<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:	PAGE 43 / 116
	(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 PATRICIA GALLAGHER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 842 ASHLER CT		<b>Transaction ID: INC:A:27954</b>	
City COLUMBUS	State OH	Zip Code 43235	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

Full Name (Last, First, Middle Initial) <b>B. MR BARNEY GALLASSIO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 69 LAKEVIEW DR		<b>Transaction ID: INC:A:27855</b>	
City OLD TAPPAN	State NJ	Zip Code 07675	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLIENT RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 781.92		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL GALVIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 34 TOWN VIEW DRIVE		<b>Transaction ID: INC:A:28009</b>	
City WAPPINGER FALLS	State NY	Zip Code 12590	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 ▼ 2625.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<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 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR OMHARAISRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City State Zip Code  
MORRIS PLAINS NJ 07950

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 ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:28014

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1201 BRIDGE STREET

City State Zip Code  
ASBURY PARK NJ 07712

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP FINANCIAL EVALUATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27680

Amount of Each Receipt this Period  
50.00

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

Mailing Address 20 BROOKSHIRE DR

City State Zip Code  
ROBBINSVILLE NJ 08691

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27761

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 45 / 116
	(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 ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City State Zip Code  
GALLOWAY OH 43119

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27719

Amount of Each Receipt this Period  
12.50

**B.** 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 ▼ 4038.51

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27983

Amount of Each Receipt this Period  
192.31

**C.** 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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27900

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	229.81
<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 / 116
	<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 AUDREY GOODMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 26 HILLSIDE AVE.		<b>Transaction ID: INC:A:27930</b>	
City State Zip Code GLEN ROCK NJ 07452	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 VP ORG DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

Full Name (Last, First, Middle Initial) <b>B. MR JAMES GORMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 11 WASHBURN RD		<b>Transaction ID: INC:A:27730</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 MEDCO HEALTH SOLUTIONS	Occupation 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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MR JAMES GRANT, JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1928 BEVERLY LANE		<b>Transaction ID: INC:A:27776</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 MEDCO HEALTH SOLUTIONS	Occupation VP FINANCIAL INSIGHTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

<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 47 / 116
	(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 GRIX</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 525 ORANGEBURG RD		<b>Transaction ID: INC:A:27798</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 MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM BUSINESS OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00		

Full Name (Last, First, Middle Initial) <b>B. MS GINA GRUHN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 13 WEATHER VANE DRIVE		<b>Transaction ID: INC:A:27823</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 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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MS TRACY GRUNSFELD</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 264 HARVEST AVE		<b>Transaction ID: INC:A:27722</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 MEDCO HEALTH SOLUTIONS	Occupation VP CONSUMER DRIVEN MKTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

<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 48 / 116
	<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 GUIOR</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 50 BELLEVUE AVE		<b>Transaction ID: INC:A:27695</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 MEDCO HEALTH SOLUTIONS	Occupation VP OPS & INSTALLATION SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1890.00		

Full Name (Last, First, Middle Initial) <b>B. MR MARK HALLORAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 19 KINGS RIDGE ROAD		<b>Transaction ID: INC:A:27890</b>	
City State Zip Code LONG VALLEY NJ 07853	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 CHIEF INFO OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1840.00		

Full Name (Last, First, Middle Initial) <b>C. MR GREGORY HANSEN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1659 ISABELLA PARKWAY		<b>Transaction ID: INC:A:27986</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 ▼ 1050.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<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 49 / 116
	<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 KELLY HANZAWA</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1116 OAKCROFT LANE		<b>Transaction ID: INC:A:27955</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 ACCT MGMT OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>B. MS SHANA HART</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 4120 JACKSBORO		<b>Transaction ID: INC:A:27820</b>	
City State Zip Code SNYDER TX 79549	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 NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. MR PETER HARTY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 19520 YELLOW WING COURT		<b>Transaction ID: INC:A:27682</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 ▼ 3812.34		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	227.31
<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 50 / 116
	<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 BILL HEAD</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 501 SLATERS LANE #816		<b>Transaction ID: INC:A:28029</b>	
City ALEXANDRIA	State VA	Zip Code 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 ▼ 420.00		

Full Name (Last, First, Middle Initial) <b>B. MR MARK HEGGESTAD</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 13210 N. 11TH AVE.		<b>Transaction ID: INC:A:27740</b>	
City PHOENIX	State AZ	Zip Code 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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MS EILEEN HEINZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 27 DOGWOOD LN		<b>Transaction ID: INC:A:27979</b>	
City MONTVALE	State NJ	Zip Code 07645	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 BUSINESS DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<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:	PAGE 51 / 116
	(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 SCOTT HELMUS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 23 VALLEY RD		<b>Transaction ID: INC:A:27723</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 MEDCO HEALTH SOLUTIONS	Occupation VP RETIREE SOLUTIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00		

Full Name (Last, First, Middle Initial) <b>B. MR ERIC HESS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 10 CARLTON RD		<b>Transaction ID: INC:A:27788</b>	
City State Zip Code FLANDERS NJ 07836	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 ENGINEERING & OPS		
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 STEPHEN HOBSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1 HERITAGE RD		<b>Transaction ID: INC:A:27863</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 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 ▼ 1050.00		

<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 52 / 116
	(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 GLENN HOFFMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 974 HILLCREST ROAD		<b>Transaction ID: INC:A:27931</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 ▼ 630.00		

Full Name (Last, First, Middle Initial) <b>B. MR TIMOTHY HOGAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 9 HIRLE ST		<b>Transaction ID: INC:A:27801</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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MR STEPHEN HOLODAK</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 49 S HILLSIDE AVE		<b>Transaction ID: INC:A:27886</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 ▼ 1680.00		

<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 53 / 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 9553 ANDREW DR

City State Zip Code  
TWINSBURG OH 44087

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP CUST SVC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 308.49

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:28034

Amount of Each Receipt this Period  
14.69

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

Mailing Address 30 AVENUE AT PORT IMPERIAL  
APT. 415

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 VP BUSINESS PLANNING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:28033

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR WALTER HOSP

Mailing Address 1 OLD LANE

City State Zip Code  
SCARSDALE NY 10583

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP TREASURY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27844

Amount of Each Receipt this Period  
25.00

<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:	PAGE 54 / 116
	(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 JANE HULSE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 95 GORDON RD		<b>Transaction ID: INC:A:27920</b>	
City <b>ESSEX FELLS</b>	State NJ	Zip Code 07021	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B. MS JEANNINE INFANTINO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 34 MOHEGAN TRL		<b>Transaction ID: INC:A:27717</b>	
City <b>SADDLE RIVER</b>	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 DIR FINANCIAL APPLICATIONS		
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>C. MR DAVID ISRAEL</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 730 COLUMBUS AVENUE		<b>Transaction ID: INC:A:27685</b>	
City <b>NEW YORK</b>	State NY	Zip Code 10025	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUSINESS DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

<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 55 / 116
	(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 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>6366 SW 90TH STREET</b>		<b>Transaction ID: INC:A:27691</b>	
City <b>GAINESVILLE</b>	State <b>FL</b>	Zip Code <b>32608</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 CLINICAL SVCS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B. MS TERESE JACKSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>6085 S. PRESTON LANE</b>		<b>Transaction ID: INC:A:27724</b>	
City <b>NEW BERLIN</b>	State <b>WI</b>	Zip Code <b>53151</b>	Amount of Each Receipt this Period 10.00
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 ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. MR WILLIAM JACKSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>105 ROOSEVELT AVE</b>		<b>Transaction ID: INC:A:27963</b>	
City <b>WEST ORANGE</b>	State <b>NJ</b>	Zip Code <b>07052</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>SR DIR MEDICARE OPS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

<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 56 / 116
	(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 TODD JEFFREY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 15 ELIZABETH STREET		<b>Transaction ID: INC:A:27974</b>	
City State Zip Code DUMONT NJ 07628	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 ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>B. MISS ANNE JOHNSTON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 256 MADISON AVE		<b>Transaction ID: INC:A:27972</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 ▼ 630.00		

Full Name (Last, First, Middle Initial) <b>C. MR RICHARD JONES</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 12 WADE HAMPTON TRAIL		<b>Transaction ID: INC:A:27933</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 ▼ 618.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	95.08
<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 57 / 116
	<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 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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27819

Amount of Each Receipt this Period  
25.00

**B.** 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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27811

Amount of Each Receipt this Period  
25.00

**C.** 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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27993

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:	PAGE 58 / 116
	(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 WILLIAM KELLEY, III</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1970 WOODLANDS PL		<b>Transaction ID: INC:A:27857</b>	
City State Zip Code <b>POWELL OH 43065</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 VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.00		

Full Name (Last, First, Middle Initial) <b>B. MR KEVIN KELLY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 251 POPLAR AVE		<b>Transaction ID: INC:A:27709</b>	
City State Zip Code <b>HACKENSACK NJ 07601</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 SR DIR CLIENT SVC DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MS LISA KETNER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 7 POINT VIEW		<b>Transaction ID: INC:A:27845</b>	
City State Zip Code <b>OAKLAND NJ 07436</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 MKTING & PRODUCT DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

<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 59 / 116
	(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 KARIN KLEINEGGER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 121 CONKLING TOWN ROAD		<b>Transaction ID: INC:A:27965</b>	
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 ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B. KENNETH KLEPPER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 295 GLEN PLACE		<b>Transaction ID: INC:A:27999</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 ▼ 3846.00		

Full Name (Last, First, Middle Initial) <b>C. MR JON KLINE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 36 CORTLAND TL		<b>Transaction ID: INC:A:27995</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 ▼ 1061.34		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	292.84
<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 60 / 116
	<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 BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City BOONTON State NJ Zip Code 07005

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLIENT RETAIL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27957

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City BOWLING GREEN State OH Zip Code 43402

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27728

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City MAHWAH State NJ Zip Code 07430

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27751

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 116
	(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 BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code  
FRANKLIN LAKES NJ 07417

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27893

Amount of Each Receipt this Period  
55.00

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

Mailing Address 2735 YORK RD

City State Zip Code  
COLUMBUS OH 43221

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27943

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City State Zip Code  
TOWACO NJ 07082

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR CLIENT REQUIREMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27884

Amount of Each Receipt this Period  
15.00

<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:	PAGE 62 / 116
	(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 CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City State Zip Code  
CITRUS HEIGHTS CA 95621

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27847

Amount of Each Receipt this Period  
100.00

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

Mailing Address 6 SHERMAN AVE

City State Zip Code  
WALDWICK NJ 07463

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR MARKET STRATEGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:28025

Amount of Each Receipt this Period  
25.00

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

Mailing Address 18 HARLIND TERRACE

City State Zip Code  
RAMSEY NJ 07446

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27838

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 63 / 116
	<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 ROSS LUCE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 2116 BELLANCA CT.		<b>Transaction ID: INC:A:27758</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. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

Full Name (Last, First, Middle Initial) <b>B. MS DEBRA LUDGATE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 238 WOODLAND AVE		<b>Transaction ID: INC:A:27804</b>	
City State Zip Code SUMMIT NJ 07901	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CREATIVE SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MS CHERYL MACDONALD</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 15011 EAGLEPARK PLACE		<b>Transaction ID: INC:A:27881</b>	
City State Zip Code LITHIA FL 33547	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CS REQUIREMENTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

<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 64 / 116
	<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 MAHON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 64 PHEASANT HILL DRIVE		<b>Transaction ID: INC:A:28027</b>	
City State Zip Code WEST HARTFORD CT 06107	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 SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. MR KENNETH MALLEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 764 W. SADDLE RIVER ROAD		<b>Transaction ID: INC:A:27790</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 MEDCO HEALTH SOLUTIONS	Occupation VP PRODUCT & CHANNEL MKTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>C. MR MICHAEL MANDAGLIO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 33 HICKORY TAVERN RD		<b>Transaction ID: INC:A:27693</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 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 ▼ 1050.00		

<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 65 / 116
	<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 GARY MARGIOTTA</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 8 HEATHER HILL WAY		<b>Transaction ID: INC:A:27784</b>	
City State Zip Code MENDHAM NJ 07945	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. MS TAMARA MARSHALL</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address W144 N7150 TERRACE DRIVE		<b>Transaction ID: INC:A:27807</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. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MR TODD MARTIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 11825 SHEPPARDS CROSSING		<b>Transaction ID: INC:A:27771</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 ▼ 4038.30		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	227.30
<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 66 / 116
	<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 MATCHETT</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 27 LAKEVILLE RD		<b>Transaction ID: INC:A:27738</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 ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. MR JEFFREY MAY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 137 WASHINGTON AVE		<b>Transaction ID: INC:A:27934</b>	
City State Zip Code HILLSDALE NJ 07642		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 VP DRUG DISTRIB & CONTROL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) <b>C. MR TERENCE MAYTIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 496 FRANKLIN AVE		<b>Transaction ID: INC:A:27766</b>	
City State Zip Code WYCKOFF NJ 07481		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 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 ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	227.30
<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 67 / 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City State Zip Code  
CLIFTON NJ 07013

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27843

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MR DANIEL MCCRONE

Mailing Address 41 HENRY COURT

City State Zip Code  
MOUNT ARLINGTON NJ 07856

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:28022

Amount of Each Receipt this Period  
50.00

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

Mailing Address 0-45 27TH ST

City State Zip Code  
FAIR LAWN NJ 07410

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** INC:A:27887

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 68 / 116
	<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. MS COLLEEN MCINTOSH</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 87 ROSELAWN RD		<b>Transaction ID: INC:A:27846</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. <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 ▼ 2436.00		

Full Name (Last, First, Middle Initial) <b>B. MR STEVEN MCNAMARA</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 112 GREEN TERRACE WAY		<b>Transaction ID: INC:A:27971</b>	
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 ▼ 4038.51		

Full Name (Last, First, Middle Initial) <b>C. MR EDWARD MCNEILEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 5646 BIRCHWOOD CIRCLE		<b>Transaction ID: INC:A:27794</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 ▼ 435.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	323.31
<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 69 / 116
	<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. MRS WENDY MELLO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address PO BOX 43232		<b>Transaction ID: INC:A:27732</b>	
City <b>MONTCLAIR</b>	State NJ	Zip Code 07043	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR MKTING & STRATEGIC ANAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>B. DAVID MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 7 CLOVER LANE		<b>Transaction ID: INC:A:27697</b>	
City <b>RANDOLPH</b>	State NJ	Zip Code 07869	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 LABOR RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MRS KAREN MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 34 MACKENZIE LANE NORTH		<b>Transaction ID: INC:A:27692</b>	
City <b>DENVILLE</b>	State NJ	Zip Code 07834	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

<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 70 / 116
	<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 GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

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 E-COM STRAT & DELI

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27984

Amount of Each Receipt this Period  
25.00

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

Mailing Address 106 HAMBURG ROAD

City State Zip Code  
PARSIPPANY NJ 07054

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27701

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MS JULIANA MOLEK

Mailing Address 17584 WEXFORD DR

City State Zip Code  
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR SPECIAL MARKETS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27777

Amount of Each Receipt this Period  
10.00

<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 71 / 116
	<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 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1320 BRONCO CIR		<b>Transaction ID: INC:A:27787</b>	
City WARRINGTON	State PA	Zip Code 18976	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. MR THOMAS MORIARTY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 86 WELLINGTON AVENUE		<b>Transaction ID: INC:A:27686</b>	
City SHORT HILLS	State NJ	Zip Code 07078	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>C. MR TREVOR MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 25611 ROLLING HILLS RD		<b>Transaction ID: INC:A:27769</b>	
City LAGUNA HILLS	State CA	Zip Code 92653	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<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 72 / 116
	<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 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>2 STONEBRIDGE RD</b>		<b>Transaction ID: INC:A:27966</b>	
City State Zip Code <b>SPARTA NJ 07871</b>		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. MR KEVIN MURPHY, JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>105 COVENTRY LN</b>		<b>Transaction ID: INC:A:27726</b>	
City State Zip Code <b>TRUMBULL CT 06611</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 SVP MKT STRATEGY &amp; DEVELOPMENT</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1475.00	

Full Name (Last, First, Middle Initial) <b>C. MS BECKY NAGLE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>64 WALTER AVE</b>		<b>Transaction ID: INC:A:27727</b>	
City State Zip Code <b>HASBROUCK HEIGHTS NJ 07604</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 CLINICAL SVCS</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	

<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 73 / 116
	<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 ARTHUR NARDIN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 28 POWDERHORN DR		<b>Transaction ID:</b> INC:A:27936
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 ▼ 4032.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR MICHAEL NICODEMO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 407 MEER AVE		<b>Transaction ID:</b> INC:A:27970
City State Zip Code WYCKOFF NJ 07481	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 VP E-COM STRATEGY & DELIVERY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR HAIK NOVSHADIAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 45 DAVIS ROAD		<b>Transaction ID:</b> INC:A:27810
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 ▼ 546.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	228.00
<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 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 30 BELCHER ROAD

City State Zip Code  
WARWICK NY 10990

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR PHARM OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27851

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City State Zip Code  
RYE NY 10580

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27956

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City State Zip Code  
RIDGEWOOD NJ 07450

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP PROCUREMENT & INVENTORY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27911

Amount of Each Receipt this Period  
50.00

<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 75 / 116
	<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 CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City State Zip Code  
SUFFERN NY 10901

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27949

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS 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  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:28028

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27825

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 76 / 116
	<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 LUDIVINA PAGAMARRA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 4 TEAK COURT		<b>Transaction ID:</b> INC:A:27899
City RINGWOOD	State NJ	Zip Code 07456
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 EXEC DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MS DAWN PAGANO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 185 PASCACK ROAD		<b>Transaction ID:</b> INC:A:27898
City PARK RIDGE	State NJ	Zip Code 07656
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 ▼ 900.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR RICHARD PAGANO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 185 PASCACK RD		<b>Transaction ID:</b> INC:A:27894
City PARK RIDGE	State NJ	Zip Code 07656
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 ▼ 375.00	

<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 77 / 116
	<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. MRS MICHELE PAIGE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 12 MILLBROOK COURT		<b>Transaction ID: INC:A:27821</b>
City State Zip Code LIVINGSTON NJ 07039	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MARKET STRATEGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. MR JAY PATEL</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 14 BROWNSTONE TERRACE		<b>Transaction ID: INC:A:28017</b>
City State Zip Code HAWTHORNE NJ 07506	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. MR MICHAEL PETEROY</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 18 MOUNTAIN VIEW CT		<b>Transaction ID: INC:A:27882</b>
City State Zip Code RIVERDALE NJ 07457	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PRODUCT DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<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 / 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 8522 UPLAND LN NORTH

City State Zip Code  
MAPLE GROVE MN 55311

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27765

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City State Zip Code  
MORRISTOWN NJ 07960

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 ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27694

Amount of Each Receipt this Period  
50.00

**C.** 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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27768

Amount of Each Receipt this Period  
25.00

<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:	PAGE 79 / 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MS 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 ▼ 4038.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27831

Amount of Each Receipt this Period  
192.30

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

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code  
HOPEWELL JUNCTION NY 12533

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR CONTRACT ADMINISTRATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27928

Amount of Each Receipt this Period  
25.00

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

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code  
SPARTA NJ 07871

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27989

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>317.30</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 80 / 116
	<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 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>800 SANDY TRAIL</b>		<b>Transaction ID: INC:A:28007</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 ▼ 410.00		

Full Name (Last, First, Middle Initial) <b>B. MS FRANCES RAO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>19 ROSS ROAD</b>		<b>Transaction ID: INC:A:27710</b>	
City <b>SCARSDALE</b>	State <b>NY</b>	Amount of Each Receipt this Period 25.00	
Zip Code <b>10583</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>SR DIR PRIVACY</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MS JOANN REED</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>4 ANTLER CT</b>		<b>Transaction ID: INC:A:27919</b>	
City <b>MATAWAN</b>	State <b>NJ</b>	Amount of Each Receipt this Period 65.38	
Zip Code <b>07747</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>SVP FINANCE &amp; CHIEF FIN OFFCR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1372.98		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.38
<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 81 / 116
	(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 REINCKENS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>22 BARTLETT AVE.</b>		<b>Transaction ID: INC:A:27785</b>	
City <b>NORWALK</b>	State <b>CT</b>	Zip Code <b>06850</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 FINANCE</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 JOSEPH REYNOLDS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>412 RIVER MEWS LANE</b>		<b>Transaction ID: INC:A:28004</b>	
City <b>EDGEWATER</b>	State <b>NJ</b>	Zip Code <b>07020</b>	Amount of Each Receipt this Period 70.00
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 ▼ 1470.00		

Full Name (Last, First, Middle Initial) <b>C. MS MARSHA REYNOLDS</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>310 S. WILLOW #D</b>		<b>Transaction ID: INC:A:27876</b>	
City <b>TAMPA</b>	State <b>FL</b>	Zip Code <b>33606</b>	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDCO HEALTH SOLUTIONS</b>	Occupation <b>DIR CUST SVC</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

<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 82 / 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code  
MINNEAPOLIS MN 55446

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27737

Amount of Each Receipt this Period  
25.00

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

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code  
ANDOVER NJ 07821

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR PUBLIC AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:28003

Amount of Each Receipt this Period  
25.00

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

Mailing Address 96 LEHMANN STREET

City State Zip Code  
MAHWAH NJ 07430

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS PRESIDENT SYSTEMED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1192.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27783

Amount of Each Receipt this Period  
192.30

<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:	PAGE 83 / 116
	(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 DONNA ROSEN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 7 RED OAK LANE		<b>Transaction ID: INC:A:27929</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 OPS-CLINICAL TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B. MR CHRISTOPHERJOHN ROWLAND</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 16725 OLIVE CIRCLE		<b>Transaction ID: INC:A:27704</b>	
City State Zip Code FOUNTAIN VALLEY CA 92708	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 NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. MR RICHARD RUBINO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 5201 RIO VISTA DRIVE		<b>Transaction ID: INC:A:27925</b>	
City State Zip Code MAHWAH NJ 07430	Amount of Each Receipt this Period 193.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1893.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	253.00
<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 / 116
	<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 RUSSEK</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 21 SKY TOP RIDGE		Transaction ID: INC:A:27800	
City OAKLAND	State NJ	Zip Code 07436	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FORMULARY & COVERAGE MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B. MR ANTHONY RUSSO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 66 FINCH RD		Transaction ID: INC:A:27877	
City RINGWOOD	State NJ	Zip Code 07456	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PROF PRA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>C. MS MARY RYAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 456 RICHMOND AVENUE		Transaction ID: INC:A:27918	
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 ▼ 1645.14		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	148.34
<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 85 / 116
	<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)  
MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City State Zip Code  
ALLISON PARK PA 15101

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27944

Amount of Each Receipt this Period  
25.00

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

Mailing Address 7 AHERN WAY

City State Zip Code  
WEST ORANGE NJ 07052

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27818

Amount of Each Receipt this Period  
25.00

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

Mailing Address 230 FAIRFIELD AVE.

City State Zip Code  
RIDGEWOOD NJ 07450

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27741

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 86 / 116
	<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 DAVID SCHLETT</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 339 GRAMERCY PL		<b>Transaction ID: INC:A:27924</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 ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B. MR FRANK SCHULTE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 2121 AMERICA'S CUP CIR		<b>Transaction ID: INC:A:27779</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 ▼ 365.72		

Full Name (Last, First, Middle Initial) <b>C. MR ALLEN SCHWARTZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 3556 DAVIS		<b>Transaction ID: INC:A:27733</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 ▼ 525.00		

<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 87 / 116
	(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 1 0 / 1 4 / 2 0 0 6	
Mailing Address 7330 EVEREST LANE - NORTH		<b>Transaction ID: INC:A:27960</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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>B. MR LEONARD SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 13514 MOTTLESTONE DRIVE NW		<b>Transaction ID: INC:A:27858</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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT SENDEWICZ</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1220 CROSSING WAY		<b>Transaction ID: INC:A:27713</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 ▼ 525.00		

<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 88 / 116
	<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 ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27981

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 ▼ 952.05

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27842

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 ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27700

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:	PAGE 89 / 116
	(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 FRANK SHEEHY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 119 HAMILTON RD		<b>Transaction ID: INC:A:27747</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 ▼ 2100.00		

Full Name (Last, First, Middle Initial) <b>B. MR PETER SHERMAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 139 GATES AVENUE		<b>Transaction ID: INC:A:27687</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 ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>C. MR ELWOOD SIDES III</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 150 CLAREMONT AVE		<b>Transaction ID: INC:A:27752</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 ▼ 525.00		

<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 90 / 116
	(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 ANNE SIGILLITO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 178 LEXINGTON AVE.		<b>Transaction ID: INC:A:27690</b>	
City State Zip Code WESTWOOD NJ 07675	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 HOME DELIVERY CHANNEL DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. MS JODI SILBERMANN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 16 TULIP LANE		<b>Transaction ID: INC:A:27937</b>	
City State Zip Code RANDOLPH NJ 07869	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY SIMEK</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 197 OXFORD RD		<b>Transaction ID: INC:A:27826</b>	
City State Zip Code CHESTER NY 10918	Amount of Each Receipt this Period 192.31		
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.51		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	212.31
<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 91 / 116
	<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 LEE SIMON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 2390 GREENVIEW ROAD		<b>Transaction ID: INC:A:27967</b>	
City State Zip Code NORTHBROOK IL 60062	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 GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B. MR JEFFREY SINKO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 10 CHERRY TREE LANE		<b>Transaction ID: INC:A:27852</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 COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) <b>C. MR WILLIAM SIRICO</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 564 DALE COURT EAST		<b>Transaction ID: INC:A:27711</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 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 ▼ 630.00		

<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 92 / 116
	<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 SITVER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>24 YORKSHIRE AVE</b>		<b>Transaction ID: INC:A:27815</b>	
City <b>SUFFERN</b>	State <b>NY</b>	Zip Code <b>10901</b>	Amount of Each Receipt this Period 31.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 509.00		

Full Name (Last, First, Middle Initial) <b>B. ANN SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>437 GLENDALE RD</b>		<b>Transaction ID: INC:A:27817</b>	
City <b>WYCKOFF</b>	State <b>NJ</b>	Zip Code <b>07481</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 Public Affairs</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MS COLLEEN SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address <b>1241 CHENILLE CIR</b>		<b>Transaction ID: INC:A:27803</b>	
City <b>WESTON</b>	State <b>FL</b>	Zip Code <b>33327</b>	Amount of Each Receipt this Period 10.00
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 ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	66.00
<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 93 / 116
	<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 SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 40 JOSHUA DR T		<b>Transaction ID: INC:A:27942</b>	
City State Zip Code RAMSEY NJ 07446	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) <b>B. MR DAVID SNOW, JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 23 CEDAR GATE ROAD		<b>Transaction ID: INC:A:27996</b>	
City State Zip Code DARIEN CT 06820	Amount of Each Receipt this Period 192.31		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.51		

Full Name (Last, First, Middle Initial) <b>C. MR ALAN SOKALER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 30 MICHELLE WAY		<b>Transaction ID: INC:A:28016</b>	
City State Zip Code PINE BROOK NJ 07058	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	292.31
<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 94 / 116
	(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 RALPH STAIANO

Mailing Address 32 ALDEN RD

City State Zip Code  
MONROE NY 10950

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27696

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City State Zip Code  
WEST HARRISON NY 10604

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GROUP VP FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27927

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City State Zip Code  
AUSTIN TX 78732

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27969

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 95 / 116
	<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 CRAIG STEEL</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 122 DEMAREST AVENUE		<b>Transaction ID: INC:A:27772</b>	
City <b>EMERSON</b>	State <b>NJ</b>	Zip Code <b>07630</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 SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>B. MS SUSAN STEELE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 501 CONTINENTAL DR		<b>Transaction ID: INC:A:28035</b>	
City <b>SAGAMORE HILLS</b>	State <b>OH</b>	Zip Code <b>44067</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 ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MS AMY STEINKELLNER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1740 HIGHLAND DRIVE		<b>Transaction ID: INC:A:27808</b>	
City <b>ELM GROVE</b>	State <b>WI</b>	Zip Code <b>53122</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 CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

<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 96 / 116
	(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) DR GLEN STETTIN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 8 MILL GLEN CT		<b>Transaction ID:</b> INC:A:27985	
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. 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 ▼ 2100.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR SCOTT STRATTON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 351 TIMBERLANE DRIVE		<b>Transaction ID:</b> INC:A:28023	
City State Zip Code ORANGE CT 06477	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 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 ▼ 1050.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS PATRICIA STRETE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 19275 PAVER BARNES ROAD		<b>Transaction ID:</b> INC:A:27731	
City State Zip Code MARYSVILLE OH 43040	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 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 ▼ 525.00		

<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 97 / 116
	<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 COLEEN SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 38 BARKMILL TERRACE		<b>Transaction ID: INC:A:27968</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 Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT DEVELOPMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. MS CYNTHIA SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 21 DENISE DRIVE		<b>Transaction ID: INC:A:27926</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 Occupation MEDCO HEALTH SOLUTIONS VP FINANCIAL PLANNING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>C. MR MARK SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 16025 PINE VALE PL.		<b>Transaction ID: INC:A:27698</b>	
City State Zip Code MIDLOTHIAN VA 23113		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 CS SYSTEMS PLAN & IMPLEM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	

<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 98 / 116
	<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 1 0 / 1 4 / 2 0 0 6	
Mailing Address 374 KINGSTON CT		<b>Transaction ID: INC:A:27749</b>	
City State Zip Code WEST NEW YORK NJ 07093		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. MR TIMOTHY SWETT</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE		<b>Transaction ID: INC:A:27781</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 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 ▼ 1485.00	

Full Name (Last, First, Middle Initial) <b>C. MS MELISSA THOMET</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 721 HINMAN AVE #1E		<b>Transaction ID: INC:A:27702</b>	
City State Zip Code EVANSTON IL 60202		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 ACCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<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 99 / 116
	<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 MARY THORSBY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 17326 ELLEN DR		<b>Transaction ID: INC:A:27797</b>	
City State Zip Code LIVONIA MI 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 ▼ 1450.00		

Full Name (Last, First, Middle Initial) <b>B. MR TIMOTHY TIDD</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 7974 FLAMETREE CT		<b>Transaction ID: INC:A:27837</b>	
City State Zip Code LAS VEGAS NV 89123	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 OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.50		

Full Name (Last, First, Middle Initial) <b>C. MR WILLIAM TOBIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 838 COLONIAL RD		<b>Transaction ID: INC:A:27705</b>	
City State Zip Code FRANKLIN LAKES NJ 07417	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 SYSTEMS SUPPORT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	137.50
<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 100 / 116
	<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 CLAUDIA TUCKER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 713 INDIAN CREEK RD		<b>Transaction ID: INC:A:27850</b>	
City AMHERST	State VA	Zip Code 24521	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00		

Full Name (Last, First, Middle Initial) <b>B. MR GARY TULLY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 16 FIELDHEDGE DRIVE		<b>Transaction ID: INC:A:27973</b>	
City HILLSBOROUGH	State NJ	Zip Code 08844	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLIENT SVC DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. MS CARA VAN ZILE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 31 LINCOLN RD		<b>Transaction ID: INC:A:27792</b>	
City KINNELON	State NJ	Zip Code 07405	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

<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 101 / 116
	<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. MRS MICHELLE VANCURA</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address W328 S4230 SPRING RIDGE		<b>Transaction ID: INC:A:28036</b>	
City State Zip Code WAUKESHA WI 53189	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 VP ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. MR NICHOLAS VASILOPOULOS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 105 ARRANDALE RD		<b>Transaction ID: INC:A:27840</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 MEDCO HEALTH SOLUTIONS	Occupation VP MKTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>C. MR WILBER VELARDE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 443 WEST SADDLE RIVER RD		<b>Transaction ID: INC:A:27748</b>	
City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <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) ..... ▶	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:	PAGE 102 / 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 201 WATCHUNG AVENUE  
UNIT #17

City BLOOMFIELD State NJ Zip Code 07003

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27745

Amount of Each Receipt this Period  
25.00

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

Mailing Address 436 MOUNTAIN AVENUE

City WESTFIELD State NJ Zip Code 07090

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27684

Amount of Each Receipt this Period  
25.00

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

Mailing Address 2108 HENRY COURT

City MAHWAH State NJ Zip Code 07430

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:28010

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:	PAGE 103 / 116
	(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 WAIBEL</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address N48 W16381 LONE OAK LN		<b>Transaction ID: INC:A:27809</b>	
City State Zip Code MENOMONEE FALLS WI 53051	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 ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

Full Name (Last, First, Middle Initial) <b>B. MR DANIEL WALDEN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 450 BEECHMONT DR		<b>Transaction ID: INC:A:27901</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 ▼ 4038.51		

Full Name (Last, First, Middle Initial) <b>C. MR WILLIAM WALLACE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 5445 GOODWIN AVENUE		<b>Transaction ID: INC:A:28012</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 ▼ 4038.51		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	399.62
<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 / 116
	<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 CALVIN WASDYKE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 5 APPLE ORCHARD RD		<b>Transaction ID: INC:A:27854</b>	
City MOORESTOWN	State NJ	Zip Code 08057	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.50		

Full Name (Last, First, Middle Initial) <b>B. MS CATHERINE WASSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 26072 HARBOR VIEW		<b>Transaction ID: INC:A:27707</b>	
City CAPISTRANO BEACH	State CA	Zip Code 92624	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 ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>C. MS BEVERLY WATSON</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 2 MICHELANGELO COURT		<b>Transaction ID: INC:A:27895</b>	
City SOMERSET	State NJ	Zip Code 08873	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<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 105 / 116
	<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 DONNA WEATHERS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 1043 BELL STREET		<b>Transaction ID: INC:A:27832</b>	
City State Zip Code EDMONDS WA 98020	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 NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. MRS KELLY WEBBER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 107 UPPER SADDLE RIVER ROAD		<b>Transaction ID: INC:A:27835</b>	
City State Zip Code MONTVALE NJ 07645	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 CORP HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00		

Full Name (Last, First, Middle Initial) <b>C. MR TIMOTHY WENTWORTH</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 309 WATERVIEW DR		<b>Transaction ID: INC:A:27760</b>	
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 ▼ 4038.51		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	277.31
<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 106 / 116
	<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 KENNETH WERMES		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 26037 N WRANGLER RD		<b>Transaction ID:</b> INC:A:27829	
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 ▼ 1575.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR PETER WHITE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 2241 E. PINCHOT AVE. #17F		<b>Transaction ID:</b> INC:A:27699	
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 ▼ 420.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 17 LYNWOOD RD		<b>Transaction ID:</b> INC:A:27923	
City State Zip Code VERONA NJ 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 ▼ 525.00		

<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 107 / 116
	<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 MARILYN WOLLETT Mailing Address 8174 MT AIR PL City State Zip Code COLUMBUS OH 43235 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID: INC:A:27862</b> Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1025.00		

B. 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID: INC:A:28008</b> Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INSURED SOLUTIONS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1050.00		

C. 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID: INC:A:27962</b> Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 525.00		

<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 108 / 116
	<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 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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27980

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City State Zip Code  
POMPTON LAKES NJ 07442

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27744

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City State Zip Code  
WESTFIELD NJ 07090

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: INC:A:27822

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 109 / 116
	<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 DANIEL ZELEM, JR Mailing Address 219 SPOOK ROCK RD. City SUFFERN State NY Zip Code 10901 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID: INC:A:27885</b> Amount of Each Receipt this Period 50.00
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 ▼ 1050.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS JILL ZELMAN Mailing Address 43604 EMERALD DUNES PL City LEESBURG State VA Zip Code 20176 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID: INC:A:27938</b> Amount of Each Receipt this Period 25.00
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 ▼ 467.28		

<b>C.</b> Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO Mailing Address 726 HIGH MOUNTAIN ROAD City FRANKLIN LAKES State NJ Zip Code 07417 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID: INC:A:28015</b> Amount of Each Receipt this Period 25.00
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 ▼ 525.00		

<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 110 / 116	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address **803 ALBEMARLE ST.**

City **WYCKOFF** State **NJ** Zip Code **07481**

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

Name of Employer **MEDCO HEALTH PAC** Occupation **SENIOR ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	6

**Transaction ID: INC:A:27676**

Amount of Each Receipt this Period  

<b>250.00</b>
---------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>13806.92</b>

**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 111 / 116

<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. KEVIN MCCARTHY FOR CONGRESS</b>		<b>Transaction ID: EXP:B:27299</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 455 CAPITOL MALL, SUITE 801		Amount of Each Disbursement this Period 1000.00
City SACRAMENTO State CA Zip Code 95814		
Purpose of Disbursement Candidate Name KEVIN MCCARTHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	011 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TEXAS FREEDOM FUND</b>		<b>Transaction ID: EXP:B:27302</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 104 E. HUME AVE.		Amount of Each Disbursement this Period 2500.00
City ALEXANDRIA State VA Zip Code 22301		
Purpose of Disbursement Candidate Name GENERAL PURPOSE COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN BENEFITS COUNCIL PAC</b>		<b>Transaction ID: EXP:B:27671</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 1212 NEW YORK AVENUE, NW SUITE 125		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20005		
Purpose of Disbursement Candidate Name GENERAL PURPOSE COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<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 112 / 116

<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. COMMITTEE TO RE-ELECT VITO FOSSELLA**

Mailing Address P.O. BOX 120197

City State Zip Code  
STATEN ISLAND NY 10312

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
VITO J FOSSELLA, JR.

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: NY District: 13

Transaction ID: EXP:B:27661

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FRELINGHUYSEN FOR CONGRESS**

Mailing Address 19 CATTANO AVE.

City State Zip Code  
MORRISTOWN NJ 07960

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
RODNEY P FRELINGHUYSEN

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: NJ District: 11

Transaction ID: EXP:B:27662

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CLIFF STEARNS**

Mailing Address PO BOX 308

City State Zip Code  
SILVER SPRINGS FL 34489

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
CLIFFORD STEARNS

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: FL District: 06

Transaction ID: EXP:B:27669

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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 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. HATCH ELECTION COMMITTEE INC.**

Mailing Address 175 SOUTH WEST TEMPLE, SUITE 560

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
ORRIN G. HATCH

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

Transaction ID: EXP:B:27660

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. KIND FOR CONGRESS**

Mailing Address 205 SOUTH 5TH AVE., SUITE 428

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
RON KIND

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: WI District: 3

Transaction ID: EXP:B:27667

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS, INC.**

Mailing Address PO BOX 682185

City FRANKLIN State TN Zip Code 37068

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
MARSHA BLACKBURN

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: TN District: 07

Transaction ID: EXP:B:27674

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

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

4000.00

**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 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. PIONEER PAC</b>		Transaction ID: EXP:B:27673 Date of Disbursement 10 / 11 / 2006
Mailing Address 412 FIRST STREET SE SUITE 100		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement Candidate Name GENERAL PURPOSE COMMITTEE		
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. PORTER FOR CONGRESS</b>		Transaction ID: EXP:B:27668 Date of Disbursement 10 / 11 / 2006
Mailing Address PO BOX 26087		Amount of Each Disbursement this Period 1000.00
City LAS VEGAS State NV Zip Code 89126	011 Category/ Type	
Purpose of Disbursement Candidate Name JON PORTER		
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: NV District: 3		

Full Name (Last, First, Middle Initial) <b>C. WHITFIELD FOR CONGRESS COMMITTEE</b>		Transaction ID: EXP:B:27670 Date of Disbursement 10 / 11 / 2006
Mailing Address POST OFFICE BOX 391		Amount of Each Disbursement this Period 2500.00
City HOPKINSVILLE State KY Zip Code 42241	011 Category/ Type	
Purpose of Disbursement Candidate Name ED WHITFIELD		
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: KY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<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)

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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.** NATIONAL LEADERSHIP PAC

Mailing Address P.O. BOX 5577

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement

Category/  
Type

Candidate Name  
GENERAL PURPOSE COMMITTEE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP:B:27675

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)

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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.** TEXANS FOR ROBERT DEUELL

Mailing Address 701 RIVER OAKS

City GREENVILLE State TX Zip Code 75402

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.27301

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**B.** CHRIS HARRIS CAMPAIGN

Mailing Address 1309A WEST ABRAM

City ARLINGTON State TX Zip Code 76013

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.27659

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

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

0.00

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

0.00