

**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**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2007

through

08

31

2007

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

Type or Print Name of Treasurer

JASON D. KAUNE

Signature of Treasurer

Electronically Filed by JASON D. KAUNE

Date

09

17

2007

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

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		197543.58
(b) Cash on Hand at Beginning of Reporting Period	229403.22	
(c) Total Receipts (from Line 19)	46186.20	337947.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	275589.42	535490.70
7. Total Disbursements (from Line 31)	19128.00	279029.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	256461.42	256461.42
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	11 07 2006	CA

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

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	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

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	42919.48	274101.92
(i) Itemized (use Schedule A)		
(ii) Unitemized	3180.66	63238.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	46100.14	337340.14
(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) ➤	46100.14	337340.14
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.)	86.06	606.98
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))	46186.20	337947.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46186.20	337947.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	128.00	1629.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	128.00	1629.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	207000.00
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.....	15000.00	70400.00
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))..	19128.00	279029.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19128.00	279029.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	46100.14	337340.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46100.14	337340.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	128.00	1629.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	128.00	1629.28

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 233

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS LESLIE ACHTER Mailing Address 821 ALBEMARLE STREET City State Zip Code WYCKOFF NJ 07481 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37938 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK Mailing Address 1021 SUNSET RIDGE City State Zip Code BRIDGEWATER NJ 08807 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37874 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR STEPHEN ADLER Mailing Address 139 BELLVALE LAKES RD City State Zip Code WARWICK NY 10990 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37937 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 4 DEERPOND CT

City State Zip Code
FLEMINGTON NJ 08822

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37955

Amount of Each Receipt this Period

15.00

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

Mailing Address 3031 MOUNT HILL DR

City State Zip Code
MIDLOTHIAN VA 23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37936

Amount of Each Receipt this Period

50.00

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

Mailing Address 4405 WISMER ROAD

City State Zip Code
DOYLESTOWN PA 18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38225

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37995

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
TEJWANSI 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
MEDCO HEALTH SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38201

Amount of Each Receipt this Period

50.00

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
MEDCO HEALTH SOLUTIONSOccupation
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38220

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

292.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City State Zip Code
HEWITT NJ 07421

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR EXEC CORR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38065

Amount of Each Receipt this Period

25.00

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

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38011

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City State Zip Code
GLEN RIDGE NJ 07028

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38228

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS BECKIE BARATKO Mailing Address 80 N. WOODLAND STREET City ENGLEWOOD State NJ Zip Code 07631 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROPOSAL UNIT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00		Date of Receipt MM / DD / YYYY 08 / 04 / 2007 Transaction ID: INC.A.38140 Amount of Each Receipt this Period 35.00
B. Full Name (Last, First, Middle Initial) MR THOMAS BARATTA Mailing Address 69 SKYLINE DR City UPPER SADDLE RIVER State NJ Zip Code 07458 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt MM / DD / YYYY 08 / 04 / 2007 Transaction ID: INC.A.38075 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR MICHAEL BARONE Mailing Address 452 MEDWAY RD City HIGHLAND HEIGHTS State OH Zip Code 44143 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4250.00		Date of Receipt MM / DD / YYYY 08 / 04 / 2007 Transaction ID: INC.A.38239 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

335.00

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 11 / 233

(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 BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City	State	Zip Code
CARROLLTON	TX	75007

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	7

Transaction ID: INC.A.38139

Amount of Each Receipt this Period

50.00

B. 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
MEDCO HEALTH SOLUTIONSOccupation
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

628.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	7

Transaction ID: INC.A.38191

Amount of Each Receipt this Period

23.00

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

Mailing Address 1605 CHARNITA CT

City	State	Zip Code
VIENNA	VA	22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	7

Transaction ID: INC.A.38038

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

173.00

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 12 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 24 GLENWOOD ROAD

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38204

Amount of Each Receipt this Period

50.00

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

Mailing Address 71 WASHINGTON CT.

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38071

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
BUFORD GA 30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38084

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 233

(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

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) BRYAN BIRCH Mailing Address 4 WINDRUSH LANE City WESTPORT State CT Zip Code 06880 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP PRES, EMPLOYER GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3264.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38200 Amount of Each Receipt this Period 192.00
B. Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO Mailing Address 26 DAYLILY DRIVE City MOUNT LAUREL State NJ Zip Code 08054 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38234 Amount of Each Receipt this Period 10.00
C. Full Name (Last, First, Middle Initial) MS SUZANNE BLACKBURN Mailing Address 4520 LINWOOD LANE City DEEPHAVEN State MN Zip Code 55331 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CLIENT & MKT STRATEGIC DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38189 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

252.00

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 14 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR MARK BLAKE Mailing Address 129 NORWOOD AVENUE City MONTCLAIR State NJ Zip Code 07043 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 ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38236 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN Mailing Address 50 NEW ENGLAND DR City RAMSEY State NJ Zip Code 07446 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP MKTING & PRODUCT DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38030 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR KENNETH BODMER Mailing Address 3127 DEVONSHIRE WAY City GERMANTOWN State TN Zip Code 38139 FEC ID number of contributing federal political committee. C Name of Employer ACCREDO HEALTH GROUP, INC. Occupation SENIOR VP, FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38263 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA Mailing Address 80 LEONA CT City LEVITTOWN State NY Zip Code 11756 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.38193 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	0	7														
25.00																							
B. Full Name (Last, First, Middle Initial) MRS HEATHER BONOME Mailing Address 305 10TH STREET NE City WASHINGTON State DC Zip Code 20002 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.37997 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	0	7														
25.00																							
C. Full Name (Last, First, Middle Initial) MR JOSEPH BOTTA Mailing Address 109 ARBOR PL City BRYN MAWR State PA Zip Code 19010 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.37914 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	0	7														
25.00																							

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
LAS VEGAS NV 89141

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37857

Amount of Each Receipt this Period

25.00

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

Mailing Address 5259 FISHERCREST LN

City State Zip Code
RICHMOND VA 23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38146

Amount of Each Receipt this Period

200.00

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

Mailing Address 15 DAWN LANE

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38186

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

255.00

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 17 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. 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 State Zip Code
COATESVILLE PA 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 ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38134

Amount of Each Receipt this Period

75.00

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

Mailing Address 27 SEALS DR

City State Zip Code
MONROE NY 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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38115

Amount of Each Receipt this Period

25.00

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

Mailing Address 469 MANOR LANE

City State Zip Code
PELHAM MANOR NY 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37974

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 540 GIORDANO DRIVE

City State Zip Code
YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37911

Amount of Each Receipt this Period

50.00

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

Mailing Address 120 EAST MAIN ST

City State Zip Code
WASHINGTONVILLE NY 10992

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38113

Amount of Each Receipt this Period

20.00

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

Mailing Address 25 TIMBERLAND

City State Zip Code
ALISO VIEJO CA 92656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38015

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD Mailing Address 23 NUTTING PLACE City WEST CALDWELL State NJ Zip Code 07006 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 ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37946 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MRS DOREEN CALDER Mailing Address 441 S ELM STREET City MAYWOOD State NJ Zip Code 07607 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37854 Amount of Each Receipt this Period 40.00
C. Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI Mailing Address 119 WASHINGTON AVENUE City CHATHAM State NJ Zip Code 07928 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 ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38092 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

892.50

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38107

Amount of Each Receipt this Period

52.50

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38157

Amount of Each Receipt this Period

13.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38020

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37879

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City State Zip Code
VERADALE WA 99037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38004

Amount of Each Receipt this Period

10.00

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

Mailing Address 5176 BALDWIN TERRACE

City State Zip Code
MARIETTA GA 30068

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37949

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code
NEW YORK NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38211

Amount of Each Receipt this Period

25.00

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

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37905

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
ANTONIO CORREIA

Mailing Address 30 EAST 81ST STREET, #9B

City State Zip Code
NEW YORK NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38238

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37996

Amount of Each Receipt this Period

50.00

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

Mailing Address 7979 E SANTA CATALINA DR

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37985

Amount of Each Receipt this Period

60.00

C. Full Name (Last, First, Middle Initial)
MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City State Zip Code
STATEN ISLAND NY 10312

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38024

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS ROSELIN DANIEL
Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38088

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR KENNETH DANIELS
Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38067

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS MARY DASCHNER
Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37972

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 5616 BROOK DRIVE

City State Zip Code
EDINA MN 55439

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37983

Amount of Each Receipt this Period

50.00

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

Mailing Address 402 HIGHLAND AVE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38108

Amount of Each Receipt this Period

50.00

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

Mailing Address W62 N1032 FAIRHAVEN CT

City State Zip Code
CEDARBURG WI 53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38039

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City State Zip Code
 GLEN RIDGE NJ 07028

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38013

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City State Zip Code
 DENVER NJ 07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR MEDICARE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38230

Amount of Each Receipt this Period

25.00

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

Mailing Address 3625 PATTERNSTONE DR

City State Zip Code
 ALPHARETTA GA 30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37881

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS ROBBIN DICESARE
Mailing Address 1003T HIGH STREET

City State Zip Code
BURLINGTON TOWNSHI NJ 08016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR MGR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38102

Amount of Each Receipt this Period

9.28

B. Full Name (Last, First, Middle Initial)
MR WILLIS DINGLE
Mailing Address 17826 ARBOR GREENE DR

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37945

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT DOLAN
Mailing Address 9 CRANE AVENUE

City State Zip Code
WEST CALDWELL NJ 07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38089

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

59.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 4448 CREEK ROAD

City State Zip Code
ALLENTOWN PA 18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37896

Amount of Each Receipt this Period

25.00

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

Mailing Address 17 DAYBREAK

City State Zip Code
IRVINE CA 92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38147

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City State Zip Code
POMONA NY 10970

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38023

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR PETER DUNLEAVY
Mailing Address 2 DECKER TERRACE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37918

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR STEPHEN DUNLEAVY
Mailing Address 14026 KNOX STREET

City State Zip Code
OVERLAND PARK KS 66221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37941

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR YAACOV DUSHEK
Mailing Address 312 MEGAN CT

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38080

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS GEORGIA EDDLEMAN
Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1171.30

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38173

Amount of Each Receipt this Period

34.45

B. Full Name (Last, First, Middle Initial)
MR MICHAEL EDWARDS
Mailing Address 109 KAREN PLACE

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37910

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
DR WOODY EISENBERG, MD
Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38219

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

109.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 106 GRAHAM TERRACE

City State Zip Code
SADDLE BROOK NJ 07663

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38081

Amount of Each Receipt this Period

25.00

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

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code
BRIARCLIFF MANOR NY 10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38223

Amount of Each Receipt this Period

50.00

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

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37848

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR SCOTT ERHARDT
Mailing Address 11505 40TH AVE N

City State Zip Code
PLYMOUTH MN 55441

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37988

Amount of Each Receipt this Period

15.00

B. Full Name (Last, First, Middle Initial)
MR YAKOV ESTERLIS
Mailing Address 800 PALISADE AVE
APT 706

City State Zip Code
FORT LEE NJ 07024

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38176

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR STEVEN FANDETTI
Mailing Address 15804 SORAWATER DR.

City State Zip Code
LITHIA FL 33547

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37927

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 233

(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) DR RICHARD FEIFER Mailing Address 32 EILEEN DR City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CARE ENHANCING SOLUTIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt MM / DD / YYYY 08 / 04 / 2007 Transaction ID: INC.A.37975 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR THOMAS FEITEL Mailing Address 58 APPLE HILL DR City GILLETTE State NJ Zip Code 07933 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CORP MKTG & E-COMM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3267.91		Date of Receipt MM / DD / YYYY 08 / 04 / 2007 Transaction ID: INC.A.38016 Amount of Each Receipt this Period 192.23
C. Full Name (Last, First, Middle Initial) MS DAWN FELDNER Mailing Address 275 BIRCH STREET City EMERSON State NJ Zip Code 07630 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt MM / DD / YYYY 08 / 04 / 2007 Transaction ID: INC.A.38148 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

267.23

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 138 HEIGHTS ROAD

City	State	Zip Code
RIDGEWOOD	NJ	07450

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR CARD OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38109

Amount of Each Receipt this Period

25.00

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

Mailing Address 132 PROSPECT RD

City	State	Zip Code
MONROE	NY	10950

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37919

Amount of Each Receipt this Period

25.00

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

Mailing Address 465 OLD STONE RD

City	State	Zip Code
RIDGEWOOD	NJ	07450

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37967

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38055

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR KEVIN FRANCO

Mailing Address 140 BELLAIR RD
UNIT Q

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP, INC.

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38273

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH FRENDON

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38073

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1434 NARRAGANSETT BLVD

City	State	Zip Code
CRANSTON	RI	02905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37935

Amount of Each Receipt this Period

30.00

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

Mailing Address 24 MOREHOUSE PL

City	State	Zip Code
NEW PROVIDENCE	NJ	07974

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37846

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS PAMELA GALASSINIMailing Address 720 N. LARRABEE
APT 1701

City	State	Zip Code
CHICAGO	IL	60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38185

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

272.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 233

(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 PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City	State	Zip Code
COLUMBUS	OH	43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38149

Amount of Each Receipt this Period

15.00

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

Mailing Address 69 LAKEVIEW DR

City	State	Zip Code
OLD TAPPAN	NJ	07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38046

Amount of Each Receipt this Period

50.00

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

Mailing Address 34 TOWN VIEW DRIVE

City	State	Zip Code
WAPPINGER FALLS	NY	12590

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38208

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

257.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. 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
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38212

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
MEDCO HEALTH SOLUTIONS

Occupation
VP TREASURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37845

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
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37943

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City State Zip Code
 GALLOWAY OH 43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37894

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38180

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

C. MS AUDREY GOODMAN

Mailing Address 26 HILLSIDE AVE.

City State Zip Code
 GLEN ROCK NJ 07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38123

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

219.81

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 11 WASHBURN RD

City	State	Zip Code
CANTON	CT	06022

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37906

Amount of Each Receipt this Period

25.00

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

Mailing Address 1928 BEVERLY LANE

City	State	Zip Code
BUFFALO GROVE	IL	60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37957

Amount of Each Receipt this Period

25.00

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

Mailing Address 525 ORANGEBURG RD

City	State	Zip Code
PEARL RIVER	NY	10965

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37978

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS GINA GRUHN			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 13 WEATHER VANE DRIVE			Transaction ID: INC.A.38009	
City State Zip Code CONVENT STATION NJ 07960			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation REGIONAL VP SALES-SYSTEMED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		
B. Full Name (Last, First, Middle Initial) MS TRACY GRUNSFELD			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 264 HARVEST AVE			Transaction ID: INC.A.37898	
City State Zip Code STATEN ISLAND NY 10310			Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C				
Name of Employer 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 ▼ 255.00		
C. Full Name (Last, First, Middle Initial) MR RICHARD GUIOR			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 50 BELLEVUE AVE			Transaction ID: INC.A.37863	
City State Zip Code SUMMIT NJ 07901			Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C				
Name of Employer 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 ▼ 1530.00		

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR MARK HALLORAN
Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code
LONG VALLEY NJ 07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38082

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MR GREGORY HANSEN
Mailing Address 1659 ISABELLA PARKWAY

City State Zip Code
CHASKA MN 55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38184

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS KELLY HANZAWA
Mailing Address 1116 OAKCROFT LANE

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38150

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER HARLOW
Mailing Address 8 PROSPECT PLACE

City State Zip Code
POMPTON PLAINS NJ 07444

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37889

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR PETER HARTY
Mailing Address 19520 YELLOW WING COURT

City State Zip Code
COLORADO SPRINGS CO 80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37847

Amount of Each Receipt this Period

192.31

C. Full Name (Last, First, Middle Initial)
DAN HAYES
Mailing Address 4679 AYRON TERRACE

City State Zip Code
PALM HARBOR FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP, INC.

Occupation
VP - OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38276

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR BILL HEAD Mailing Address 501 SLATERS LANE #816 City ALEXANDRIA State VA Zip Code 22314 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOV AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38231 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD Mailing Address 13210 N. 11TH AVE. City PHOENIX State AZ Zip Code 85029 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37915 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR SCOTT HELMUS Mailing Address 23 VALLEY RD City SUCCASUNNA State NJ Zip Code 07876 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT SOLUTIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37899 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional) ▶		100.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 45 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR ERIC HESS			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 10 CARLTON RD			Transaction ID: INC.A.37969	
City State Zip Code FLANDERS NJ 07836			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer 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		
B. Full Name (Last, First, Middle Initial) MS JANE HILDEBRANDT			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 35 CASCADE WAY			Transaction ID: INC.A.37987	
City State Zip Code BUTLER NJ 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 DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		
C. Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 1 HERITAGE RD			Transaction ID: INC.A.38053	
City State Zip Code FLORHAM PARK NJ 07932			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation REGIONAL VP PHARMACIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00		

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR GLENN HOFFMAN
Mailing Address 974 HILLCREST ROAD

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FACILITIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38124

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY HOGAN
Mailing Address 9 HIRLE ST

City State Zip Code
CORNWALL ON HUDSON NY 12520

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37982

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ROGER HOLLAND
Mailing Address 41 SAINT RAPHAEL

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38042

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 49 S HILLSIDE AVE

City State Zip Code
ELMSFORD NY 10523

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38078

Amount of Each Receipt this Period

80.00

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP CUST SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.73

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38240

Amount of Each Receipt this Period

14.69

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38235

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

144.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR JEFFREY HULL		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 2616 S 3B'S & K RD		Transaction ID: INC.A.38058
City GALENA	State OH	Zip Code 43021
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 PROFESSIONAL PRACTICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

B. Full Name (Last, First, Middle Initial) MS JANE HULSE		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 95 GORDON RD		Transaction ID: INC.A.38112
City ESSEX FELLS	State NJ	Zip Code 07021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

C. Full Name (Last, First, Middle Initial) MR DAVID ISRAEL		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 730 COLUMBUS AVENUE		Transaction ID: INC.A.37850
City NEW YORK	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 233

(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 SUSAN ITO Mailing Address 6366 SW 90TH STREET City Gainesville State FL Zip Code 32608 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37859 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON Mailing Address 105 ROOSEVELT AVE City West Orange State NJ Zip Code 07052 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR MEDICARE OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38160 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) MR TODD JEFFREY Mailing Address 15 ELIZABETH STREET City Dumont State NJ Zip Code 07628 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARM CONTRACT & CONSULTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38171 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ROBERT JINKS		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 22 PAGE AVE		Transaction ID: INC.A.37891
City LYNDHURST	State NJ	Zip Code 07071
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) MR WILLIAM JOEL		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 32 VENTOSA DR		Transaction ID: INC.A.38010
City MORRISTOWN	State NJ	Zip Code 07960
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 ANALYTICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C. Full Name (Last, First, Middle Initial) MR RICHARD JONES		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 12 WADE HAMPTON TRAIL		Transaction ID: INC.A.38126
City HENDERSON	State NV	Zip Code 89052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.08
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.72	

SUBTOTAL of Receipts This Page (optional)

90.08

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38005

Amount of Each Receipt this Period

25.00

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

Mailing Address 8202 MARSH GLEN CT

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARMACY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38106

Amount of Each Receipt this Period

50.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37994

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR WILLIAM KEELER Mailing Address 63 MOUNTAIN GLEN ROAD City RINGWOOD State NJ Zip Code 07456 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38192 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III Mailing Address 1970 WOODLANDS PL City POWELL State OH Zip Code 43065 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38047 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE City HACKENSACK State NJ Zip Code 07601 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLIENT SVC DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37882 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS LISA KETNER

Mailing Address 7 POINT VIEW

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38035

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City State Zip Code
CHESTER NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38162

Amount of Each Receipt this Period

50.00

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

Mailing Address 295 GLEN PLACE

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38199

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

292.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR JON KLINE Mailing Address 36 CORTLAND TL City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 859.18		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38194 Amount of Each Receipt this Period 50.54
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38155 Amount of Each Receipt this Period 20.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37904 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

120.54

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 55 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37931

Amount of Each Receipt this Period

25.00

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38085

Amount of Each Receipt this Period

55.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38137

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38076

Amount of Each Receipt this Period

25.00

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1825.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38037

Amount of Each Receipt this Period

125.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38224

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR 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
MEDCO HEALTH SOLUTIONSOccupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38029

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR ROSS LUCEMailing Address 216 ADAMS POINTE BLVD.
APARTMENT 8

City	State	Zip Code
MARS	PA	16046

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37940

Amount of Each Receipt this Period

15.00

C. Full Name (Last, First, Middle Initial)
MS DEBRA LUDGATE

Mailing Address 238 WOODLAND AVE

City	State	Zip Code
SUMMIT	NJ	07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37986

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS VERONA MACMAHON		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 1504 WEST CULLOM AVE UNIT G		Transaction ID: INC.A.38174	
City State Zip Code CHICAGO IL 60613		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR ACCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	
B. Full Name (Last, First, Middle Initial) MR KENNETH MALLEY		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 764 W. SADDLE RIVER ROAD		Transaction ID: INC.A.37971	
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. C			
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 ▼ 850.00	
C. Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 33 HICKORY TAVERN RD		Transaction ID: INC.A.37861	
City State Zip Code GILLETTE NJ 07933		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 ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 351 SOUND BEACH AVENUE

City	State	Zip Code
OLD GREENWICH	CT	06870

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37928

Amount of Each Receipt this Period

25.00

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

Mailing Address W144 N7150 TERRACE DRIVE

City	State	Zip Code
MENOMONEE FALLS	WI	53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37990

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City	State	Zip Code
CLARKSVILLE	MD	21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37952

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City State Zip Code
 SUSSEX NJ 07461

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37913

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City State Zip Code
 HILLSDALE NJ 07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38127

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38034

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City State Zip Code
MORRIS PLAINS NJ 07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37976

Amount of Each Receipt this Period

50.00

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
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38221

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
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38079

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code
HIGHLAND MILLS NY 10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38036

Amount of Each Receipt this Period

192.00

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

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code
WEST MILFORD NJ 07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38168

Amount of Each Receipt this Period

192.31

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

Mailing Address 921 AMARYLLIS AVE

City State Zip Code
ORADELL NJ 07649

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37897

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

409.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 233

(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) DAVID MILLER Mailing Address 7 CLOVER LANE City RANDOLPH State NJ Zip Code 07869 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP LABOR RELATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.37867 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		0	4		2	0	0	7																							
25.00																																
B. Full Name (Last, First, Middle Initial) MRS KAREN MILLER Mailing Address 34 MACKENZIE LANE NORTH City DENVILLE State NJ Zip Code 07834 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 ▼ 510.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.37860 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	7	30.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		0	4		2	0	0	7																							
30.00																																
C. Full Name (Last, First, Middle Initial) MR GIOVANNI MINARDI Mailing Address 12 LINCOLN ROAD City KINNELON State NJ Zip Code 07405 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR E-COM STRAT & DELI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.38182 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		0	4		2	0	0	7																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37871

Amount of Each Receipt this Period

25.00

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37958

Amount of Each Receipt this Period

25.00

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

MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City State Zip Code
 WARRINGTON PA 18976

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37968

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
 SHORT HILLS NJ 07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37851

Amount of Each Receipt this Period

192.00

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

Mailing Address 2 STONEBRIDGE RD

City State Zip Code
 SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38163

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
MR KEVIN MURPHY, JR

Mailing Address 80 PARKWAY

City State Zip Code
 FAIRFIELD CT 06824

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP MKT STRATEGY & DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37902

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

337.00

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 66 / 233

(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 BECKY NAGLE

Mailing Address 64 WALTER AVE

City State Zip Code
HASBROUCK HEIGHTS NJ 07604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37903

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR ARTHUR NARDIN

Mailing Address 28 POWDERHORN DR

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38129

Amount of Each Receipt this Period

192.00

C. Full Name (Last, First, Middle Initial)
MS ARLENE NELSON

Mailing Address 17 GARFIELD PLACE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37929

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.00

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 67 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR MKTING & STRATEGIC ANAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38028

Amount of Each Receipt this Period

25.00

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
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38152

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
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38103

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38144

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
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38227

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
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38012

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City State Zip Code
 RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38091

Amount of Each Receipt this Period

50.00

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

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City State Zip Code
 PARK RIDGE NJ 07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS & INSTALLATION SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38090

Amount of Each Receipt this Period

50.00

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

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City State Zip Code
 PARK RIDGE NJ 07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR 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
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38086

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 12 MILLBROOK COURT

City State Zip Code
LIVINGSTON NJ 07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38007

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City State Zip Code
HAWTHORNE NJ 07506

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38215

Amount of Each Receipt this Period

25.00

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

Mailing Address 3300 SKY COUNTRY LANE
APT# 101

City State Zip Code
LAS VEGAS NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38074

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1771 PRESCOTT LANE

City State Zip Code
CHASKA MN 55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37989

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS DONNA PETRINO

Mailing Address 128 MANHATTAN TERRACE

City State Zip Code
DUMONT NJ 07628

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38153

Amount of Each Receipt this Period

25.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37947

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 29 BLACKWELL AVE			Transaction ID: INC.A.37862	
City State Zip Code MORRISTOWN NJ 07960			Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1275.00		
B. Full Name (Last, First, Middle Initial) MS JANET PORAT			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 5 CRABAPPLE CT			Transaction ID: INC.A.37950	
City State Zip Code MONSEY NY 10952			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		
C. Full Name (Last, First, Middle Initial) MS LYDIA POTTER			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 19642 S.W. 88 LOOP			Transaction ID: INC.A.38154	
City State Zip Code DUNNELLON FL 34432			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 OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 10258 WINDSOR WAY

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38059

Amount of Each Receipt this Period

50.00

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

Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38021

Amount of Each Receipt this Period

192.30

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

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38121

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38187

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38206

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)
MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37883

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

227.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MS JOANN REED

Mailing Address 4 ANTLER CT

City State Zip Code
MATAWAN NJ 07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1111.46

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38111

Amount of Each Receipt this Period

65.38

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

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38018

Amount of Each Receipt this Period

25.00

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

MR THOMAS REINCKENS

Mailing Address 22 BARTLETT AVE.

City State Zip Code
NORWALK CT 06850

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR RECONCILIATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37966

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR VICTOR RENNA
Mailing Address 8 CARLA ANN CT

City State Zip Code
FLANDERS NJ 07836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38156

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR JOSEPH REYNOLDS
Mailing Address 412 RIVER MEWS LANE

City State Zip Code
EDGEWATER NJ 07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38203

Amount of Each Receipt this Period

70.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37912

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38202

Amount of Each Receipt this Period

25.00

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37964

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MS DONNA ROSEN
Mailing Address 7 RED OAK LANE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38122

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR RICHARD RUBINO			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 5201 RIO VISTA DRIVE			Transaction ID: INC.A.38118	
City State Zip Code MAHWAH NJ 07430			Amount of Each Receipt this Period 193.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP & CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3281.00		
B. Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 21 SKY TOP RIDGE			Transaction ID: INC.A.37981	
City State Zip Code OAKLAND NJ 07436			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FORMULARY & COVERAGE MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00		
C. Full Name (Last, First, Middle Initial) MR ANTHONY RUSSO			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 66 FINCH RD			Transaction ID: INC.A.38070	
City State Zip Code RINGWOOD NJ 07456			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer 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 ▼ 340.00		

SUBTOTAL of Receipts This Page (optional)

263.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS MARY RYAN		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 456 RICHMOND AVENUE		Transaction ID: INC.A.38110 Amount of Each Receipt this Period 78.34
City MAPLEWOOD	State NJ	
Zip Code 07040		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARMACY REGULATORY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1331.78	

B. Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 4836 MIDDLE RD		Transaction ID: INC.A.38138 Amount of Each Receipt this Period 25.00
City ALLISON PARK	State PA	
Zip Code 15101		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C. Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 7 AHERN WAY		Transaction ID: INC.A.38002 Amount of Each Receipt this Period 25.00
City WEST ORANGE	State NJ	
Zip Code 07052		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)

128.34

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 230 FAIRFIELD AVE.

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37916

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS BETH SAVARE

Mailing Address 27 JONES LN

City State Zip Code
 BLAIRSTOWN NJ 07825

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38114

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS TRINA SAYLER

Mailing Address 56 LAKESIDE DRIVE

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38169

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 81 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 339 GRAMERCY PL

City	State	Zip Code
GLEN ROCK	NJ	07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38117

Amount of Each Receipt this Period

50.00

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

Mailing Address 2121 AMERICA'S CUP CIR

City	State	Zip Code
LAS VEGAS	NV	89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37960

Amount of Each Receipt this Period

25.00

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

Mailing Address 3556 DAVIS

City	State	Zip Code
EVANSTON	IL	60203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37908

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 13150 FLAMINGO COURT

City State Zip Code
 APPLE VALLEY MN 55124

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLINICAL PROG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37865

Amount of Each Receipt this Period

50.00

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

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code
 MAPLE GROVE MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38158

Amount of Each Receipt this Period

25.00

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

Mailing Address 13514 MOTTLESTONE DRIVE NW

City State Zip Code
 PICKERINGTON OH 43147

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38048

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City State Zip Code
SALT LAKE CITY UT 84109

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37858

Amount of Each Receipt this Period

50.00

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

Mailing Address 1220 CROSSING WAY

City State Zip Code
WAYNE NJ 07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37858

Amount of Each Receipt this Period

25.00

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

Mailing Address 66 PROSPECT AVE

City State Zip Code
WESTWOOD NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38178

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 266 BRUSHY CREEK AVE City 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1255.45		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38033 Amount of Each Receipt this Period 45.00
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37870 Amount of Each Receipt this Period 40.00
C. Full Name (Last, First, Middle Initial) MR FRANK SHEEHY Mailing Address 119 HAMILTON RD City RIDGEWOOD State NJ Zip Code 07450 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37924 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR PETER SHERMAN
Mailing Address 139 GATES AVENUE

City State Zip Code
MONTCLAIR NJ 07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37852

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR JAMES SHIVAS
Mailing Address 18 PROSPECT AVE

City State Zip Code
NORTH ARLINGTON NJ 07031

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37999

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ELWOOD SIDES III
Mailing Address 150 CLAREMONT AVE

City State Zip Code
LONG BEACH CA 90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37933

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City State Zip Code
 PORT ORANGE FL 32128

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38014

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38164

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City State Zip Code
 KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38043

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR WILLIAM SIRICO
Mailing Address 564 DALE COURT EAST

City State Zip Code
RIVER VALE NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37884

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
MR DAVID SITVER
Mailing Address 24 YORKSHIRE AVE

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37998

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
ANN SMITH
Mailing Address 437 GLENDALE RD

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38001

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 40 JOSHUA DR T

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38136

Amount of Each Receipt this Period

50.00

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

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
 DARIEN CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38195

Amount of Each Receipt this Period

192.31

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

Mailing Address 30 MICHELLE WAY

City State Zip Code
 PINE BROOK NJ 07058

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38214

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 233

(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 JENNIFER SPIDLE Mailing Address 21625 E. MERIWETHER LANE City State Zip Code LIBERTY LAKE WA 99019 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38061 Amount of Each Receipt this Period 12.50
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 ▼ 425.00		
B. 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		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37866 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		
C. 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		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38120 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 233

(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 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
MEDCO HEALTH SOLUTIONSOccupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38166

Amount of Each Receipt this Period

25.00

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

Mailing Address 122 DEMAREST AVENUE

City State Zip Code
EMERSON NJ 07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.37953

Amount of Each Receipt this Period

25.00

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

Mailing Address 501 CONTINENTAL DR

City State Zip Code
SAGAMORE HILLS OH 44067

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Transaction ID: INC.A.38241

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37992

Amount of Each Receipt this Period

50.00

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

Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38183

Amount of Each Receipt this Period

192.31

C. Full Name (Last, First, Middle Initial)
MR GERARD STOCKER, JR

Mailing Address 80 ALGONQUIN TRL

City State Zip Code
OAKLAND NJ 07436

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37954

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

257.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS JANNA STOUL

Mailing Address 4 APACHE WAY

City State Zip Code
MONTVILLE NJ 07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37876

Amount of Each Receipt this Period

25.00

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

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
ORANGE CT 06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38222

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code
MARYSVILLE OH 43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37907

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code
MONTVILLE NJ 07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38165

Amount of Each Receipt this Period

25.00

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

MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38119

Amount of Each Receipt this Period

100.00

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

MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City State Zip Code
MIDLOTHIAN VA 23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CS SYSTEMS PLAN & IMPLM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37868

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL
APPT 209

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37926

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37962

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR NICHOLAS TAYLOR

Mailing Address 2710 WEXFORD RD

City State Zip Code
UPPER ARLINGTON OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38188

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 MELINDA THIEL		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 27 GARVEY ROAD		
City	State	Zip Code
WAYNE	NJ	07470
FEC ID number of contributing federal political committee.		Transaction ID: INC.A.37932
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period 25.00
Occupation SR DIR PRODUCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

B. Full Name (Last, First, Middle Initial) MS MARY THORSBY		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 17326 ELLEN DR		
City	State	Zip Code
LIVONIA	MI	48152
FEC ID number of contributing federal political committee.		Transaction ID: INC.A.37977
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period 75.00
Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00	

C. Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 7974 FLAMETREE CT		
City	State	Zip Code
LAS VEGAS	NV	89123
FEC ID number of contributing federal political committee.		Transaction ID: INC.A.38027
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period 25.00
Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 612.50	

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN Mailing Address 838 COLONIAL RD City FRANKLIN LAKES State NJ Zip Code 07417 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BENEFIT SYSTEMS SUPPORT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.37877 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		0	4		2	0	0	7																							
50.00																																
B. Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER Mailing Address 713 INDIAN CREEK RD City AMHERST State VA Zip Code 24521 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.38040 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	7	75.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		0	4		2	0	0	7																							
75.00																																
C. Full Name (Last, First, Middle Initial) MR GARY TULLY Mailing Address 16 FIELDHEDGE DRIVE City HILLSBOROUGH State NJ Zip Code 08844 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLIENT SVC DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 485.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.38170 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	7	30.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		0	4		2	0	0	7																							
30.00																																

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 31 LINCOLN RD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37973

Amount of Each Receipt this Period

25.00

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

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code
WAUKESHA WI 53189

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38242

Amount of Each Receipt this Period

50.00

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

MRS JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City State Zip Code
MIDLAND PARK NJ 07432

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCIAL APPLICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37892

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 105 ARRANDALE RD

City State Zip Code
 ROCKVILLE CENTRE NY 11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38031

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City State Zip Code
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37925

Amount of Each Receipt this Period

40.00

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

Mailing Address 201 WATCHUNG AVENUE
 UNIT #17

City State Zip Code
 BLOOMFIELD NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37922

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 436 MOUNTAIN AVENUE

City State Zip Code
WESTFIELD **NJ** **07090**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
08 **04** **2007**

Transaction ID: INC.A.37849

Amount of Each Receipt this Period

25.00

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

Mailing Address 11 BOULDER TRAIL

City State Zip Code
MAHWAH **NJ** **07430**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
08 **04** **2007**

Transaction ID: INC.A.38209

Amount of Each Receipt this Period

25.00

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

Mailing Address N48 W16381 LONE OAK LN

City State Zip Code
MENOMONEE FALLS **WI** **53051**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
08 **04** **2007**

Transaction ID: INC.A.37993

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 450 BEECHMONT DR

City State Zip Code
NEW ROCHELLE **NY** **10804**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38093

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MS THERESE WALKER

Mailing Address 363 MULBERRY CT

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

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37864

Amount of Each Receipt this Period

25.00

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

Mailing Address 5445 GOODWIN AVENUE

City State Zip Code
DALLAS **TX** **75206**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38210

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

409.62

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38045

Amount of Each Receipt this Period

12.50

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

Mailing Address 26072 HARBOR VIEW

City State Zip Code
CAPISTRANO BEACH CA 92624

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37880

Amount of Each Receipt this Period

50.00

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

Mailing Address 2 MICHELANGELO COURT

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38087

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MRS KELLY WEBBER		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 107 UPPER SADDLE RIVER ROAD		Transaction ID: INC.A.38025	
City MONTVALE	State NJ	Zip Code 07645	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00		
B. Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 309 WATERVIEW DR		Transaction ID: INC.A.37942	
City FRANKLIN LAKES	State NJ	Zip Code 07417	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES, CEO ACCREDO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27		
C. Full Name (Last, First, Middle Initial) MR KENNETH WERMES		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 26037 N WRANGLER RD		Transaction ID: INC.A.38019	
City SCOTTSDALE	State AZ	Zip Code 85255	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00		

SUBTOTAL of Receipts This Page (optional)

342.31

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.
#17F

City State Zip Code
PHOENIX AZ 85016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37869

Amount of Each Receipt this Period

25.00

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

MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City State Zip Code
VERONA NJ 07044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38116

Amount of Each Receipt this Period

25.00

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

MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.37956

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MRS ELISSA WOJTOWICZ, RPH Mailing Address 325 BOUND BROOK AVE. City PISCATAWAY State NJ Zip Code 08854 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR RRA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.37878 Amount of Each Receipt this Period 30.00
B. Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT Mailing Address 8174 MT AIR PL City COLUMBUS State OH Zip Code 43235 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38052 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS ANNA WONG Mailing Address 64-20 BELL BLVD City BAYSIDE State NY Zip Code 11364 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INSURED SOLUTIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7 Transaction ID: INC.A.38207 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS JUDITH WOOD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 76 COLONIAL ROAD		Transaction ID: INC.A.38159	
City STILLWATER	State NY	Zip Code 12170	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		
B. Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 793 LINCOLN AVE		Transaction ID: INC.A.37920	
City POMPTON LAKES	State NJ	Zip Code 07442	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		
C. Full Name (Last, First, Middle Initial) MS SARAH YINGLING		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7	
Mailing Address 901 ST MARKS AVE		Transaction ID: INC.A.38008	
City WESTFIELD	State NJ	Zip Code 07090	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR DANIEL ZELEM, JR
Mailing Address 219 SPOOK ROCK RD.

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38077

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS JILL ZELMAN
Mailing Address 43604 EMERALD DUNES PL

City State Zip Code
LEESBURG VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONSOLIDATION PLAN & RPRT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38131

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ANTHONY ZOLFO
Mailing Address 726 HIGH MOUNTAIN ROAD

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: INC.A.38213

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) BETH A. BIRD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 1714 W. SCHOOL STREET		Transaction ID: INC.A.37840	
City CHICAGO	State IL	Zip Code 60657	Amount of Each Receipt this Period 1300.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS, INC.	Occupation SR DIRECTOR, BUSINESS APPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		
B. Full Name (Last, First, Middle Initial) KENT KERKHOF		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 2905 MALLARD LN.		Transaction ID: INC.A.37841	
City GERMANTOWN	State TN	Zip Code 38138	Amount of Each Receipt this Period 1300.00
FEC ID number of contributing federal political committee. C			
Name of Employer ACCREDO HEALTH GROUP, INC.	Occupation CHIEF OPERATING OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		
C. Full Name (Last, First, Middle Initial) DAVID E. LOSCHINSKEY		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 4500 MOUNT GILLESPIE DR.		Transaction ID: INC.A.37842	
City LAKELAND	State TN	Zip Code 38002	Amount of Each Receipt this Period 1300.00
FEC ID number of contributing federal political committee. C			
Name of Employer ACCREDO HEALTH GROUP, INC.	Occupation VICE PRESIDENT, SOFTWARE DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional)

3900.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) LUANNE STARK		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 10295 SHREWSBURY RUN		Transaction ID: INC.A.37843	
City COLLIERVILLE	State TN	Zip Code 38017	Amount of Each Receipt this Period 1300.00
FEC ID number of contributing federal political committee. C			
Name of Employer ACCREDO HEALTH GROUP, INC.		Occupation GROUP VICE PRESIDENT, PHARMACY OPERATI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	
B. Full Name (Last, First, Middle Initial) KIMBERLY STEPHENSON		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 3033 WOODLAND ELM CV N.		Transaction ID: INC.A.37844	
City LAKELAND	State TN	Zip Code 38002	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer ACCREDO HEALTH GROUP, INC.		Occupation DIRECTOR, PMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	
C. Full Name (Last, First, Middle Initial) MR DAVID BAUGH		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 7	
Mailing Address 1813 ADONIS AVE		Transaction ID: INC.A.38671	
City HENDERSON	State NV	Zip Code 89074	Amount of Each Receipt this Period 23.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation MGR BENEFIT DELIVERY SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 628.00	

SUBTOTAL of Receipts This Page (optional)

6323.00

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
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(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 CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City	State	Zip Code
MOUNT LAUREL	NJ	08054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	7

Transaction ID: INC.A.38713

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)
MR BARRY BOUDREAU

Mailing Address 3380 SADDLEBROOK STREET

City	State	Zip Code
LAS VEGAS	NV	89141

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	7

Transaction ID: INC.A.38338

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City	State	Zip Code
VERADALE	WA	99037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	7

Transaction ID: INC.A.38484

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR 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
MEDCO HEALTH SOLUTIONSOccupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	7

Transaction ID: INC.A.38547

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
MEDCO HEALTH SOLUTIONSOccupation
SR MGR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	7

Transaction ID: INC.A.38582

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
MEDCO HEALTH SOLUTIONSOccupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	7

Transaction ID: INC.A.38425

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

59.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1171.30

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 7

Transaction ID: INC.A.38653

Amount of Each Receipt this Period

34.45

Full Name (Last, First, Middle Initial)

B. MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 7

Transaction ID: INC.A.38553

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 7

Transaction ID: INC.A.38375

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

96.95

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 12 WADE HAMPTON TRAIL

City	State	Zip Code
HENDERSON	NV	89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	7

Transaction ID: INC.A.38606

Amount of Each Receipt this Period

15.08

B. Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City	State	Zip Code
KELLER	TX	76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	7

Transaction ID: INC.A.38686

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City	State	Zip Code
TAMPA	FL	33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	7

Transaction ID: INC.A.38498

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

50.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code
 LAS VEGAS NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 7

Transaction ID: INC.A.38440

Amount of Each Receipt this Period

25.00

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

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
 LAS VEGAS NV 89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1255.45

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 7

Transaction ID: INC.A.38513

Amount of Each Receipt this Period

45.00

C. Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City State Zip Code
 LIBERTY LAKE WA 99019

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 7

Transaction ID: INC.A.38541

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

82.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 7	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE			Transaction ID: INC.A.38442	
City State Zip Code TAMPA FL 33647			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1700.00		
B. Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 7	
Mailing Address 7974 FLAMETREE CT			Transaction ID: INC.A.38507	
City State Zip Code LAS VEGAS NV 89123			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 612.50		
C. Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 7	
Mailing Address 5 APPLE ORCHARD RD			Transaction ID: INC.A.38525	
City State Zip Code MOORESTOWN NJ 08057			Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. 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.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 7

Transaction ID: INC.A.38532

Amount of Each Receipt this Period

25.00

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

MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38420

Amount of Each Receipt this Period

25.00

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

MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City State Zip Code
BRIDGEWATER NJ 08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38356

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 139 BELLVALE LAKES RD

City	State	Zip Code
WARWICK	NY	10990

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38419

Amount of Each Receipt this Period

50.00

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

Mailing Address 4 DEERPOND CT

City	State	Zip Code
FLEMINGTON	NJ	08822

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38436

Amount of Each Receipt this Period

15.00

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

Mailing Address 3031 MOUNT HILL DR

City	State	Zip Code
MIDLOTHIAN	VA	23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38418

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City State Zip Code
DOYLESTOWN PA 18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38705

Amount of Each Receipt this Period

50.00

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

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38476

Amount of Each Receipt this Period

50.00

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

TEJWANSI 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
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38682

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 233

(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)
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
MEDCO HEALTH SOLUTIONSOccupation
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38701

Amount of Each Receipt this Period

192.30

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

Mailing Address 48 WITTE ROAD

City	State	Zip Code
HEWITT	NJ	07421

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR EXEC CORR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38546

Amount of Each Receipt this Period

25.00

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

Mailing Address 20 CHADWELL PLACE

City	State	Zip Code
MORRISTOWN	NJ	07960

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38492

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ERIK BAGIN		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7
Mailing Address 73 HIGHLAND AVENUE		Transaction ID: INC.A.38708 Amount of Each Receipt this Period 50.00
City GLEN RIDGE	State NJ	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

B. Full Name (Last, First, Middle Initial) MS BECKIE BARATKO		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7
Mailing Address 80 N. WOODLAND STREET		Transaction ID: INC.A.38621 Amount of Each Receipt this Period 35.00
City ENGLEWOOD	State NJ	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PROPOSAL UNIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

C. Full Name (Last, First, Middle Initial) MR THOMAS BARATTA		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7
Mailing Address 69 SKYLINE DR		Transaction ID: INC.A.38556 Amount of Each Receipt this Period 50.00
City UPPER SADDLE RIVER	State NJ	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MR MICHAEL BARONE

Mailing Address 452 MEDWAY RD

City State Zip Code
 HIGHLAND HEIGHTS OH 44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38720

Amount of Each Receipt this Period

250.00

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

MRS BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City State Zip Code
 CARROLLTON TX 75007

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38620

Amount of Each Receipt this Period

50.00

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
MEDCO HEALTH SOLUTIONS

Occupation
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

628.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38672

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)

323.00

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 121 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City

VIENNA

State

VA

Zip Code

22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38519

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38685

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38552

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
 BUFORD GA 30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38565

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
BRYAN BIRCH

Mailing Address 4 WINDRUSH LANE

City State Zip Code
 WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRES, EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38681

Amount of Each Receipt this Period

192.00

C. Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code
 MOUNT LAUREL NJ 08054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38714

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

227.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 4520 LINWOOD LANE

City State Zip Code
DEEPAHVEN MN 55331

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP CLIENT & MKT STRATEGIC DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38670

Amount of Each Receipt this Period

50.00

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

Mailing Address 129 NORWOOD AVENUE

City State Zip Code
MONTCLAIR NJ 07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38717

Amount of Each Receipt this Period

25.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38511

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38674

Amount of Each Receipt this Period

25.00

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38478

Amount of Each Receipt this Period

25.00

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
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38396

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 125 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
 LAS VEGAS NV 89141

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38339

Amount of Each Receipt this Period

25.00

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

Mailing Address 5259 FISHERCREST LN

City State Zip Code
 RICHMOND VA 23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38627

Amount of Each Receipt this Period

200.00

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

Mailing Address 15 DAWN LANE

City State Zip Code
 RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38667

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

255.00

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 126 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. 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 State Zip Code
COATESVILLE PA 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 ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38615

Amount of Each Receipt this Period

75.00

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

Mailing Address 27 SEALS DR

City State Zip Code
MONROE NY 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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38596

Amount of Each Receipt this Period

25.00

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

Mailing Address 469 MANOR LANE

City State Zip Code
PELHAM MANOR NY 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38455

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR KENNETH BROWN
Mailing Address 540 GIORDANO DRIVE

City State Zip Code
YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38393

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS VIVIAN BULGER
Mailing Address 120 EAST MAIN ST

City State Zip Code
WASHINGTONVILLE NY 10992

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38594

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
MR KEVIN BURON
Mailing Address 25 TIMBERLAND

City State Zip Code
ALISO VIEJO CA 92656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38496

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 128 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD Mailing Address 23 NUTTING PLACE City WEST CALDWELL State NJ Zip Code 07006 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 ▼ 425.00		Date of Receipt MM / DD / YYYY 08 / 18 / 2007 Transaction ID: INC.A.38427 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MRS DOREEN CALDER Mailing Address 441 S ELM STREET City MAYWOOD State NJ Zip Code 07607 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00		Date of Receipt MM / DD / YYYY 08 / 18 / 2007 Transaction ID: INC.A.38336 Amount of Each Receipt this Period 40.00
C. Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI Mailing Address 119 WASHINGTON AVENUE City CHATHAM State NJ Zip Code 07928 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 ▼ 350.00		Date of Receipt MM / DD / YYYY 08 / 18 / 2007 Transaction ID: INC.A.38573 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 129 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

892.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38588

Amount of Each Receipt this Period

52.50

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38638

Amount of Each Receipt this Period

13.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38501

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 130 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS KAREN CATHCART RUSSELL			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 148 CLUBHOUSE DR			Transaction ID: INC.A.38361	
City State Zip Code WEST COLUMBIA SC 29172			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		
B. Full Name (Last, First, Middle Initial) MR JASON COLE			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 14917 E BELLA VISTA			Transaction ID: INC.A.38485	
City State Zip Code VERADALE WA 99037			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		
C. Full Name (Last, First, Middle Initial) MR FRANK COLIANO			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 5176 BALDWIN TERRACE			Transaction ID: INC.A.38430	
City State Zip Code MARIETTA GA 30068			Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00		

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code
NEW YORK NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38692

Amount of Each Receipt this Period

25.00

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

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38387

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
ANTONIO CORREIA

Mailing Address 30 EAST 81ST STREET, #9B

City State Zip Code
NEW YORK NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38719

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 132 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38477

Amount of Each Receipt this Period

50.00

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

Mailing Address 7979 E SANTA CATALINA DR

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38466

Amount of Each Receipt this Period

60.00

C. Full Name (Last, First, Middle Initial)
MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City State Zip Code
STATEN ISLAND NY 10312

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38505

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS ROSELIN DANIEL
Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38569

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR KENNETH DANIELS
Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38548

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS MARY DASCHNER
Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38453

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 134 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 5616 BROOK DRIVE

City State Zip Code
EDINA MN 55439

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38464

Amount of Each Receipt this Period

50.00

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

Mailing Address 402 HIGHLAND AVE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38589

Amount of Each Receipt this Period

50.00

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

Mailing Address W62 N1032 FAIRHAVEN CT

City State Zip Code
CEDARBURG WI 53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38520

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 135 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City State Zip Code
 GLEN RIDGE NJ 07028

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38494

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City State Zip Code
 DENVER NJ 07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR MEDICARE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38710

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MS KAREN DEZEARN

Mailing Address 3625 PATTERNSTONE DR

City State Zip Code
 ALPHARETTA GA 30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38363

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 136 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS ROBBIN DICESARE
Mailing Address 1003T HIGH STREET

City State Zip Code
BURLINGTON TOWNSHI NJ 08016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR MGR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38583

Amount of Each Receipt this Period

9.28

B. Full Name (Last, First, Middle Initial)
MR WILLIS DINGLE
Mailing Address 17826 ARBOR GREENE DR

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38426

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT DOLAN
Mailing Address 9 CRANE AVENUE

City State Zip Code
WEST CALDWELL NJ 07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38570

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

59.28

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 4448 CREEK ROAD

City State Zip Code
 ALLENTOWN PA 18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38378

Amount of Each Receipt this Period

25.00

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

Mailing Address 17 DAYBREAK

City State Zip Code
 IRVINE CA 92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38628

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City State Zip Code
 POMONA NY 10970

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38504

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

City State Zip Code
 KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38400

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City State Zip Code
 OVERLAND PARK KS 66221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38422

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR YAACOV DUSHEK

Mailing Address 312 MEGAN CT

City State Zip Code
 WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38561

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS GEORGIA EDDLEMAN
Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1171.30

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38654

Amount of Each Receipt this Period

34.45

B. Full Name (Last, First, Middle Initial)
MR MICHAEL EDWARDS
Mailing Address 109 KAREN PLACE

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38392

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
DR WOODY EISENBERG, MD
Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38700

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

109.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 106 GRAHAM TERRACE

City State Zip Code
SADDLE BROOK NJ 07663

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38562

Amount of Each Receipt this Period

25.00

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

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code
BRIARCLIFF MANOR NY 10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38703

Amount of Each Receipt this Period

50.00

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

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38330

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38469

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MR YAKOV ESTERLIS

Mailing Address 800 PALISADE AVE
 APT 706

City State Zip Code
 FORT LEE NJ 07024

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38657

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR STEVEN FANDETTI

Mailing Address 15804 SORAWATER DR.

City State Zip Code
 LITHIA FL 33547

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38409

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 142 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DR RICHARD FEIFER Mailing Address 32 EILEEN DR City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CARE ENHANCING SOLUTIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38456 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR THOMAS FEITEL Mailing Address 58 APPLE HILL DR City GILLETTE State NJ Zip Code 07933 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CORP MKTG & E-COMM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3267.91		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38497 Amount of Each Receipt this Period 192.23
C. Full Name (Last, First, Middle Initial) MS DAWN FELDNER Mailing Address 275 BIRCH STREET City EMERSON State NJ Zip Code 07630 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38629 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

267.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 138 HEIGHTS ROAD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CARD OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38590

Amount of Each Receipt this Period

25.00

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

Mailing Address 132 PROSPECT RD

City State Zip Code
 MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38401

Amount of Each Receipt this Period

25.00

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

Mailing Address 465 OLD STONE RD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38448

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR 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
MEDCO HEALTH SOLUTIONSOccupation
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38536

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City	State	Zip Code
TROPHY CLUB	TX	76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38554

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ANDREW FRIEDEL

Mailing Address 1434 NARRAGANSETT BLVD

City	State	Zip Code
CRANSTON	RI	02905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38417

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 145 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7
Mailing Address 24 MOREHOUSE PL		Transaction ID: INC.A.38328
City NEW PROVIDENCE	State NJ	Zip Code 07974
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP & COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

B. Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7
Mailing Address 720 N. LARRABEE APT 1701		Transaction ID: INC.A.38666
City CHICAGO	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.31
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 ▼ 3269.27	

C. Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7
Mailing Address 842 ASHLER CT		Transaction ID: INC.A.38630
City COLUMBUS	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

SUBTOTAL of Receipts This Page (optional)

257.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 146 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 69 LAKEVIEW DR

City State Zip Code
 OLD TAPPAN NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38527

Amount of Each Receipt this Period

50.00

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

Mailing Address 34 TOWN VIEW DRIVE

City State Zip Code
 WAPPINGER FALLS NY 12590

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38689

Amount of Each Receipt this Period

192.31

C. Full Name (Last, First, Middle Initial)
MR OMHARASIRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City State Zip Code
 MORRIS PLAINS NJ 07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38693

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 147 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR PETER GAYLORD
Mailing Address 1201 BRIDGE STREET

City State Zip Code
ASBURY PARK NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP TREASURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38327

Amount of Each Receipt this Period

50.00

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38424

Amount of Each Receipt this Period

50.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38376

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

112.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 148 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR THOMAS GILSON Mailing Address 2 PELL FARM ROAD City State Zip Code SADDLE RIVER NJ 07458 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3269.27		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38661 Amount of Each Receipt this Period 192.31
B. Full Name (Last, First, Middle Initial) MS AUDREY GOODMAN Mailing Address 26 HILLSIDE AVE. City State Zip Code GLEN ROCK NJ 07452 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ORG DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38604 Amount of Each Receipt this Period 15.00
C. Full Name (Last, First, Middle Initial) MR JAMES GORMAN Mailing Address 11 WASHBURN RD City State Zip Code CANTON CT 06022 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLIENT & MKT PROG STRAT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38388 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

232.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 149 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR JAMES GRANT, JR
Mailing Address 1928 BEVERLY LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38438

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR EDWARD GRIX
Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38459

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS GINA GRUHN
Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code
CONVENT STATION NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38490

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 233

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 264 HARVEST AVE

City	State	Zip Code
STATEN ISLAND	NY	10310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38380

Amount of Each Receipt this Period

15.00

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

Mailing Address 50 BELLEVUE AVE

City	State	Zip Code
SUMMIT	NJ	07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP OPS & INSTALLATION SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38345

Amount of Each Receipt this Period

90.00

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

Mailing Address 19 KINGS RIDGE ROAD

City	State	Zip Code
LONG VALLEY	NJ	07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38563

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

297.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1659 ISABELLA PARKWAY

City State Zip Code
CHASKA MN 55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38665

Amount of Each Receipt this Period

50.00

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

Mailing Address 1116 OAKCROFT LANE

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38631

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City State Zip Code
POMPTON PLAINS NJ 07444

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38371

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 152 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR PETER HARTY		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 19520 YELLOW WING COURT		Transaction ID: INC.A.38329	
City COLORADO SPRINGS	State CO	Zip Code 80908	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 GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27		
B. Full Name (Last, First, Middle Initial) MR BILL HEAD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 501 SLATERS LANE #816		Transaction ID: INC.A.38711	
City ALEXANDRIA	State VA	Zip Code 22314	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 GOV AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		
C. Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 13210 N. 11TH AVE.		Transaction ID: INC.A.38397	
City PHOENIX	State AZ	Zip Code 85029	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 153 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City State Zip Code
 SUCCASUNNA NJ 07876

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLIENT SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38381

Amount of Each Receipt this Period

50.00

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

MR ERIC HESS

Mailing Address 10 CARLTON RD

City State Zip Code
 FLANDERS NJ 07836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38450

Amount of Each Receipt this Period

50.00

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

MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City State Zip Code
 BUTLER NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38468

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 154 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1 HERITAGE RD

City State Zip Code
 FLORHAM PARK NJ 07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38534

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FACILITIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38605

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City State Zip Code
 CORNWALL ON HUDSON NY 12520

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38463

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 155 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR ROGER HOLLAND			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 41 SAINT RAPHAEL			Transaction ID: INC.A.38523	
City State Zip Code LAGUNA NIGUEL CA 92677			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 SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00		
B. Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 49 S HILLSIDE AVE			Transaction ID: INC.A.38559	
City State Zip Code ELMSFORD NY 10523			Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP INTERVENTION DELIVERY SYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1360.00		
C. Full Name (Last, First, Middle Initial) MS CYNTHIA HORN			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 9553 ANDREW DR			Transaction ID: INC.A.38721	
City State Zip Code TWINSBURG OH 44087			Amount of Each Receipt this Period 14.69	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP CUST SVC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.73		

SUBTOTAL of Receipts This Page (optional)

144.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 156 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38715

Amount of Each Receipt this Period

50.00

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

Mailing Address 2616 S 3B'S & K RD

City State Zip Code
GALENA OH 43021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38539

Amount of Each Receipt this Period

25.00

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

Mailing Address 95 GORDON RD

City State Zip Code
ESSEX FELLS NJ 07021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38593

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 157 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR DAVID ISRAEL Mailing Address 730 COLUMBUS AVENUE City NEW YORK State NY Zip Code 10025 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38332 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS SUSAN ITO Mailing Address 6366 SW 90TH STREET City GAINESVILLE State FL Zip Code 32608 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38341 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON Mailing Address 105 ROOSEVELT AVE City WEST ORANGE State NJ Zip Code 07052 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR MEDICARE OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38641 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 233

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR TODD JEFFREY Mailing Address 15 ELIZABETH STREET City State Zip Code DUMONT NJ 07628 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38652 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) ROBERT JINKS Mailing Address 22 PAGE AVE City State Zip Code LYNDHURST NJ 07071 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38373 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR WILLIAM JOEL Mailing Address 32 VENTOSA DR City State Zip Code MORRISTOWN NJ 07960 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ANALYTICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38491 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 12 WADE HAMPTON TRAIL

City	State	Zip Code
HENDERSON	NV	89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38607

Amount of Each Receipt this Period

15.08

B. 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
MEDCO HEALTH SOLUTIONSOccupation
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38486

Amount of Each Receipt this Period

25.00

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

Mailing Address 8202 MARSH GLEN CT

City	State	Zip Code
TAMPA	FL	33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARMACY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38587

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

90.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 160 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City State Zip Code
MENOMONEE FALLS WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38475

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38673

Amount of Each Receipt this Period

25.00

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

Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38528

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT SVC DELIVERY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38364

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS LISA KETNER

Mailing Address 7 POINT VIEW

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MEMBER STRATEGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38516

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City

CHESTER

State

NY

Zip Code

10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH MGMT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38643

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 162 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) KENNETH KLEPPER		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 295 GLEN PLACE		Transaction ID: INC.A.38680	
City FRANKLIN LAKES	State NJ	Zip Code 07417	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES & CHIEF OPERATING OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.10		
B. Full Name (Last, First, Middle Initial) MR JON KLINE		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 36 CORTLAND TL		Transaction ID: INC.A.38675	
City MAHWAH	State NJ	Zip Code 07430	Amount of Each Receipt this Period 50.54
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 859.18		
C. Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 555 FORBUSH STREET		Transaction ID: INC.A.38636	
City BOONTON	State NJ	Zip Code 07005	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLIENT RETAIL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

SUBTOTAL of Receipts This Page (optional)

262.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 163 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 920 CLARK STREET

City State Zip Code
BOWLING GREEN OH 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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38386

Amount of Each Receipt this Period

50.00

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

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38413

Amount of Each Receipt this Period

25.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38566

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code
 COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38618

Amount of Each Receipt this Period

50.00

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

MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City State Zip Code
 TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38557

Amount of Each Receipt this Period

25.00

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

MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City State Zip Code
 CITRUS HEIGHTS CA 95621

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1825.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38518

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

200.00

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 165 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38704

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38510

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR ROSS LUCE

Mailing Address 216 ADAMS POINTE BLVD.
APARTMENT 8

City

MARS

State

PA

Zip Code

16046

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38421

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 166 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE Mailing Address 238 WOODLAND AVE City State Zip Code SUMMIT NJ 07901 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MARKETING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38467 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS VERONA MACMAHON Mailing Address 1504 WEST CULLOM AVE UNIT G City State Zip Code CHICAGO IL 60613 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 ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38655 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR KENNETH MALLEY Mailing Address 764 W. SADDLE RIVER ROAD City State Zip Code HO HO KUS NJ 07423 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38452 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 167 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 33 HICKORY TAVERN RD

City State Zip Code
 GILLETTE NJ 07933

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38343

Amount of Each Receipt this Period

50.00

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

Mailing Address 351 SOUND BEACH AVENUE

City State Zip Code
 OLD GREENWICH CT 06870

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38410

Amount of Each Receipt this Period

25.00

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

Mailing Address W144 N7150 TERRACE DRIVE

City State Zip Code
 MENOMONEE FALLS WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38471

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR TODD MARTIN Mailing Address 11825 SHEPPARDS CROSSING City CLARKSVILLE State MD Zip Code 21029 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 ▼ 3269.10		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38433 Amount of Each Receipt this Period 192.30
B. Full Name (Last, First, Middle Initial) MR ROBERT MATCHETT Mailing Address 27 LAKEVILLE RD City SUSSEX State NJ Zip Code 07461 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38395 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR JEFFREY MAY Mailing Address 137 WASHINGTON AVE City HILLSDALE State NJ Zip Code 07642 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP DRUG DISTRIB & CONTROL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3269.10		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38608 Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional)

409.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 169 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38515

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City State Zip Code
MORRIS PLAINS NJ 07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38457

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
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38560

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 170 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code
HIGHLAND MILLS NY 10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38517

Amount of Each Receipt this Period

192.00

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

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code
WEST MILFORD NJ 07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38649

Amount of Each Receipt this Period

192.31

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

Mailing Address 921 AMARYLLIS AVE

City State Zip Code
ORADELL NJ 07649

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38379

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

409.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 233

(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) DAVID MILLER Mailing Address 7 CLOVER LANE City RANDOLPH State NJ Zip Code 07869 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP LABOR RELATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38349 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MRS KAREN MILLER Mailing Address 34 MACKENZIE LANE NORTH City DENVILLE State NJ Zip Code 07834 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 ▼ 510.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38342 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) MR GIOVANNI MINARDI Mailing Address 12 LINCOLN ROAD City KINNELON State NJ Zip Code 07405 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR E-COM STRAT & DELI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38663 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 172 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38353

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS JULIANA MOLEK

Mailing Address 17584 WEXFORD DR

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38439

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City

WARRINGTON

State

PA

Zip Code

18976

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38449

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 173 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
 SHORT HILLS NJ 07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38333

Amount of Each Receipt this Period

192.00

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

Mailing Address 2 STONEBRIDGE RD

City State Zip Code
 SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38644

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
MR KEVIN MURPHY, JR

Mailing Address 80 PARKWAY

City State Zip Code
 FAIRFIELD CT 06824

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP MKT STRATEGY & DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38384

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

337.00

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 174 / 233

(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 BECKY NAGLE Mailing Address 64 WALTER AVE City HASBROUCK HEIGHTS State NJ Zip Code 07604 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38385 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR ARTHUR NARDIN Mailing Address 28 POWDERHORN DR City KINNELON State NJ Zip Code 07405 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACEUTICAL CONTRACTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3264.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38610 Amount of Each Receipt this Period 192.00
C. Full Name (Last, First, Middle Initial) MS ARLENE NELSON Mailing Address 17 GARFIELD PLACE City RIDGEWOOD State NJ Zip Code 07450 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 ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38411 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

242.00

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 175 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR MKTING & STRATEGIC ANAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38509

Amount of Each Receipt this Period

25.00

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
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38633

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
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38584

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 176 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38625

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
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38707

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
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38493

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 177 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City State Zip Code
 RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38572

Amount of Each Receipt this Period

50.00

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

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City State Zip Code
 PARK RIDGE NJ 07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS & INSTALLATION SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38571

Amount of Each Receipt this Period

50.00

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

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City State Zip Code
 PARK RIDGE NJ 07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR 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
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38567

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 12 MILLBROOK COURT			Transaction ID: INC.A.38488	
City State Zip Code LIVINGSTON NJ 07039			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 MARKET STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		
B. Full Name (Last, First, Middle Initial) MR JAY PATEL			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 14 BROWNSTONE TERRACE			Transaction ID: INC.A.38696	
City State Zip Code HAWTHORNE NJ 07506			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer 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 ▼ 425.00		
C. Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 3300 SKY COUNTRY LANE APT# 101			Transaction ID: INC.A.38555	
City State Zip Code LAS VEGAS NV 89117			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1771 PRESCOTT LANE

City	State	Zip Code
CHASKA	MN	55318

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38470

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS DONNA PETRINO

Mailing Address 128 MANHATTAN TERRACE

City	State	Zip Code
DUMONT	NJ	07628

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR 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
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38634

Amount of Each Receipt this Period

25.00

C. 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
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38428

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 180 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 29 BLACKWELL AVE			Transaction ID: INC.A.38344	
City State Zip Code MORRISTOWN NJ 07960			Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1275.00		
B. Full Name (Last, First, Middle Initial) MS JANET PORAT			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 5 CRABAPPLE CT			Transaction ID: INC.A.38431	
City State Zip Code MONSEY NY 10952			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		
C. Full Name (Last, First, Middle Initial) MS LYDIA POTTER			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 19642 S.W. 88 LOOP			Transaction ID: INC.A.38635	
City State Zip Code DUNNELLON FL 34432			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 OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 181 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR NEIL PREZIOSO
Mailing Address 10258 WINDSOR WAY

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38540

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS KARIN PRINCIVALLE
Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38502

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MR ROBERT PRITCHET
Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38602

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 182 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38668

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38687

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)
MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38365

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

227.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 233

(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 JOANN REED

Mailing Address 4 ANTLER CT

City	State	Zip Code
MATAWAN	NJ	07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1111.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38592

Amount of Each Receipt this Period

65.38

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

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City	State	Zip Code
TAMPA	FL	33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38499

Amount of Each Receipt this Period

25.00

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

MR THOMAS REINCKENS

Mailing Address 22 BARTLETT AVE.

City	State	Zip Code
NORWALK	CT	06850

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
EXEC DIR RECONCILIATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38447

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 184 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR VICTOR RENNA
Mailing Address 8 CARLA ANN CT

City State Zip Code
FLANDERS NJ 07836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38637

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR JOSEPH REYNOLDS
Mailing Address 412 RIVER MEWS LANE

City State Zip Code
EDGEWATER NJ 07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38684

Amount of Each Receipt this Period

70.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38394

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 185 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38683

Amount of Each Receipt this Period

25.00

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38445

Amount of Each Receipt this Period

192.30

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

Mailing Address 7 RED OAK LANE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38603

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR RICHARD RUBINO
Mailing Address 5201 RIO VISTA DRIVE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3281.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38599

Amount of Each Receipt this Period

193.00

B. Full Name (Last, First, Middle Initial)
MR STEVEN RUSSEK
Mailing Address 21 SKY TOP RIDGE

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38462

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR ANTHONY RUSSO
Mailing Address 66 FINCH RD

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROF PRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38551

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

263.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 187 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS MARY RYAN Mailing Address 456 RICHMOND AVENUE City MAPLEWOOD State NJ Zip Code 07040 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARMACY REGULATORY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1331.78		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38591 Amount of Each Receipt this Period 78.34
B. Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS Mailing Address 4836 MIDDLE RD City ALLISON PARK State PA Zip Code 15101 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38619 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE Mailing Address 7 AHERN WAY City WEST ORANGE State NJ Zip Code 07052 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38483 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

128.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR 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
MEDCO HEALTH SOLUTIONSOccupation
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38398

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS BETH SAVARE

Mailing Address 27 JONES LN

City	State	Zip Code
BLAIRSTOWN	NJ	07825

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38595

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS TRINA SAYLER

Mailing Address 56 LAKESIDE DRIVE

City	State	Zip Code
RAMSEY	NJ	07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38650

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 189 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR DAVID SCHLETT
Mailing Address 339 GRAMERCY PL

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38598

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR FRANK SCHULTE
Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code
LAS VEGAS NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38441

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ALLEN SCHWARTZ
Mailing Address 3556 DAVIS

City State Zip Code
EVANSTON IL 60203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38390

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 190 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS CYNTHIA SCOTT			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 13150 FLAMINGO COURT			Transaction ID: INC.A.38347	
City State Zip Code APPLE VALLEY MN 55124			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 CLINICAL PROG DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00		
B. Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 7330 EVEREST LANE - NORTH			Transaction ID: INC.A.38639	
City State Zip Code MAPLE GROVE MN 55311			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		
C. Full Name (Last, First, Middle Initial) MR LEONARD SCOTT			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 13514 MOTTLESTONE DRIVE NW			Transaction ID: INC.A.38529	
City State Zip Code PICKERINGTON OH 43147			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation REG DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 233

(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 MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City	State	Zip Code
SALT LAKE CITY	UT	84109

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38340

Amount of Each Receipt this Period

50.00

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

Mailing Address 1220 CROSSING WAY

City	State	Zip Code
WAYNE	NJ	07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38367

Amount of Each Receipt this Period

25.00

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

Mailing Address 66 PROSPECT AVE

City	State	Zip Code
WESTWOOD	NJ	07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38659

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 192 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 266 BRUSHY CREEK AVE			Transaction ID: INC.A.38514	
City State Zip Code LAS VEGAS NV 89148			Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1255.45		
B. Full Name (Last, First, Middle Initial) MR JOHN SHEA			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 62 FRANKLIN TURNPIKE			Transaction ID: INC.A.38352	
City State Zip Code ALLENDALE NJ 07401			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00		
C. Full Name (Last, First, Middle Initial) MR FRANK SHEEHY			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 119 HAMILTON RD			Transaction ID: INC.A.38406	
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 MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1700.00		

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR PETER SHERMAN Mailing Address 139 GATES AVENUE City State Zip Code MONTCLAIR NJ 07042 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS MANAGING COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38334 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR JAMES SHIVAS Mailing Address 18 PROSPECT AVE City State Zip Code NORTH ARLINGTON NJ 07031 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38480 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III Mailing Address 150 CLAREMONT AVE City State Zip Code LONG BEACH CA 90803 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38415 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 194 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 704 SAW PALMETTO COURT

City State Zip Code
 PORT ORANGE FL 32128

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38495

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38645

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City State Zip Code
 KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38524

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 195 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR WILLIAM SIRICO
Mailing Address 564 DALE COURT EAST

City State Zip Code
RIVER VALE NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38366

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
MR DAVID SITVER
Mailing Address 24 YORKSHIRE AVE

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38479

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
ANN SMITH
Mailing Address 437 GLENDALE RD

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38482

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 196 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38617

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38676

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

C. MR ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City

PINE BROOK

State

NJ

Zip Code

07058

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38695

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 197 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 21625 E. MERIWETHER LANE City LIBERTY LAKE State WA Zip Code 99019 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 ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38542 Amount of Each Receipt this Period 12.50
B. Full Name (Last, First, Middle Initial) MR RALPH STAIANO Mailing Address 32 ALDEN RD City MONROE State NY Zip Code 10950 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38348 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN Mailing Address 7 FOREST LAKE DR City WEST HARRISON State NY Zip Code 10604 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38601 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 198 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS JILL STEARNS
Mailing Address 13130 HALSELL DR

City State Zip Code
AUSTIN TX 78732

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38647

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR CRAIG STEEL
Mailing Address 122 DEMAREST AVENUE

City State Zip Code
EMERSON NJ 07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38434

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS SUSAN STEELE
Mailing Address 501 CONTINENTAL DR

City State Zip Code
SAGAMORE HILLS OH 44067

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38722

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 233

(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 AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City	State	Zip Code
ELM GROVE	WI	53122

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38473

Amount of Each Receipt this Period

50.00

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

Mailing Address 8 MILL GLEN CT

City	State	Zip Code
UPPER SADDLE RIVER	NJ	07458

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38664

Amount of Each Receipt this Period

192.31

C. Full Name (Last, First, Middle Initial)
MR GERARD STOCKER, JR

Mailing Address 80 ALGONQUIN TRL

City	State	Zip Code
OAKLAND	NJ	07436

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	7

Transaction ID: INC.A.38435

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

257.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 200 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS JANNA STOUL

Mailing Address 4 APACHE WAY

City State Zip Code
MONTVILLE NJ 07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38358

Amount of Each Receipt this Period

25.00

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

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
ORANGE CT 06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38702

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code
MARYSVILLE OH 43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38389

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 201 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code
MONTVILLE NJ 07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38646

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38600

Amount of Each Receipt this Period

100.00

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

Mailing Address 16025 PINE VALE PL.

City State Zip Code
MIDLOTHIAN VA 23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38350

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 202 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL
APPT 209

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38408

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38443

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR NICHOLAS TAYLOR

Mailing Address 2710 WEXFORD RD

City State Zip Code
UPPER ARLINGTON OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38669

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 203 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City State Zip Code
 WAYNE NJ 07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38414

Amount of Each Receipt this Period

25.00

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

MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code
 LIVONIA MI 48152

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38458

Amount of Each Receipt this Period

75.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.50

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38508

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN Mailing Address 838 COLONIAL RD City FRANKLIN LAKES State NJ Zip Code 07417 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BENEFIT SYSTEMS SUPPORT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.38359 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		1	8		2	0	0	7																							
50.00																																
B. Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER Mailing Address 713 INDIAN CREEK RD City AMHERST State VA Zip Code 24521 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.38521 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	7	75.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		1	8		2	0	0	7																							
75.00																																
C. Full Name (Last, First, Middle Initial) MR GARY TULLY Mailing Address 16 FIELDHEDGE DRIVE City HILLSBOROUGH State NJ Zip Code 08844 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLIENT SVC DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 485.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.38651 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	7	30.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		1	8		2	0	0	7																							
30.00																																

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 205 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 31 LINCOLN RD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38454

Amount of Each Receipt this Period

25.00

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

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code
WAUKESHA WI 53189

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38723

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MRS JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City State Zip Code
MIDLAND PARK NJ 07432

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCIAL APPLICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38374

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 206 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City State Zip Code
 ROCKVILLE CENTRE NY 11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38512

Amount of Each Receipt this Period

50.00

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

MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City State Zip Code
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38407

Amount of Each Receipt this Period

40.00

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

MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE
 UNIT #17

City State Zip Code
 BLOOMFIELD NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38404

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 436 MOUNTAIN AVENUE

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38331

Amount of Each Receipt this Period

25.00

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

Mailing Address 11 BOULDER TRAIL

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38690

Amount of Each Receipt this Period

25.00

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

Mailing Address N48 W16381 LONE OAK LN

City State Zip Code
MENOMONEE FALLS WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38474

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 208 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 450 BEECHMONT DR

City State Zip Code
 NEW ROCHELLE NY 10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38574

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City State Zip Code
 WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38346

Amount of Each Receipt this Period

25.00

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

Mailing Address 5445 GOODWIN AVENUE

City State Zip Code
 DALLAS TX 75206

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38691

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

409.62

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 209 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38526

Amount of Each Receipt this Period

12.50

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

Mailing Address 26072 HARBOR VIEW

City State Zip Code
CAPISTRANO BEACH CA 92624

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38362

Amount of Each Receipt this Period

50.00

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

Mailing Address 2 MICHELANGELO COURT

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38568

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 210 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MRS KELLY WEBBER			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 107 UPPER SADDLE RIVER ROAD			Transaction ID: INC.A.38506	
City	State	Zip Code	Amount of Each Receipt this Period 75.00	
MONTVALE	NJ	07645		
FEC ID number of contributing federal political committee. C				
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 ▼ 1275.00		
B. Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 309 WATERVIEW DR			Transaction ID: INC.A.38423	
City	State	Zip Code	Amount of Each Receipt this Period 192.31	
FRANKLIN LAKES	NJ	07417		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation PRES, CEO ACCREDO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3269.27		
C. Full Name (Last, First, Middle Initial) MR KENNETH WERMES			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 26037 N WRANGLER RD			Transaction ID: INC.A.38500	
City	State	Zip Code	Amount of Each Receipt this Period 75.00	
SCOTTSDALE	AZ	85255		
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 ▼ 1275.00		

SUBTOTAL of Receipts This Page (optional)

342.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 211 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.
#17F

City State Zip Code
PHOENIX AZ 85016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38351

Amount of Each Receipt this Period

25.00

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

MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City State Zip Code
VERONA NJ 07044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38597

Amount of Each Receipt this Period

25.00

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

MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: INC.A.38437

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 212 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 ELISSA WOJTOWICZ, RPH Mailing Address 325 BOUND BROOK AVE. City PISCATAWAY State NJ Zip Code 08854 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR RRA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38360 Amount of Each Receipt this Period 30.00
B. Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT Mailing Address 8174 MT AIR PL City COLUMBUS State OH Zip Code 43235 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38533 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS ANNA WONG Mailing Address 64-20 BELL BLVD City BAYSIDE State NY Zip Code 11364 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INSURED SOLUTIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38688 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 213 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS JUDITH WOOD		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 76 COLONIAL ROAD		Transaction ID: INC.A.38640	
City STILLWATER	State NY	Zip Code 12170	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		
B. Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 793 LINCOLN AVE		Transaction ID: INC.A.38402	
City POMPTON LAKES	State NJ	Zip Code 07442	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		
C. Full Name (Last, First, Middle Initial) MS SARAH YINGLING		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 901 ST MARKS AVE		Transaction ID: INC.A.38489	
City WESTFIELD	State NJ	Zip Code 07090	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 214 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR DANIEL ZELEM, JR Mailing Address 219 SPOOK ROCK RD. City State Zip Code SUFFERN NY 10901 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP E-COM DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38558 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MS JILL ZELMAN Mailing Address 43604 EMERALD DUNES PL City State Zip Code LEESBURG VA 20176 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CONSOLIDATION PLAN & RPRT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38612 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO Mailing Address 726 HIGH MOUNTAIN ROAD City State Zip Code FRANKLIN LAKES NJ 07417 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7 Transaction ID: INC.A.38694 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 215 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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) DENNIS AUCH Mailing Address 5788 S. WALDEN GLEN DR. City MURRAY State UT Zip Code 84123 FEC ID number of contributing federal political committee. C Name of Employer ACCREDO HEALTH GROUP, INC. Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 0 / 2 0 0 7 Transaction ID: INC.A.38291 Amount of Each Receipt this Period 650.00
B. Full Name (Last, First, Middle Initial) MR KENNETH BODMER Mailing Address 3127 DEVONSHIRE WAY City GERMANTOWN State TN Zip Code 38139 FEC ID number of contributing federal political committee. C Name of Employer ACCREDO HEALTH GROUP, INC. Occupation SENIOR VP, FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 7 Transaction ID: INC.A.38294 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) MR KEVIN FRANCO Mailing Address 140 BELLAIR RD UNIT Q City RIDGEWOOD State NJ Zip Code 07450 FEC ID number of contributing federal political committee. C Name of Employer ACCREDO HEALTH GROUP, INC. Occupation VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 7 Transaction ID: INC.A.38308 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

900.00

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 216 / 233

(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) DAN HAYES Mailing Address 4679 AYRON TERRACE City State Zip Code PALM HARBOR FL 34685 FEC ID number of contributing federal political committee. C Name of Employer Occupation ACCREDITO HEALTH GROUP, INC. VP - OPERATIONS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 7 Transaction ID: INC.A.38311 Amount of Each Receipt this Period 50.00
B. 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: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 628.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: INC.A.39069 Amount of Each Receipt this Period 23.00
C. Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO Mailing Address 26 DAYLILY DRIVE City State Zip Code MOUNT LAUREL NJ 08054 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR HR Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: INC.A.39111 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)

83.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
 LAS VEGAS NV 89141

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 5 / 2 0 0 7

Transaction ID: INC.A.38736

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City State Zip Code
 VERADALE WA 99037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 5 / 2 0 0 7

Transaction ID: INC.A.38883

Amount of Each Receipt this Period

10.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 5 / 2 0 0 7

Transaction ID: INC.A.38946

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS ROBBIN DICESARE
Mailing Address 1003T HIGH STREET

City State Zip Code
BURLINGTON TOWNSHI NJ 08016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR MGR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 7

Transaction ID: INC.A.38981

Amount of Each Receipt this Period

9.28

B. Full Name (Last, First, Middle Initial)
MR WILLIS DINGLE
Mailing Address 17826 ARBOR GREENE DR

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 7

Transaction ID: INC.A.38824

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS GEORGIA EDDLEMAN
Mailing Address 908 EDGE MEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1171.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 7

Transaction ID: INC.A.39051

Amount of Each Receipt this Period

34.45

SUBTOTAL of Receipts This Page (optional)

68.73

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 233

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR JOSEPH FREND0 Mailing Address 9 GREEN HILL TRAIL City TROPHY CLUB State TX Zip Code 76262 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.38952 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		2	5		2	0	0	7																							
50.00																																
B. Full Name (Last, First, Middle Initial) MR ROBERT GIBBS Mailing Address 544 DENMOOR COURT City GALLOWAY State OH Zip Code 43119 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.38773 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">12.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	7	12.50									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		2	5		2	0	0	7																							
12.50																																
C. Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12 WADE HAMPTON TRAIL City HENDERSON State NV Zip Code 89052 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 ▼ 512.72		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.39005 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">15.08</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	7	15.08									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		2	5		2	0	0	7																							
15.08																																

SUBTOTAL of Receipts This Page (optional)

77.58

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 220 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR ROSS LUCE			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7	
Mailing Address 216 ADAMS POINTE BLVD. APARTMENT 8			Transaction ID: INC.A.38819	
City MARS State PA Zip Code 16046		Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00		
B. Full Name (Last, First, Middle Initial) MR GILBERT RAINES			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7	
Mailing Address 800 SANDY TRAIL			Transaction ID: INC.A.39084	
City KELLER State TX Zip Code 76248		Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HR				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00		
C. Full Name (Last, First, Middle Initial) MRS MONICA REED			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7	
Mailing Address 8475 DUNHAM STATION DRIVE			Transaction ID: INC.A.38897	
City TAMPA State FL Zip Code 33647		Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00		

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 221 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR FRANK SCHULTE Mailing Address 2121 AMERICA'S CUP CIR City State Zip Code LAS VEGAS NV 89117 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: INC.A.38839 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 266 BRUSHY CREEK AVE City State Zip Code LAS VEGAS NV 89148 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1255.45		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: INC.A.38912 Amount of Each Receipt this Period 45.00
C. Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 21625 E. MERIWETHER LANE City State Zip Code LIBERTY LAKE WA 99019 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: INC.A.38940 Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional)

82.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 222 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE			Transaction ID: INC.A.38841	
City	State	Zip Code	Amount of Each Receipt this Period 50.00	
TAMPA	FL	33647		
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 ▼ 1700.00		

B. Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7	
Mailing Address 7974 FLAMETREE CT			Transaction ID: INC.A.38906	
City	State	Zip Code	Amount of Each Receipt this Period 25.00	
LAS VEGAS	NV	89123		
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 ▼ 612.50		

C. Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7	
Mailing Address 5 APPLE ORCHARD RD			Transaction ID: INC.A.38924	
City	State	Zip Code	Amount of Each Receipt this Period 12.50	
MOORESTOWN	NJ	08057		
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 ▼ 425.00		

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 223 / 233

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. 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.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 7

Transaction ID: INC.A.38931

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

25.00

TOTAL This Period (last page this line number only)

42919.48

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

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

FOR LINE NUMBER: PAGE 224 / 233

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City State Zip Code
CORTE MADERA CA 94925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.98

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: INC.A.38724

Amount of Each Receipt this Period

86.06

INTEREST EARNED

SUBTOTAL of Receipts This Page (optional)

86.06

TOTAL This Period (last page this line number only)

86.06

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 225 / 233

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP

Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000

City
MILL VALLEY

State
CA

Zip Code
94941

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.38289

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2007

Amount of Each Disbursement this Period

128.00

SUBTOTAL of Disbursements This Page (optional)

128.00

TOTAL This Period (last page this line number only)

128.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 226 / 233

<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. COLLINS FOR SENATOR

Mailing Address P.O. BOX 1096

City
BANGORState
MEZip Code
04402

Purpose of Disbursement

Candidate Name
SUSAN COLLINSOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: EXP:B:37819

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Amount of Each Disbursement this Period

2000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

B. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Mailing Address 5915 EASTMAN AVE., SUITE 100

City
MIDLANDState
MIZip Code
48640

Purpose of Disbursement

Candidate Name
GENERAL PURPOSE COMMITTEEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:37822

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS 2008

Mailing Address 5915 EASTMAN AVE., SUITE 100

City
MIDLANDState
MIZip Code
48640

Purpose of Disbursement

Candidate Name
DAVID LEE CAMPOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: EXP:B:37820

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

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)

PAGE 227 / 233

<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. HULSHOF FOR CONGRESS

Mailing Address P.O. BOX 1621

City
COLUMBIA

State
MO

Zip Code
65205

Purpose of Disbursement

011

Category/
Type

Candidate Name

KENNY CHARLES HULSHOF

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 09

Transaction ID: EXP:B:37818

Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. PETERSON FOR CONGRESS

Mailing Address 26192 FLOYD LAKE POINT RD.

City
DETROIT LAKES

State
MN

Zip Code
56501

Purpose of Disbursement

011

Category/
Type

Candidate Name

COLLIN C. PETERSON

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: MN

District: 07

Transaction ID: EXP:B:37817

Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PATRICK J. KENNEDY INC.

Mailing Address PO BOX 321

City
PAWTUCKET

State
RI

Zip Code
02862

Purpose of Disbursement
VOID CHECK

011

Category/
Type

Candidate Name

PATRICK J. KENNEDY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: RI

District: 01

Transaction ID: EXP:B:38290

Date of Disbursement

08 / 22 / 2007

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)

4000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 228 / 233

<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. ANTHONY DELUCA FOR LEGISLATURE COMMITTEE

Mailing Address 1438 HOMESTEAD ROAD

City VERONA State PA Zip Code 15147

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: EXP.B.37834

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BILL DEWEESE CAMPAIGN COMMITTEE

Mailing Address PO BOX 2000

City WAYNESBURG State PA Zip Code 15370

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: EXP.B.37832

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR RON BUXTON

Mailing Address P.O. BOX 11781

City HARRISBURG State PA Zip Code 17108

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: EXP.B.37830

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 229 / 233

<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. CITIZENS FOR SAM SMITH

Mailing Address 211 DINSMORE AVENUE

City
PUNXSUTAWNEYState
PAZip Code
15767

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

State: PA

District:

Transaction ID: EXP.B.37833

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT SENATOR MIKE STACK

Mailing Address P.O. BOX 21114

City
PHILADELPHIAState
PAZip Code
19114

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

State: PA

District:

Transaction ID: EXP.B.37829

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DOMINIC PILEGGI VICTORY COMMITTEE

Mailing Address 101 W. BALTIMORE AVENUE

City
MEDIAState
PAZip Code
19063

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

State: PA

District:

Transaction ID: EXP.B.37827

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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 230 / 233

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DENNY O'BRIEN

Mailing Address 213 LEONA AVENUE

City
HUNTINGTON VALLEY

State
PA

Zip Code
19006

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District:

Transaction ID: EXP.B.37831

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DON WHITE

Mailing Address P.O. BOX 363

City
INDIANA

State
PA

Zip Code
15701

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District:

Transaction ID: EXP.B.37828

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JAKE CORMAN

Mailing Address 270 EDWARD DRIVE

City
BELLEFONTE

State
PA

Zip Code
16823

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District:

Transaction ID: EXP.B.37825

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE SCARNATI

Mailing Address P.O. BOX 177

City
BROCKWAY

State
PA

Zip Code
15824

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District:

Transaction ID: EXP.B.37826

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF NICHOLAS MICOZZIE

Mailing Address P.O. BOX 234

City
CLIFTON HEIGHTS

State
PA

Zip Code
19018

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District:

Transaction ID: EXP.B.37835

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF TODD EACHUS

Mailing Address P.O. BOX 2174

City
HAZLETON

State
PA

Zip Code
18201

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District:

Transaction ID: EXP.B.37836

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF VINCE BIANCUCCI

Mailing Address 226 PLEASANT DRIVE

City ALIQUIPPA State PA Zip Code 15001

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: EXP.B.37838

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. HOUSE REPUBLICAN CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 11787

City HARRISBURG State PA Zip Code 17108

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: EXP.B.37824

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KATHY MANDERINO FOR STATE REPRESENTATIVE COMMITTEE

Mailing Address P.O. BOX 26048

City PHILADELPHIA State PA Zip Code 19128

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: EXP.B.37837

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 233 / 233

<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. PEOPLE FOR STEVEN NICKOL

Mailing Address 634 NORTHLAND DRIVE

City
HANOVERState
PAZip Code
17331

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ President

State: PA District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP.B.37839

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	7

Amount of Each Disbursement this Period

500.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

B. SENATE REPUBLICAN CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 792

City
HARRISBURGState
PAZip Code
17108

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ President

State: PA District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.37823

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

15000.00