

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) ▼

2350 KERNER BLVD., SUITE 250

☐ Check if different than previously reported. (ACC)

SAN RAFAEL

CA

94901

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00384362

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

Jason D. Kaune

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

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**FEC FORM 3X**  
Rev. 12/2004

# 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 Y Y  
03 01 2012 To: M M / D D / Y Y Y Y Y Y  
03 31 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">552435.89</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">351676.59</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">56868.56</span>	<span style="border: 1px solid black; padding: 2px;">145508.74</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">408545.15</span>	<span style="border: 1px solid black; padding: 2px;">697944.63</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">222367.20</span>	<span style="border: 1px solid black; padding: 2px;">511766.68</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">186177.95</span>	<span style="border: 1px solid black; padding: 2px;">186177.95</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

38676.69

67690.60

(ii) Unitemized .....

18173.60

77753.37

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

56850.29

145443.97

(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) .....

56850.29

145443.97

## 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.).....

18.27

64.77

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

56868.56

145508.74

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

56868.56

145508.74

**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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	67.20	216.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	67.20	216.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	223500.00	503000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	-1200.00	8550.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	222367.20	511766.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	222367.20	511766.68

**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) .....	56850.29	145443.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56850.29	145443.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	67.20	216.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	67.20	216.68

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

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

FOR LINE NUMBER: PAGE 6 OF 231

(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)

Full Name (Last, First, Middle Initial)

**A. 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

VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

Transaction ID : INCA112409

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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 &amp; CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

Transaction ID : INCA112338

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

Transaction ID : INCA112407

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)  
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FOR LINE NUMBER: PAGE 7 OF 231  
(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. 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

CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112406**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR JAMES ALLOCCO**

Mailing Address 19 ROSS ROAD

City State Zip Code  
 SCARSDALE NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112475**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. DENNIS AUCH**

Mailing Address 1981 E. COVEY VIEW COURT

City State Zip Code  
 SALT LAKE CITY UT 84106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112810**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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FOR LINE NUMBER:  
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PAGE 8 OF 231

☒ 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 BECKIE BARATKO**

Mailing Address 80 N. WOODLAND STREET

City State Zip Code  
 ENGLEWOOD NJ 07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112619**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR THOMAS BARATTA**

Mailing Address 69 SKYLINE DR

City State Zip Code  
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112559**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. JANE BARLOW**

Mailing Address 3 AVALON COURT

City State Zip Code  
 HOPEWELL JUNCTION NY 12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL INNOVATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112753**

Amount of Each Receipt this Period

50.00

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

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

150.00



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

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PAGE 9 OF 231

☒ 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 DAVID BAUGH**

Mailing Address 1813 ADONIS AVE

City  
HENDERSON

State Zip Code  
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 ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112659**

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

**B. MR STEPHEN BELL**

Mailing Address 24 GLENWOOD ROAD

City  
UPPER SADDLE RIVER

State Zip Code  
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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112677**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. INDERPAL BHANDARI**

Mailing Address 220 ARDSLEY ROAD

City  
SCARSDALE

State Zip Code  
NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112734**

Amount of Each Receipt this Period

50.00

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

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

158.00

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

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PAGE 10 OF 231

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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 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

VP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112723**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. 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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112658**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. KEN BODMER**

Mailing Address P.O. BOX 735

City

PINE BROOK

State

NJ

Zip Code

07058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112592**

Amount of Each Receipt this Period

192.00

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

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

267.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 231

☒ 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 BARRY BOUDREAU**

Mailing Address 6527 SHORBURGH DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112319**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. MR KENNETH BROWN**

Mailing Address 540 GIORDANO DRIVE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112387**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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 PRODUCT DEVELOPMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112316**

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)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 12 OF 231  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MS MELISSA CARR**

Mailing Address 8 BRIARCLIFF TERRACE

City	State	Zip Code
KINNELON	NJ	07405

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CHANNEL &amp; GENERIC MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : INCA112524

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR BARRY CESANEK**

Mailing Address 5 LEXINGTON CT

City	State	Zip Code
SHAMONG	NJ	08088

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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : INCA112506

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : INCA112484

Amount of Each Receipt this Period

25.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 231  
(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. JEFFREY COOLE**

Mailing Address 155 ASTON HALL DRIVE

City State Zip Code  
EADS TN 38028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP TAX AND REGULATORY REPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112808**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. ANTONIO CORREIA**

Mailing Address 19 WILLIAMS LANE

City State Zip Code  
CHAPPAQUA NY 10514

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 Y  
03 / 01 / 2012

**Transaction ID : INCA112736**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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

SVP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112476**

Amount of Each Receipt this Period

192.31

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

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

292.31

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

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

FOR LINE NUMBER: PAGE 14 OF 231  
(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 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

GROUP PRES RETIREE SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112446**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

## **B. MR ANDREW DAVIS**

Mailing Address 3920 EXCELSIOR BLVD.  
 #222

City State Zip Code  
 SAINT LOUIS PARK MN 55416

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112458**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. WARREN DAVIS**

Mailing Address 3131 SADDLEGAIT COVE

City State Zip Code  
 GERMANTOWN TN 38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP STRATEGY & PRODUCT 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 Y  
 03 / 01 / 2012

**Transaction ID : INCA112827**

Amount of Each Receipt this Period

50.00

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

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

292.30

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

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

FOR LINE NUMBER: PAGE 15 OF 231

(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 DANIEL DAVISON**

Mailing Address 18 BENTLEY DRIVE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112589

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR CARLTON DEBRULE**

Mailing Address 12 OAKLAND DR

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112621

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**C. MR PATRICK DENNIS**

Mailing Address 2344 FRENCH ALPS AVE.

City

HENDERSON

State

NV

Zip Code

89044

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112416

Amount of Each Receipt this Period

25.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 231  
(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 KAREN DEZEARN**

Mailing Address 4740 BRINKLEY LANE NE

City State Zip Code  
ATLANTA GA 30342

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112346**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR BENJAMIN DIMARCO**

Mailing Address 4 ANN STREET

City State Zip Code  
VERONA NJ 07044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112379**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **C. MS LYNDIA DOREMUS**

Mailing Address 16 E HOMESTEAD AVE

City State Zip Code  
COLLINGSWOOD NJ 08108

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112509**

Amount of Each Receipt this Period

25.00

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

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

110.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 231

☒ 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. MICHEL DUFRESNE**

Mailing Address 750 COLUMBUS AVE APT PHN

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 ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112680**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

## **B. MR DANA DUNCAN**

Mailing Address 125 COMSTOCK TRAIL

City

EAST HAMPTON

State

CT

Zip Code

06424

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 ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112513**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

## **C. MR STEPHEN DUNLEAVY**

Mailing Address 14026 KNOX STREET

City

OVERLAND PARK

State

KS

Zip Code

66221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112412**

Amount of Each Receipt this Period

50.00

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

467.30

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 231

☒ 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 MICHAEL EDWARDS**

Mailing Address 379 DURHAM RD

City

WYCKOFF

State

NJ

Zip Code

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112386**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. DR ROBERT EPSTEIN**

Mailing Address 75 TWEED BLVD

City

UPPER GRANDVIEW

State

NY

Zip Code

10960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112310**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**C. MR SCOTT ERHARDT**

Mailing Address 11540 39TH AVE N

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112463**

Amount of Each Receipt this Period

50.00

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

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

292.31

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

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

FOR LINE NUMBER: PAGE 19 OF 231

(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. RICHARD FARIS**

Mailing Address 2020 HEATHER COVE

City State Zip Code  
MEMPHIS TN 38119

FEC ID number of contributing federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112826

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. SUSAN FAUST**

Mailing Address 6614 HERONSWOOD COVE

City State Zip Code  
MEMPHIS TN 38119

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112801

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR THOMAS FEITEL**

Mailing Address 58 APPLE HILL DR

City State Zip Code  
GILLETTE NJ 07933

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP IMAGINEERING &amp; INNOVATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1345.61

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112499

Amount of Each Receipt this Period

192.23

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

292.23

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

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

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

FOR LINE NUMBER: PAGE 20 OF 231  
(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. FORREST FERRARI**

Mailing Address 1170 SW LIGHTHOUSE DR

City State Zip Code  
 PALM CITY FL 34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112835**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

## **B. 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 CLINICAL PROD INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112440**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. KEVIN FRANCO**

Mailing Address 140 BELLAIR ROAD  
 UNIT Q

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 FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112599**

Amount of Each Receipt this Period

50.00

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

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

160.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 231

☒ 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 JOSEPH FREND**

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

SVP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112556**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. FELIX FRUEH**

Mailing Address 14401 FALLING LEAF DRIVE

City

DARNESTOWN

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP RESEARCH & DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112760**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR TRACY FURGIUELE**

Mailing Address 7773 TILLINGHAST DRIVE

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112613**

Amount of Each Receipt this Period

150.00

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

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

300.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 231  
(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 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 SOLUTIONS

Occupation

VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112306**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112540**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112418**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 23 OF 231  
(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. LILLIAN GERMAN**

Mailing Address 238A MARYLAND AVE NE

City State Zip Code  
 WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDCO HEALTH SOLUTIONS

Occupation  
 DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112778**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MR JONAH GITLITZ**

Mailing Address 43 OVERLOOK RIDGE

City State Zip Code  
 OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDCO HEALTH SOLUTIONS

Occupation  
 SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112375**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL GOERDT**

Mailing Address 1700 SUNRISE COURT

City State Zip Code  
 BURNSVILLE MN 55306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDCO HEALTH SOLUTIONS

Occupation  
 VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112510**

Amount of Each Receipt this Period

50.00

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

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

130.00

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

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

FOR LINE NUMBER: PAGE 24 OF 231  
(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. JOHN GOLDEN**

Mailing Address 8702 CHELMSFORD LANE

City State Zip Code  
 SPRING TX 77379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112814**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR JAMES GRANT II**

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112433**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS TRACY GRUNSFELD**

Mailing Address 211 NORTH END AVENUE  
 APT 3C

City State Zip Code  
 NEW YORK NY 10282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112368**

Amount of Each Receipt this Period

50.00

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

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

150.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 231

☒ 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 RICHARD GUIOR**

Mailing Address 50 BELLEVUE AVE

City  
SUMMIT

State Zip Code  
NJ 07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BIAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112324**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. MS VALERIE HAERTEL**

Mailing Address 7 PARSLOE COURT

City  
MAHWAH

State Zip Code  
NJ 07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INVESTOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112730**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS SHANA HART**

Mailing Address 20 FAIR GREEN DRIVE

City  
TROPHY CLUB

State Zip Code  
TX 76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112486**

Amount of Each Receipt this Period

50.00

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

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

190.00

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

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

FOR LINE NUMBER: PAGE 26 OF 231  
(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 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 ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112308**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

## **B. MR THOMAS HEKKER**

Mailing Address 28 WEST THRID STREET #1332

City State Zip Code  
 SOUTH ORANGE NJ 07079

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112689**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112369**

Amount of Each Receipt this Period

125.00

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

347.31

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

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

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

FOR LINE NUMBER: PAGE 27 OF 231

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MR STEPHEN HOBSON**

Mailing Address 16 LUTH TERRACE

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY OPS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

Transaction ID : INCA112543

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. MR ROGER HOLLAND**

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

Transaction ID : INCA112536

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. ELIZABETH HOLLOWAY**

Mailing Address 9222 RANDLE VALLEY DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

Transaction ID : INCA112823

Amount of Each Receipt this Period

40.00

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

282.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 231

☒ 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 STEPHEN HOLODAK**

Mailing Address 5 SUNCLIFF DR

City

TARRYTOWN

State

NY

Zip Code

10591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

03 / 01 / 2012

**Transaction ID : INCA112562**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. RITA HOLT**

Mailing Address 1558 N PISGAH ROAD

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 01 / 2012

**Transaction ID : INCA112806**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS CYNTHIA HORN**

Mailing Address 9553 ANDREW DR

City

TWINSBURG

State

OH

Zip Code

44087

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 ▼

350.00

Date of Receipt

03 / 01 / 2012

**Transaction ID : INCA112798**

Amount of Each Receipt this Period

50.00

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

180.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 231

☒ 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 STEVEN HOROWITZ**

Mailing Address 4 MELISSA COURT

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NEW MARKETS FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112724**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR BERNARD HUKILL**

Mailing Address 310 FULLER DRIVE

City

BERGHEIM

State

TX

Zip Code

78004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112583**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS KIMBERLY HUMPHRIES**

Mailing Address 10010 POINTE COVE

City

LAKELAND

State

TN

Zip Code

38002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112824**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 231

☒ 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 DAVID ISRAEL**

Mailing Address 750 COLUMBUS AVENUE  
APT 6M

City State Zip Code  
NEW YORK NY 10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INT'L STAKEHOLDER RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112312**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. DR SUSAN ITO HOLLANDER**

Mailing Address 6366 SW 90TH STREET

City State Zip Code  
GAINESVILLE FL 32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112322**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS MARIANNE JACKS**

Mailing Address 329 MORRIS AVENUE

City State Zip Code  
MOUNTAIN LAKES NJ 07046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112348**

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 231

☒ 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)**

<b>A. MS TERESE JACKSON</b> Full Name (Last, First, Middle Initial) Mailing Address 6085 S. PRESTON LANE City NEW BERLIN State WI Zip Code 53151 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC Receipt For: <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 03 / 01 / 2012 <b>Transaction ID : INCA112370</b> Amount of Each Receipt this Period 50.00	
<b>B. MS MICHELLE JAEGER</b> Full Name (Last, First, Middle Initial) Mailing Address 302 HERMAN TERRACE City HOPKINS State MN Zip Code 55343 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 ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2012 <b>Transaction ID : INCA112694</b> Amount of Each Receipt this Period 50.00	
<b>C. MR JASON JAMES</b> Full Name (Last, First, Middle Initial) Mailing Address RR 2 BOX 2036 City CANADENSIS State PA Zip Code 18325 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHYSICIAN ENGAGEMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00			Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2012 <b>Transaction ID : INCA112315</b> Amount of Each Receipt this Period 35.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			135.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

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

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

FOR LINE NUMBER: PAGE 32 OF 231

(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. 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  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112360**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MRS REGINA JONES**

Mailing Address POST OFFICE BOX 750995

City State Zip Code  
LAS VEGAS NV 89136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112444**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. MR RICHARD JONES**

Mailing Address 12224 MONTCALM STREET

City State Zip Code  
CARMEL IN 46032

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112602**

Amount of Each Receipt this Period

25.00

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

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

150.00



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

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

FOR LINE NUMBER: PAGE 33 OF 231

(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 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

SR DIR CLIENT &amp; MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 01 2012

Transaction ID : INCA112485

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 01 2012

Transaction ID : INCA112541

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JOAN KENNEDY**

Mailing Address 130 N SEWALL'S POINT ROAD

City State Zip Code  
 STUART FL 34996

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP PERSONAL HEALTH SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 01 2012

Transaction ID : INCA112789

Amount of Each Receipt this Period

192.25

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

292.25

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

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

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

 FOR LINE NUMBER: PAGE 34 OF 231  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 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 &amp; CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			01			2012			

Transaction ID : INCA112671

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. MS KATHLEEN KORDUCKI**

Mailing Address 159 WINFIELD DR

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 ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			01			2012			

Transaction ID : INCA112376

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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

SVP MEMBER SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			01			2012			

Transaction ID : INCA112614

Amount of Each Receipt this Period

200.00

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

442.30

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 231

☒ 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 MANOJ KUMAR**

Mailing Address 7 SUNRISE WAY

City  
TOWACO

State  
NJ

Zip Code  
07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

BUSINESS PROCESS CHAMPION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 01 / 2012

**Transaction ID : INCA112560**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MR MARK LANDY**

Mailing Address 18 LADIK PL

City  
MONTVALE

State  
NJ

Zip Code  
07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

CTO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 01 / 2012

**Transaction ID : INCA112566**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MS CYNTHIA LAUBACHER**

Mailing Address 1100 KIMBERLY COURT

City  
ROSEVILLE

State  
CA

Zip Code  
95661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 01 / 2012

**Transaction ID : INCA112531**

Amount of Each Receipt this Period

100.00

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

205.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 231  
(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 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 SOLUTIONS

Occupation  
 SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112523**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. DAVID LOSCHINSKEY**

Mailing Address 4500 MT GILLESPIE DR

City State Zip Code  
 LAKELAND TN 38002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 ACCREDO HEALTH GROUP

Occupation  
 VP BIAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112821**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR ROSS LUCE**

Mailing Address 1066 WEST GROVE CT

City State Zip Code  
 GIBSONIA PA 15044

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112411**

Amount of Each Receipt this Period

30.00

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

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

130.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 231

☒ 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 MICHAEL MANDAGLIO**

Mailing Address 29 GREEN WAY

City

NEW PROVIDENCE

State

NJ

Zip Code

07974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 01 / 2012

Transaction ID : INCA112323

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS MICHELLE MANOLOVIC**

Mailing Address 28640 BRAELOCH COURT

City

LAKE BLUFF

State

IL

Zip Code

60044

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 ▼

210.00

Date of Receipt

03 / 01 / 2012

Transaction ID : INCA112343

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. 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 PHARMA STRAT & SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

03 / 01 / 2012

Transaction ID : INCA112604

Amount of Each Receipt this Period

192.30

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

272.30

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

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

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

 FOR LINE NUMBER: PAGE 38 OF 231  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MS COLLEEN MCINTOSH**

Mailing Address 87 ROSELAWN RD

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP &amp; ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1		2	0	1	2		

Transaction ID : INCA112530

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. MR STEVEN MCNAMARA**

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

PER DIEM - ESI

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1		2	0	1	2		

Transaction ID : INCA112645

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**C. CRAIG MEARS**

Mailing Address 106 MEADOWLAKE CT

City

HENDERSONVILLE

State

TN

Zip Code

37075

FEC ID number of contributing federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1		2	0	1	2		

Transaction ID : INCA112805

Amount of Each Receipt this Period

50.00

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

434.31

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

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

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

FOR LINE NUMBER: PAGE 39 OF 231

(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. 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:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112328

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. PAMELA MILLER**

Mailing Address 158 SUMMIT AVENUE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP SUSTAIN &amp; COMMUNITY INVEST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112683

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**C. MS JULIANA MOLEK**

Mailing Address 8620 LAKE RILEY DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112434

Amount of Each Receipt this Period

50.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 231  
(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 THOMAS MORIARTY**

Mailing Address 41 LAKE ROAD

City State Zip Code  
 SHORT HILLS NJ 07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

GENL C-SEC-SVP PHARM STRAT SOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112313**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

## **B. MS THERESA MORMILE**

Mailing Address 59 VALLEY VIEW TER

City State Zip Code  
 MONTVALE NJ 07645

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112605**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR CRAIG MORRIS**

Mailing Address N 49 W 25648 MCKERROW DR

City State Zip Code  
 PEWAUKEE WI 53072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112468**

Amount of Each Receipt this Period

50.00

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

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

292.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 231

☒ 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 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 SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112374**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. DENISE O'CALLAGHAN**

Mailing Address 4 HIGHLAND AVE  
 P.O. BOX 408

City State Zip Code  
 PEAPACK NJ 07977

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112752**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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 CLIENT OPERATIONS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112628**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 231

☒ 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 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112586**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MRS SUE OLIVER**

Mailing Address 11 LEE DRIVE

City State Zip Code  
 NORTH HALEDON NJ 07508

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112593**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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

VP RETIREE SOLUTIONS MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112487**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 43 OF 231  
(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 PAVLOS PAVLIDIS**

Mailing Address 2780 FOLKSTONE ROAD

City State Zip Code  
 COLUMBUS OH 43220

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112383**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. MR ROBERT PELLEGRINI**

Mailing Address 211 WILTSIE COURT

City State Zip Code  
 WYCKOFF NJ 07481

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112453**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. MERRI PENDERGRASS MD**

Mailing Address 3201 QUEENSBURY WAY WEST

City State Zip Code  
 COLLEYVILLE TX 76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112769**

Amount of Each Receipt this Period

50.00

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

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

105.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 231

☒ 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 VICTOR PERINI**

Mailing Address 9304 GROVE PARK COVE

City State Zip Code  
 GERMANTOWN TN 38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP INFUSION OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112772**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. JIMMY PERREN**

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code  
 COLLIERVILLE TN 38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112800**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. MR THOMAS PIERCE**

Mailing Address 10297 E. LAKE DR.

City State Zip Code  
 ENGLEWOOD CO 80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112727**

Amount of Each Receipt this Period

50.00

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

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

175.00

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

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

 FOR LINE NUMBER: PAGE 45 OF 231  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MR NEIL PREZIOSO**

Mailing Address 10258 WINDSOR WAY

City  
POWELLState  
OHZip Code  
43065FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP TRC &amp; HEALTHCARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2012

Transaction ID : INCA112547

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS KARIN PRINCIVALLE**Mailing Address 601 LONG BOAT CLUB ROAD  
APARTMENT 1004S

City

LONG BOAT KEY

State

FL

Zip Code

34228

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 ▼

1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2012

Transaction ID : INCA112503

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. MR JASON PROULX**

Mailing Address 3601 LEANNE DRIVE

City

FLOWER MOUND

State

TX

Zip Code

75022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP OPS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2012

Transaction ID : INCA112663

Amount of Each Receipt this Period

50.00

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

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

292.30

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 231

☒ 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 MARK PROULX**

Mailing Address 20 BRANDY RIDGE ROAD

City  
SPARTA

State Zip Code  
NJ 07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

CHIEF OF OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112657

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

## **B. MR GILBERT RAINES**

Mailing Address 800 SANDY TRAIL

City  
KELLER

State Zip Code  
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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112679

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. MS FRANCES RAO**

Mailing Address 19 ROSS ROAD

City  
SCARSDALE

State Zip Code  
NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

Transaction ID : INCA112349

Amount of Each Receipt this Period

75.00

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

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

292.31

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 231

☒ 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 THOMAS REINCKENS**

Mailing Address 204 TOKENEKE RD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP BIAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112439**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR JOSEPH REYNOLDS**

Mailing Address 9 BROWNSTONE WAY  
APT 202

City

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112676**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. ELIZABETH RITCHIE**

Mailing Address 27 DAY RD

City

PLEASANT VALLEY

State

CT

Zip Code

06063

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112732**

Amount of Each Receipt this Period

50.00

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

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

170.00

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

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

 FOR LINE NUMBER: PAGE 48 OF 231  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MS DONNA ROSEN**

Mailing Address 7 RED OAK LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP OPS-CLINICAL TECH

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

**Transaction ID : INCA112597**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD RUBINO**

Mailing Address 3 APACHE DRIVE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCE &amp; CHIEF FIN OFFCR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

**Transaction ID : INCA112595**

Amount of Each Receipt this Period

193.00

Full Name (Last, First, Middle Initial)

**C. MR STEVEN RUSSEK**

Mailing Address 13910 MCTYRES COVE LANE

City

MIDLOTHIAN

State

VA

Zip Code

23112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP MKTG PRODUCT MGMT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

**Transaction ID : INCA112455**

Amount of Each Receipt this Period

50.00

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

293.00

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 231

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MR ANTHONY RUSSO**

Mailing Address 66 FINCH RD

City  
RINGWOODState  
NJZip Code  
07456FEC 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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

**Transaction ID : INCA112553**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR JESSE RUZICKA**

Mailing Address 334 MORRIS AVE

City  
BOONTONState  
NJZip Code  
07005FEC 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 ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

**Transaction ID : INCA112696**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MS MARY RYAN**

Mailing Address 456 RICHMOND AVENUE

City  
MAPLEWOODState  
NJZip Code  
07040FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

**Transaction ID : INCA112591**

Amount of Each Receipt this Period

78.34

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

158.34

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

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

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

FOR LINE NUMBER: PAGE 50 OF 231  
(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 CYNTHIA SCOTT**

Mailing Address 18650 BEARPATH TRAIL

City State Zip Code  
 EDEN PRAIRIE MN 55347

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112326**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112632**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112320**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 231

☒ 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 GEORGE SERPIKOV**

Mailing Address 66 PROSPECT AVE

City  
WESTWOOD

State Zip Code  
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 ▼

350.00

Date of Receipt

03 / 01 / 2012

**Transaction ID : INCA112651**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR THOMAS SHANAHAN III**

Mailing Address 1767 FAIRMOUNT STREET

City  
CARMEL

State Zip Code  
IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP ONCOLOGY TRC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

03 / 01 / 2012

**Transaction ID : INCA112528**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM SHANNON III**

Mailing Address 711 BIRCHWOOD DRIVE

City  
WESTBURY

State Zip Code  
NY 11590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP & CHIEF PROCURE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

03 / 01 / 2012

**Transaction ID : INCA112793**

Amount of Each Receipt this Period

192.00

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

272.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 231

☒ 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 JOHN SHEA**

Mailing Address 62 FRANKLIN TURNPIKE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112334**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. DAWN SHERMAN**

Mailing Address 63 BRAMSHILL DRIVE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP INTL/COO JV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112737**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. WENDELL SHERRELL**

Mailing Address PO BOX 748

City

COLLIERVILLE

State

TN

Zip Code

38027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

DIR ACCDO CORP HR & TALENT MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112765**

Amount of Each Receipt this Period

30.00

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 231

(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. JEFFREY SIMEK**

Mailing Address 3555 GRANDE TUSCANY WAY

City State Zip Code  
 NEW SMYRNA BEACH FL 32168

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

Transaction ID : INCA112497

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

Transaction ID : INCA112642

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

Transaction ID : INCA112537

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 54 OF 231  
(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. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112480**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112612**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112664**

Amount of Each Receipt this Period

192.31

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

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

292.31

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

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

FOR LINE NUMBER: PAGE 55 OF 231  
(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 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112697**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. PETER STARK**

Mailing Address 4840 COLE ROAD

City State Zip Code  
MEMPHIS TN 38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112822**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR CHRISTOPHER STATEN**

Mailing Address 7 FOREST LAKE DR

City State Zip Code  
WEST HARRISON NY 10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112596**

Amount of Each Receipt this Period

192.31

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

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

292.31

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

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

FOR LINE NUMBER: PAGE 56 OF 231  
(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 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112644**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MS AMY STEINKELLNER**

Mailing Address 728 GULF BOULEVARD  
C/O PO BOX 834

City State Zip Code  
INDIAN ROCKS BEACH FL 33785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112469**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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  
PER DIEM - ESI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112654**

Amount of Each Receipt this Period

192.31

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

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

292.31



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

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

FOR LINE NUMBER: PAGE 57 OF 231

(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 GERARD STOCKER JR 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

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

Transaction ID : INCA112428

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS SUZANNE STREDNAK**

Mailing Address 157 WATCHUNG DR

City State Zip Code  
 HAWTHORNE NJ 07506

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

Transaction ID : INCA112389

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MILAYNA SUBAR MD**Mailing Address 11 RIVERSIDE DRIVE  
#8CE

City State Zip Code  
 NEW YORK NY 10023

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

Transaction ID : INCA112768

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 231

☒ 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 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

BUSINESS PROCESS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112333**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MS IRENE SUTTON**

Mailing Address 20 AVENUE @ PORT IMPERIAL  
 APT 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112398**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112437**

Amount of Each Receipt this Period

25.00

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

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

115.00

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

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

FOR LINE NUMBER: PAGE 59 OF 231  
(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. MARK TANKERSLEY**

Mailing Address 1374 SAWMILL CREEK LANE

City State Zip Code  
CORDOVA TN 38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

DIR MEDICAL INFORMATICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112819**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **B. 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

VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112404**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112450**

Amount of Each Receipt this Period

100.00

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

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

180.00

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

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

FOR LINE NUMBER: PAGE 60 OF 231  
(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 CLAUDIA TUCKER**

Mailing Address 713 INDIAN CREEK RD

City State Zip Code  
AMHERST VA 24521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112533**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

## **B. MR JEFFREY TYLER**

Mailing Address 37 KNOLL TERRACE

City State Zip Code  
HAZLET NJ 07730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.39

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112491**

Amount of Each Receipt this Period

30.77

Full Name (Last, First, Middle Initial)

## **C. JEFF ULANET**

Mailing Address 8803 BELMART RD

City State Zip Code  
POTOMAC MD 20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP BUS DEV - ONCOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112774**

Amount of Each Receipt this Period

50.00

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

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

200.77

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

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

FOR LINE NUMBER: PAGE 61 OF 231  
(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. MRS JENNIFER UTTERDYKE**

Mailing Address 1881 GREENTREE ROAD

City State Zip Code  
 LEBANON OH 45036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR MEDICATION SAFETY/QUALITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 01 2012

**Transaction ID : INCA112408**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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 PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 01 2012

**Transaction ID : INCA112396**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 01 2012

**Transaction ID : INCA112575**

Amount of Each Receipt this Period

192.31

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

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

272.31

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 62 OF 231

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM WALLACE**

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	1	2		

Transaction ID : INCA112687

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**B. MR CALVIN WASDYKE**

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	1	2		

Transaction ID : INCA112539

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS CATHERINE WASSON**

Mailing Address 3912 CALLE ANDALUCIA

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	1	2		

Transaction ID : INCA112345

Amount of Each Receipt this Period

50.00

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

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

292.31

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

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

FOR LINE NUMBER: PAGE 63 OF 231  
(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. LOWELL WEINER**

Mailing Address 1 BURGESS COURT

City State Zip Code  
WESTFIELD NJ 07090

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112740**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR TIMOTHY WENTWORTH**

Mailing Address 309 WATERVIEW DR

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
PER DIEM - ESI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112417**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

## **C. MR KENNETH WERMES**

Mailing Address 26037 N WRANGLER RD

City State Zip Code  
SCOTTSDALE AZ 85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112501**

Amount of Each Receipt this Period

200.00

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

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

442.31

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 231

☒ 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 KIM WILLIAMS**

Mailing Address 24 PENNINGTON AVE

City  
COLONIA

State Zip Code  
NJ 07067

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112635**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR STEPHEN WOGEN**

Mailing Address 145 WAUGHAW ROAD

City  
TOWACO

State Zip Code  
NJ 07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112431**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS ELISSA WOJTOWICZ RPH**

Mailing Address 43 AZALEA PLACE

City  
PISCATAWAY

State Zip Code  
NJ 08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR RRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : INCA112342**

Amount of Each Receipt this Period

30.00

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

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

130.00



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

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

FOR LINE NUMBER: PAGE 65 OF 231  
(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 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  
 SVP & CHIEF OF BUSINESS TECHNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1347.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112561**

Amount of Each Receipt this Period

192.50

Full Name (Last, First, Middle Initial)

**B. MS JILL ZELMAN**

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code  
 LEESBURG VA 20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDCO HEALTH SOLUTIONS

Occupation  
 VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112606**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES ZIRPOLI**

Mailing Address 6691 DEERVIEW DRIVE

City State Zip Code  
 LOVELAND OH 45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDCO HEALTH SOLUTIONS

Occupation  
 VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : INCA112467**

Amount of Each Receipt this Period

25.00

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

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

267.50

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

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

FOR LINE NUMBER: PAGE 66 OF 231  
(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 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

VP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : INCA113412**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR BARRY BOUDREAUX**

Mailing Address 6527 SHORBURGH DRIVE

City State Zip Code  
INDIANAPOLIS IN 46278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : INCA113021**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. 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

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : INCA113185**

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 67 OF 231

☒ 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 PATRICK DENNIS**

Mailing Address 2344 FRENCH ALPS AVE.

City State Zip Code  
 HENDERSON NV 89044

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113117**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. MS LYNDIA DOREMUS**

Mailing Address 16 E HOMESTEAD AVE

City State Zip Code  
 COLLINGSWOOD NJ 08108

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113209**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. MR JOSEPH FREND**

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

SVP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113253**

Amount of Each Receipt this Period

100.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 OF 231

☒ 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. FRANK HARVEY**

Mailing Address 154 SW PALM COVE DRIVE

City State Zip Code  
 PALM CITY FL 34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113526**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR BERNARD HUKILL**

Mailing Address 310 FULLER DRIVE

City State Zip Code  
 BERGHEIM TX 78004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113277**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR RICHARD JONES**

Mailing Address 12224 MONTCALM STREET

City State Zip Code  
 CARMEL IN 46032

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113295**

Amount of Each Receipt this Period

25.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 69 OF 231  
(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 ROSS LUCE**

Mailing Address 1066 WEST GROVE CT

City State Zip Code  
 GIBSONIA PA 15044

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113112**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **B. ROBERT MARK**

Mailing Address 1976 NE RIVER COURT

City State Zip Code  
 JENSEN BEACH FL 34957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

VP PROVIDER SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113517**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR PAVLOS PAVLIDIS**

Mailing Address 2780 FOLKSTONE ROAD

City State Zip Code  
 COLUMBUS OH 43220

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113084**

Amount of Each Receipt this Period

25.00

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

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

105.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 OF 231

☒ 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 GILBERT RAINES**

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : INCA113372**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. ARLENE RODRIGUEZ**

Mailing Address 600 NE BAYBERRY LANE

City

JENSEN BEACH

State

FL

Zip Code

34957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

VP/GM OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : INCA113516**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. FRANCIS SCHULTE**

Mailing Address 5023 SW BERMUDA WAY

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

EXEC OPS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : INCA113137**

Amount of Each Receipt this Period

50.00

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

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

125.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 71 OF 231

☒ 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 THOMAS SHANAHAN III**

Mailing Address 1767 FAIRMOUNT STREET

City State Zip Code  
 CARMEL IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP ONCOLOGY TRC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113228**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. JOHN STAINES**

Mailing Address 4442 SE WATERFORD DR.

City State Zip Code  
 STUART FL 34997

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

VP LIBERTY HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113477**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : INCA113138**

Amount of Each Receipt this Period

25.00

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 72 OF 231

(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. TIM TIDD**

Mailing Address 10302 S FEDERAL HWY  
PO BOX 266

City State Zip Code  
PORT ST LUCIE FL 34952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

VP ACCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : INCA113220**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : INCA113237**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR JAMES ZIRPOLI**

Mailing Address 6691 DEERVIEW DRIVE

City State Zip Code  
LOVELAND OH 45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : INCA113168**

Amount of Each Receipt this Period

25.00

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

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

125.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 OF 231

☒ 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 LESLIE ACHTER**

Mailing Address 821 ALBEMARLE STREET

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113111

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR STEPHEN ADLER**

Mailing Address 139 BELLVALE LAKES RD

City

WARWICK

State

NY

Zip Code

10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113109

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DR JODY ALLEN**

Mailing Address 3031 MOUNT HILL DR

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113108

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 74 OF 231

☒ 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 JAMES ALLOCCO**

Mailing Address 19 ROSS ROAD

City  
SCARSDALE

State Zip Code  
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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113177**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. DENNIS AUCH**

Mailing Address 1981 E. COVEY VIEW COURT

City  
SALT LAKE CITY

State Zip Code  
UT 84106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113495**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS BECKIE BARATKO**

Mailing Address 80 N. WOODLAND STREET

City  
ENGLEWOOD

State Zip Code  
NJ 07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113313**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 OF 231

☒ 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 THOMAS BARATTA**

Mailing Address 69 SKYLINE DR

City State Zip Code  
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113256**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. JANE BARLOW**

Mailing Address 3 AVALON COURT

City State Zip Code  
 HOPEWELL JUNCTION NY 12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL INNOVATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113440**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

406.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113353**

Amount of Each Receipt this Period

58.00

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

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

158.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 76 OF 231

☒ 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 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113371**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. INDERPAL BHANDARI**

Mailing Address 220 ARDSLEY 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 CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113424**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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

VP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113413**

Amount of Each Receipt this Period

25.00

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

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

125.00

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

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

FOR LINE NUMBER: PAGE 77 OF 231  
(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)**

<p>Full Name (Last, First, Middle Initial)  <b>A. MS SUZANNE BLACKBURN</b></p> <p>Mailing Address 4520 LINWOOD LANE</p> <p>City State Zip Code  DEEPHAVEN MN 55331</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  MEDCO HEALTH SOLUTIONS SVP CLIENT &amp; MKT STRATEGIC DEV</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  350.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 15 / 2012</p> <p><b>Transaction ID : INCA113352</b></p> <p>Amount of Each Receipt this Period  50.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. KEN BODMER</b></p> <p>Mailing Address P.O. BOX 735</p> <p>City State Zip Code  PINE BROOK NJ 07058</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  MEDCO HEALTH SOLUTIONS CHIEF FINANCIAL OFFICER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1344.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 15 / 2012</p> <p><b>Transaction ID : INCA113287</b></p> <p>Amount of Each Receipt this Period  192.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. MR BARRY BOUDREAUX</b></p> <p>Mailing Address 6527 SHORBURGH DRIVE</p> <p>City State Zip Code  INDIANAPOLIS IN 46278</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  325.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 15 / 2012</p> <p><b>Transaction ID : INCA113022</b></p> <p>Amount of Each Receipt this Period  25.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>267.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 78 OF 231

☒ 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 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 ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113089**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS DOREEN CALDER**

Mailing Address 441 S ELM STREET

City State Zip Code  
 MAYWOOD NJ 07607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113019**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. MS MELISSA CARR**

Mailing Address 8 BRIARCLIFF TERRACE

City State Zip Code  
 KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CHANNEL & GENERIC MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113225**

Amount of Each Receipt this Period

50.00

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

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

140.00

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

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

FOR LINE NUMBER: PAGE 79 OF 231

(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 BARRY CESANEK**

Mailing Address 5 LEXINGTON CT

City

SHAMONG

State

NJ

Zip Code

08088

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 ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

Transaction ID : INCA113207

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR JASON COLE**

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

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 ▼

325.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

Transaction ID : INCA113186

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JEFFREY COOLE**

Mailing Address 155 ASTON HALL DRIVE

City

EADS

State

TN

Zip Code

38028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP TAX AND REGULATORY REPORT

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

Transaction ID : INCA113493

Amount of Each Receipt this Period

50.00

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

125.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 OF 231

☒ 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. ANTONIO CORREIA**

Mailing Address 19 WILLIAMS LANE

City

CHAPPAQUA

State

NY

Zip Code

10514

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 Y  
03 / 15 / 2012

**Transaction ID : INCA113426**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR STEPHEN COURTMAN**

Mailing Address 25 FAIRWAY TRAIL

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113178**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**C. MS MARY DASCHNER**

Mailing Address 2926 EWING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

GROUP PRES RETIREE SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113148**

Amount of Each Receipt this Period

192.30

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

434.61

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 81 OF 231

☒ 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 ANDREW DAVIS**

Mailing Address 3920 EXCELSIOR BLVD.  
#222

City State Zip Code  
SAINT LOUIS PARK MN 55416

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113160**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. WARREN DAVIS**

Mailing Address 3131 SADDLEGAIT COVE

City State Zip Code  
GERMANTOWN TN 38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP STRATEGY & PRODUCT 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 Y  
03 / 15 / 2012

**Transaction ID : INCA113512**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR DANIEL DAVISON**

Mailing Address 18 BENTLEY DRIVE

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113284**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 82 OF 231  
(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 CARLTON DEBRULE**

Mailing Address 12 OAKLAND DR

City  
MONTVALE

State Zip Code  
NJ 07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113315**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

## **B. MR PATRICK DENNIS**

Mailing Address 2344 FRENCH ALPS AVE.

City  
HENDERSON

State Zip Code  
NV 89044

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113118**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. MS KAREN DEZEARN**

Mailing Address 4740 BRINKLEY LANE NE

City  
ATLANTA

State Zip Code  
GA 30342

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113048**

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 231  
(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 BENJAMIN DIMARCO**

Mailing Address 4 ANN STREET

City  
VERONA

State  
NJ

Zip Code  
07044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113081

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MS LYNDIA DOREMUS**

Mailing Address 16 E HOMESTEAD AVE

City

COLLINGSWOOD

State

NJ

Zip Code

08108

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 ▼

325.00

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113210

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MICHEL DUFRESNE**

Mailing Address 750 COLUMBUS AVE APT PHN

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 ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113373

Amount of Each Receipt this Period

192.30

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

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

252.30

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 231

☒ 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 DANA DUNCAN**

Mailing Address 125 COMSTOCK TRAIL

City State Zip Code  
 EAST HAMPTON CT 06424

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 ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113214**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

## **B. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113114**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR MICHAEL EDWARDS**

Mailing Address 379 DURHAM RD

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113088**

Amount of Each Receipt this Period

50.00

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

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

325.00

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

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

FOR LINE NUMBER: PAGE 85 OF 231  
(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. 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 ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113013**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**B. MR SCOTT ERHARDT**

Mailing Address 11540 39TH 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

VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113165**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. RICHARD FARIS**

Mailing Address 2020 HEATHER COVE

City State Zip Code  
 MEMPHIS TN 38119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113511**

Amount of Each Receipt this Period

50.00

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

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

292.31

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

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

 FOR LINE NUMBER: PAGE 86 OF 231  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SUSAN FAUST**

Mailing Address 6614 HERONSWOOD COVE

City	State	Zip Code
MEMPHIS	TN	38119

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

Transaction ID : INCA113486

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR THOMAS FEITEL**

Mailing Address 58 APPLE HILL DR

City	State	Zip Code
GILLETTE	NJ	07933

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP IMAGINEERING &amp; INNOVATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1345.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

Transaction ID : INCA113200

Amount of Each Receipt this Period

192.23

Full Name (Last, First, Middle Initial)

**C. FORREST FERRARI**

Mailing Address 1170 SW LIGHTHOUSE DR

City	State	Zip Code
PALM CITY	FL	34990

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

Transaction ID : INCA113520

Amount of Each Receipt this Period

60.00

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

302.23

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 87 OF 231

☒ 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 EDWARD FISCHER**

Mailing Address 465 OLD STONE RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL PROD INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113142**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. KEVIN FRANCO**

Mailing Address 140 BELLAIR ROAD  
UNIT Q

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113293**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. FELIX FRUEH**

Mailing Address 14401 FALLING LEAF DRIVE

City

DARNESTOWN

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP RESEARCH & DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113447**

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

 FOR LINE NUMBER: PAGE 88 OF 231  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MR TRACY FURGUIELE**

Mailing Address 7773 TILLINGHAST DRIVE

City	State	Zip Code
DUBLIN	OH	43017

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP &amp; CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

Transaction ID : INCA113307

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. 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 SOLUTIONS

Occupation

VP &amp; COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

Transaction ID : INCA113009

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

Transaction ID : INCA113239

Amount of Each Receipt this Period

50.00

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

250.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 89 OF 231

☒ 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 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

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113120**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. LILLIAN GERMAN**

Mailing Address 238A MARYLAND AVE NE

City State Zip Code  
 WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113463**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. MR JONAH GITLITZ**

Mailing Address 43 OVERLOOK RIDGE

City State Zip Code  
 OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113077**

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 231  
(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 PAUL GOERDT**

Mailing Address 1700 SUNRISE COURT

City State Zip Code  
 BURNSVILLE MN 55306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 15 2012

**Transaction ID : INCA113211**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. JOHN GOLDEN**

Mailing Address 8702 CHELMSFORD LANE

City State Zip Code  
 SPRING TX 77379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 15 2012

**Transaction ID : INCA113499**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR JAMES GRANT II**

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 15 2012

**Transaction ID : INCA113135**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 91 OF 231

☒ 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 TRACY GRUNSFELD**

Mailing Address 211 NORTH END AVENUE  
APT 3C

City State Zip Code  
NEW YORK NY 10282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113070**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. 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 SOLUTIONS

Occupation

VP BIAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113027**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

## **C. MS VALERIE HAERTEL**

Mailing Address 7 PARSLOE COURT

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INVESTOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113420**

Amount of Each Receipt this Period

50.00

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

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

190.00

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

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

FOR LINE NUMBER: PAGE 92 OF 231  
(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 SHANA HART**

Mailing Address 20 FAIR GREEN DRIVE

City State Zip Code  
 TROPHY CLUB TX 76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDCO HEALTH SOLUTIONS

Occupation  
 SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113188**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113011**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**C. MR THOMAS HEKKER**

Mailing Address 28 WEST THRID STREET #1332

City State Zip Code  
 SOUTH ORANGE NJ 07079

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113382**

Amount of Each Receipt this Period

30.00

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

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

272.31

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

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

FOR LINE NUMBER: PAGE 93 OF 231  
(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 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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113071**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. MR STEPHEN HOBSON**

Mailing Address 16 LUTH TERRACE

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113242**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. MR ROGER HOLLAND**

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113235**

Amount of Each Receipt this Period

50.00

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

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

367.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 OF 231

☒ 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. ELIZABETH HOLLOWAY**

Mailing Address 9222 RANDLE VALLEY DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113508**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MR STEPHEN HOLODAK**

Mailing Address 5 SUNCLIFF DR

City

TARRYTOWN

State

NY

Zip Code

10591

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113259**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. RITA HOLT**

Mailing Address 1558 N PISGAH ROAD

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113491**

Amount of Each Receipt this Period

50.00

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

170.00

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

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

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

FOR LINE NUMBER: PAGE 95 OF 231  
(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 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 OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113483**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR STEVEN HOROWITZ**

Mailing Address 4 MELISSA COURT

City State Zip Code  
 MONTVILLE NJ 07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NEW MARKETS FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113414**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR BERNARD HUKILL**

Mailing Address 310 FULLER DRIVE

City State Zip Code  
 BERGHEIM TX 78004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113278**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 96 OF 231  
(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)**

<p>Full Name (Last, First, Middle Initial)  <b>A. MRS KIMBERLY HUMPHRIES</b></p> <p>Mailing Address 10010 POINTE COVE</p> <p>City State Zip Code          LAKELAND TN 38002</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          ACCREDO HEALTH GROUP VP BUSINESS PLANNING</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          350.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          03 / 15 / 2012</p> <p><b>Transaction ID : INCA113509</b></p> <p>Amount of Each Receipt this Period          50.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. MR DAVID ISRAEL</b></p> <p>Mailing Address 750 COLUMBUS AVENUE          APT 6M</p> <p>City State Zip Code          NEW YORK NY 10025</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          MEDCO HEALTH SOLUTIONS VP INT'L STAKEHOLDER RELATIONS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          350.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          03 / 15 / 2012</p> <p><b>Transaction ID : INCA113015</b></p> <p>Amount of Each Receipt this Period          50.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. DR SUSAN ITO HOLLANDER</b></p> <p>Mailing Address 6366 SW 90TH STREET</p> <p>City State Zip Code          GAINESVILLE FL 32608</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          350.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          03 / 15 / 2012</p> <p><b>Transaction ID : INCA113025</b></p> <p>Amount of Each Receipt this Period          50.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			150.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 97 OF 231

☒ 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 MARIANNE JACKS**

Mailing Address 329 MORRIS AVENUE

City State Zip Code  
MOUNTAIN LAKES NJ 07046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113050**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MS TERESE JACKSON**

Mailing Address 6085 S. PRESTON LANE

City State Zip Code  
NEW BERLIN WI 53151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113072**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MS MICHELLE JAEGER**

Mailing Address 302 HERMAN TERRACE

City State Zip Code  
HOPKINS MN 55343

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113387**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 98 OF 231

☒ 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 JASON JAMES**

Mailing Address RR 2 BOX 2036

City

CANADENSIS

State

PA

Zip Code

18325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR PHYSICIAN ENGAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113018**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. ROBERT JINKS**

Mailing Address 22 PAGE AVE

City

LYNDHURST

State

NJ

Zip Code

07071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113062**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS REGINA JONES**

Mailing Address POST OFFICE BOX 750995

City

LAS VEGAS

State

NV

Zip Code

89136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113146**

Amount of Each Receipt this Period

75.00

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

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

160.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 99 OF 231

☒ 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 RICHARD JONES**

Mailing Address 12224 MONTCALM STREET

City State Zip Code  
CARMEL IN 46032

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 ▼

275.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113296**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. 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

SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113187**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

350.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113240**

Amount of Each Receipt this Period

50.00

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

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

125.00

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

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

FOR LINE NUMBER: PAGE 100 OF 231  
(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. JOAN KENNEDY**

Mailing Address 130 N SEWALL'S POINT ROAD

City State Zip Code  
 STUART FL 34996

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP PERSONAL HEALTH SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113474**

Amount of Each Receipt this Period

192.25

Full Name (Last, First, Middle Initial)

## **B. 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 ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113365**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

## **C. MS KATHLEEN KORDUCKI**

Mailing Address 159 WINFIELD DR

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113078**

Amount of Each Receipt this Period

50.00

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

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

434.55

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

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

FOR LINE NUMBER: PAGE 101 OF 231  
(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 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

SVP MEMBER SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113308**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. 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

BUSINESS PROCESS CHAMPION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113257**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MS CYNTHIA LAUBACHER**

Mailing Address 1100 KIMBERLY COURT

City State Zip Code  
ROSEVILLE CA 95661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113231**

Amount of Each Receipt this Period

100.00

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

330.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 102 OF 231

☒ 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 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 SOLUTIONS

Occupation  
 SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113224**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. DAVID LOSCHINSKEY**

Mailing Address 4500 MT GILLESPIE DR

City State Zip Code  
 LAKELAND TN 38002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 ACCREDO HEALTH GROUP

Occupation  
 VP BIAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113506**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR ROSS LUCE**

Mailing Address 1066 WEST GROVE CT

City State Zip Code  
 GIBSONIA PA 15044

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113113**

Amount of Each Receipt this Period

30.00

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

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

130.00

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

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

FOR LINE NUMBER: PAGE 103 OF 231  
(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 MICHAEL MANDAGLIO**

Mailing Address 29 GREEN WAY

City State Zip Code  
NEW PROVIDENCE NJ 07974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113026**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS MICHELLE MANOLOVIC**

Mailing Address 28640 BRAELOCH COURT

City State Zip Code  
LAKE BLUFF IL 60044

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113045**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. 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 PHARMA STRAT & SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113298**

Amount of Each Receipt this Period

192.30

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

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

272.30

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 OF 231

☒ 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 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

PER DIEM - ESI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113339**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**B. CRAIG MEARS**

Mailing Address 106 MEADOWLAKE CT

City State Zip Code  
HENDERSONVILLE TN 37075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113490**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DAVID MILLER**

Mailing Address 7 CLOVER LANE

City State Zip Code  
RANDOLPH NJ 07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113031**

Amount of Each Receipt this Period

50.00

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

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

292.31



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 OF 231

☒ 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. PAMELA MILLER**

Mailing Address 158 SUMMIT AVENUE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP SUSTAIN & COMMUNITY INVEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113376**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

## **B. MS JULIANA MOLEK**

Mailing Address 8620 LAKE RILEY DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317

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 Y  
03 / 15 / 2012

**Transaction ID : INCA113136**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR THOMAS MORIARTY**

Mailing Address 41 LAKE ROAD

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

GENL C-SEC-SVP PHARM STRAT SOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113016**

Amount of Each Receipt this Period

192.00

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

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

297.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 OF 231

☒ 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 THERESA MORMILE**

Mailing Address 59 VALLEY VIEW TER

City  
MONTVALE

State Zip Code  
NJ 07645

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113299**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR CRAIG MORRIS**

Mailing Address N 49 W 25648 MCKERROW DR

City  
PEWAUKEE

State Zip Code  
WI 53072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113170**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MS BECKY NAGLE**

Mailing Address 64 WALTER AVE

City  
HASBROUCK HEIGHTS

State Zip Code  
NJ 07604

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113076**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 107 OF 231  
(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. DENISE O'CALLAGHAN**

Mailing Address 4 HIGHLAND AVE  
P.O. BOX 408

City State Zip Code  
PEAPACK NJ 07977

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 ▼

350.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113439**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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 CLIENT OPERATIONS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113322**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

350.00

Date of Receipt

03 / 15 / 2012

**Transaction ID : INCA113281**

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 108 OF 231

☒ 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. MRS MICHELE PAIGE**

Mailing Address 12 MILLBROOK COURT

City  
LIVINGSTON

State Zip Code  
NJ 07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP RETIREE SOLUTIONS MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113189**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR PAVLOS PAVLIDIS**

Mailing Address 2780 FOLKSTONE ROAD

City  
COLUMBUS

State Zip Code  
OH 43220

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113085**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. MR ROBERT PELLEGRINI**

Mailing Address 211 WILTSIE COURT

City  
WYCKOFF

State Zip Code  
NJ 07481

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113155**

Amount of Each Receipt this Period

30.00

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

105.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 109 OF 231

☒ 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. MERRI PENDERGRASS MD**

Mailing Address 3201 QUEENSBURY WAY WEST

City State Zip Code  
 COLLEYVILLE TX 76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113455**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. JIMMY PERREN**

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code  
 COLLIERVILLE TN 38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113485**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. MR THOMAS PIERCE**

Mailing Address 10297 E. LAKE DR.

City State Zip Code  
 ENGLEWOOD CO 80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113417**

Amount of Each Receipt this Period

50.00

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 110 OF 231  
(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 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

SVP TRC & HEALTHCARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113246**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MS KARIN PRINCIVALE**

Mailing Address 601 LONG BOAT CLUB ROAD  
 APARTMENT 1004S

City State Zip Code  
 LONG BOAT KEY FL 34228

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 ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113204**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

## **C. MR JASON PROULX**

Mailing Address 3601 LEANNE DRIVE

City State Zip Code  
 FLOWER MOUND TX 75022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP OPS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113357**

Amount of Each Receipt this Period

50.00

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

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

292.30

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 111 OF 231

☒ 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 MARK PROULX**

Mailing Address 20 BRANDY RIDGE ROAD

City  
SPARTA

State Zip Code  
NJ 07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

CHIEF OF OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113351**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

## **B. MS FRANCES RAO**

Mailing Address 19 ROSS ROAD

City  
SCARSDALE

State Zip Code  
NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113051**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. MR THOMAS REINCKENS**

Mailing Address 204 TOKENEKE RD

City  
DARIEN

State Zip Code  
CT 06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP BIAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113141**

Amount of Each Receipt this Period

50.00

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

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

317.31

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 112 OF 231

☒ 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 JOSEPH REYNOLDS**

Mailing Address 9 BROWNSTONE WAY  
APT 202

City State Zip Code  
ENGLEWOOD NJ 07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113370**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

## **B. ELIZABETH RITCHIE**

Mailing Address 27 DAY RD

City State Zip Code  
PLEASANT VALLEY CT 06063

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113422**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113291**

Amount of Each Receipt this Period

50.00

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

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

170.00



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

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

 FOR LINE NUMBER: PAGE 113 OF 231  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. MR RICHARD RUBINO</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2012 <b>Transaction ID : INCA113289</b>		
Mailing Address 3 APACHE DRIVE					
City	State	Zip Code			
OAKLAND	NJ	07436			
FEC ID number of contributing federal political committee.		C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP FINANCE & CHIEF FIN OFFCR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1351.00			
Full Name (Last, First, Middle Initial) <b>B. MR STEVEN RUSSEK</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2012 <b>Transaction ID : INCA113157</b>		
Mailing Address 13910 MCTYRES COVE LANE					
City	State	Zip Code			
MIDLOTHIAN	VA	23112			
FEC ID number of contributing federal political committee.		C			
Name of Employer ACCREDO HEALTH GROUP		Occupation VP MKTG PRODUCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial) <b>C. MR ANTHONY RUSSO</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2012 <b>Transaction ID : INCA113251</b>		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			293.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

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

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

FOR LINE NUMBER: PAGE 114 OF 231  
(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 JESSE RUZICKA**

Mailing Address 334 MORRIS AVE

City State Zip Code  
 BOONTON NJ 07005

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113389**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MS MARY RYAN**

Mailing Address 456 RICHMOND AVENUE

City State Zip Code  
 MAPLEWOOD NJ 07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.38

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113286**

Amount of Each Receipt this Period

78.34

Full Name (Last, First, Middle Initial)

**C. MS CYNTHIA SCOTT**

Mailing Address 18650 BEARPATH TRAIL

City State Zip Code  
 EDEN PRAIRIE MN 55347

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113029**

Amount of Each Receipt this Period

50.00

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

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

158.34

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 OF 231

☒ 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 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

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113326**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS MONICA SCOZZARE**

Mailing Address 3021 E MILLCREEK ROAD

City State Zip Code  
 SALT LAKE CITY UT 84109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113023**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113345**

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 116 OF 231  
(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 THOMAS SHANAHAN III**

Mailing Address 1767 FAIRMOUNT STREET

City State Zip Code  
CARMEL IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ONCOLOGY TRC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 15 2012

**Transaction ID : INCA113229**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM SHANNON III**

Mailing Address 711 BIRCHWOOD DRIVE

City State Zip Code  
WESTBURY NY 11590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & CHIEF PROCURE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 15 2012

**Transaction ID : INCA113478**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN SHEA**

Mailing Address 62 FRANKLIN TURNPIKE

City State Zip Code  
ALLENDALE NJ 07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 15 2012

**Transaction ID : INCA113037**

Amount of Each Receipt this Period

40.00

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

262.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 OF 231

☒ 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. DAWN SHERMAN**

Mailing Address 63 BRAMSHILL DRIVE

City  
MAHWAH

State  
NJ

Zip Code  
07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP INTL/COO JV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113427

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. WENDELL SHERRELL**

Mailing Address PO BOX 748

City  
COLLIERVILLE

State  
TN

Zip Code  
38027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

DIR ACCDO CORP HR & TALENT MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113451

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. JEFFREY SIMEK**

Mailing Address 3555 GRANDE TUSCANY WAY

City  
NEW SMYRNA BEACH

State  
FL

Zip Code  
32168

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 ▼

350.00

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113198

Amount of Each Receipt this Period

50.00

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

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

130.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 OF 231

☒ 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 LEE SIMON**

Mailing Address 2390 GREENVIEW ROAD

City

NORTHBROOK

State

IL

Zip Code

60062

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113336**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR JEFFREY SINKO**

Mailing Address 10 CHERRY TREE LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113236**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. ANN SMITH**

Mailing Address 437 GLENDALE RD

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113182**

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 119 OF 231  
(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 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 15 2012

**Transaction ID : INCA113306**

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 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 ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 15 2012

**Transaction ID : INCA113358**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**C. PETER STARK**

Mailing Address 4840 COLE ROAD

City State Zip Code  
 MEMPHIS TN 38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 ACCREDO HEALTH GROUP

Occupation  
 CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 15 2012

**Transaction ID : INCA113507**

Amount of Each Receipt this Period

50.00

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

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

292.31

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 231

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 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

SVP FINANCIAL &amp; ANALYTICAL SVC

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3								1	5			2
2012													

**Transaction ID : INCA113290**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**B. MS JILL STEARNS**

Mailing Address 13130 HALSELL DR

City

AUSTIN

State

TX

Zip Code

78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3								1	5			2
2012													

**Transaction ID : INCA113338**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS AMY STEINKELLNER**Mailing Address 728 GULF BOULEVARD  
C/O PO BOX 834

City

INDIAN ROCKS BEACH

State

FL

Zip Code

33785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3								1	5			2
2012													

**Transaction ID : INCA113171**

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 121 OF 231

☒ 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. 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

PER DIEM - ESI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113348**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

## **B. MR GERARD STOCKER JR 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

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113130**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MS SUZANNE STREDNAK**

Mailing Address 157 WATCHUNG DR

City State Zip Code  
HAWTHORNE NJ 07506

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113091**

Amount of Each Receipt this Period

50.00

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

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

292.31

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

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

FOR LINE NUMBER: PAGE 122 OF 231  
(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. MILAYNA SUBAR MD**

Mailing Address 11 RIVERSIDE DRIVE  
#8CE

City State Zip Code  
NEW YORK NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113454**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. 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

BUSINESS PROCESS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113036**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MS IRENE SUTTON**

Mailing Address 20 AVENUE @ PORT IMPERIAL  
APT 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113100**

Amount of Each Receipt this Period

40.00

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

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

140.00

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

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

FOR LINE NUMBER: PAGE 123 OF 231  
(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 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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113139**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. MARK TANKERSLEY**

Mailing Address 1374 SAWMILL CREEK LANE

City State Zip Code  
CORDOVA TN 38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

DIR MEDICAL INFORMATICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113504**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. 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

VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113106**

Amount of Each Receipt this Period

50.00

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

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

105.00

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

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

 FOR LINE NUMBER: PAGE 124 OF 231  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MS MARY THORSBY**

Mailing Address 17326 ELLEN DR

City

LIVONIA

State

MI

Zip Code

48152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	2

**Transaction ID : INCA113152**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR JEFFREY TYLER**

Mailing Address 37 KNOLL TERRACE

City

HAZLET

State

NJ

Zip Code

07730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

215.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	2

**Transaction ID : INCA113193**

Amount of Each Receipt this Period

30.77

Full Name (Last, First, Middle Initial)

**C. JEFF ULANET**

Mailing Address 8803 BELMART RD

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP BUS DEV - ONCOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	2

**Transaction ID : INCA113459**

Amount of Each Receipt this Period

50.00

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

180.77

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

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

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

FOR LINE NUMBER: PAGE 125 OF 231  
(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)**

Full Name (Last, First, Middle Initial)

**A. MRS JENNIFER UTTERDYKE**

Mailing Address 1881 GREENTREE ROAD

City State Zip Code  
 LEBANON OH 45036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR MEDICATION SAFETY/QUALITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113110**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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 PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113098**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113270**

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 231  
(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 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 ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113380**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**B. 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113238**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS CATHERINE WASSON**

Mailing Address 3912 CALLE ANDALUCIA

City State Zip Code  
SAN CLEMENTE CA 92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : INCA113047**

Amount of Each Receipt this Period

50.00

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

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

292.31

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

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

FOR LINE NUMBER: PAGE 127 OF 231  
(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. LOWELL WEINER**

Mailing Address 1 BURGESS COURT

City State Zip Code  
 WESTFIELD NJ 07090

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 15 2012

**Transaction ID : INCA113429**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR TIMOTHY WENTWORTH**

Mailing Address 309 WATERVIEW DR

City State Zip Code  
 FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDCO HEALTH SOLUTIONS

Occupation  
 PER DIEM - ESI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 15 2012

**Transaction ID : INCA113119**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

## **C. MR KENNETH WERMES**

Mailing Address 26037 N WRANGLER RD

City State Zip Code  
 SCOTTSDALE AZ 85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDCO HEALTH SOLUTIONS

Occupation  
 SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 15 2012

**Transaction ID : INCA113202**

Amount of Each Receipt this Period

200.00

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

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

442.31

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 128 OF 231

☒ 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 KIM WILLIAMS**

Mailing Address 24 PENNINGTON AVE

City  
COLONIA

State  
NJ

Zip Code  
07067

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 ▼

270.00

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113329

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. MR STEPHEN WOGEN**

Mailing Address 145 WAUGHAW ROAD

City  
TOWACO

State  
NJ

Zip Code  
07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113133

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS ELISSA WOJTOWICZ RPH**

Mailing Address 43 AZALEA PLACE

City  
PISCATAWAY

State  
NJ

Zip Code  
08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR RRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 15 / 2012

Transaction ID : INCA113044

Amount of Each Receipt this Period

30.00

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

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

90.00



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

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

FOR LINE NUMBER: PAGE 129 OF 231  
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☐ 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 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  
 SVP & CHIEF OF BUSINESS TECHNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1347.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113258**

Amount of Each Receipt this Period

192.50

Full Name (Last, First, Middle Initial)

**B. MS JILL ZELMAN**

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code  
 LEESBURG VA 20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDCO HEALTH SOLUTIONS

Occupation  
 VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113300**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES ZIRPOLI**

Mailing Address 6691 DEERVIEW DRIVE

City State Zip Code  
 LOVELAND OH 45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDCO HEALTH SOLUTIONS

Occupation  
 VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : INCA113169**

Amount of Each Receipt this Period

25.00

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

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

267.50

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 130 OF 231

☒ 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 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

VP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113949**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR BARRY BOUDREAUX**

Mailing Address 6527 SHORBURGH DRIVE

City State Zip Code  
INDIANAPOLIS IN 46278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113572**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. 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

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113732**

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 131 OF 231

☒ 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 PATRICK DENNIS**

Mailing Address 2344 FRENCH ALPS AVE.

City

HENDERSON

State

NV

Zip Code

89044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113665**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MS LYNDIA DOREMUS**

Mailing Address 16 E HOMESTEAD AVE

City

COLLINGSWOOD

State

NJ

Zip Code

08108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113754**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. FRANK HARVEY**

Mailing Address 154 SW PALM COVE DRIVE

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA114063**

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)..... ►

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

FOR LINE NUMBER: PAGE 132 OF 231  
(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 BERNARD HUKILL**

Mailing Address 310 FULLER DRIVE

City  
BERGHEIM

State Zip Code  
TX 78004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113819**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ROSS LUCE**

Mailing Address 1066 WEST GROVE CT

City  
GIBSONIA

State Zip Code  
PA 15044

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113660**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. ROBERT MARK**

Mailing Address 1976 NE RIVER COURT

City  
JENSEN BEACH

State Zip Code  
FL 34957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIBERTY MEDICAL

Occupation  
VP PROVIDER SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA114053**

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)..... ►

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

FOR LINE NUMBER: PAGE 133 OF 231  
(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. EDWARD MERIWETHER**

Mailing Address 5858 SALISBURY DR.

City State Zip Code  
 ROANOKE VA 24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

VP/GM CALL CENTER OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 22 2012

Transaction ID : INCA114060

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR PAVLOS PAVLIDIS**

Mailing Address 2780 FOLKSTONE ROAD

City State Zip Code  
 COLUMBUS OH 43220

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 22 2012

Transaction ID : INCA113635

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. ARLENE RODRIGUEZ**

Mailing Address 600 NE BAYBERRY LANE

City State Zip Code  
 JENSEN BEACH FL 34957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

VP/GM OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 22 2012

Transaction ID : INCA114052

Amount of Each Receipt this Period

50.00

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

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

125.00

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

FOR LINE NUMBER:  
(check only one)

PAGE 134 OF 231

☒ 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. FRANCIS SCHULTE**

Mailing Address 5023 SW BERMUDA WAY

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

EXEC OPS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113685**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR THOMAS SHANAHAN III**

Mailing Address 1767 FAIRMOUNT STREET

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP ONCOLOGY TRC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113772**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. JOHN STAINES**

Mailing Address 4442 SE WATERFORD DR.

City

STUART

State

FL

Zip Code

34997

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

VP LIBERTY HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA114014**

Amount of Each Receipt this Period

50.00

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

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

130.00

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Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 231  
(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 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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113686**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. TIM TIDD**

Mailing Address 10302 S FEDERAL HWY  
PO BOX 266

City State Zip Code  
PORT ST LUCIE FL 34952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY MEDICAL

Occupation

VP ACCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113765**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : INCA113781**

Amount of Each Receipt this Period

50.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 136 OF 231  
(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 JAMES ZIRPOLI**

Mailing Address 6691 DEERVIEW DRIVE

City State Zip Code  
 LOVELAND OH 45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 22 2012

**Transaction ID : INCA113716**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. 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

VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 29 2012

**Transaction ID : INCA113659**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 29 2012

**Transaction ID : INCA113657**

Amount of Each Receipt this Period

50.00

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

125.00

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



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

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

FOR LINE NUMBER: PAGE 137 OF 231  
(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. 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

CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113656**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR JAMES ALLOCCO**

Mailing Address 19 ROSS ROAD

City State Zip Code  
 SCARSDALE NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113725**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. DENNIS AUCH**

Mailing Address 1981 E. COVEY VIEW COURT

City State Zip Code  
 SALT LAKE CITY UT 84106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA114032**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 138 OF 231  
(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 BECKIE BARATKO**

Mailing Address 80 N. WOODLAND STREET

City State Zip Code  
 ENGLEWOOD NJ 07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113853**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR THOMAS BARATTA**

Mailing Address 69 SKYLINE DR

City State Zip Code  
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113798**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113891**

Amount of Each Receipt this Period

58.00

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

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

158.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 139 OF 231

☒ 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 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113909**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. INDERPAL BHANDARI**

Mailing Address 220 ARDSLEY 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 CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113961**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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  
VP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113950**

Amount of Each Receipt this Period

25.00

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

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

125.00

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

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

FOR LINE NUMBER: PAGE 140 OF 231  
(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)**

<b>A. MS SUZANNE BLACKBURN</b> Full Name (Last, First, Middle Initial) 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 ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113890</b> Amount of Each Receipt this Period 50.00
<b>B. KEN BODMER</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 735 City PINE BROOK State NJ Zip Code 07058 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF FINANCIAL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1344.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113829</b> Amount of Each Receipt this Period 192.00
<b>C. MR BARRY BOUDREAUX</b> Full Name (Last, First, Middle Initial) Mailing Address 6527 SHORBURGH DRIVE City INDIANAPOLIS State IN Zip Code 46278 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113573</b> Amount of Each Receipt this Period 25.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			267.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 141 OF 231

☒ 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)**

<p>Full Name (Last, First, Middle Initial) <b>A. MR KENNETH BROWN</b></p> <p>Mailing Address 540 GIORDANO DRIVE</p> <p>City State Zip Code YORKTOWN HEIGHTS NY 10598</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ENTERPRISE BUS INTELLIGENCE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 350.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 29 / 2012  <b>Transaction ID : INCA113640</b> </p> <p>Amount of Each Receipt this Period 50.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. MRS DOREEN CALDER</b></p> <p>Mailing Address 441 S ELM STREET</p> <p>City State Zip Code MAYWOOD NJ 07607</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 280.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 29 / 2012  <b>Transaction ID : INCA113570</b> </p> <p>Amount of Each Receipt this Period 40.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. MS MELISSA CARR</b></p> <p>Mailing Address 8 BRIARCLIFF TERRACE</p> <p>City State Zip Code KINNELON NJ 07405</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CHANNEL &amp; GENERIC MKTING</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 350.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 29 / 2012  <b>Transaction ID : INCA113770</b> </p> <p>Amount of Each Receipt this Period 50.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		140.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 142 OF 231

☒ 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 JASON COLE**

Mailing Address 14917 E BELLA VISTA

City  
VERADALE

State Zip Code  
WA 99037

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113733**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. JEFFREY COOLE**

Mailing Address 155 ASTON HALL DRIVE

City  
EADS

State Zip Code  
TN 38028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP TAX AND REGULATORY REPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA114030**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. ANTONIO CORREIA**

Mailing Address 19 WILLIAMS LANE

City  
CHAPPAQUA

State Zip Code  
NY 10514

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 Y  
03 / 29 / 2012

**Transaction ID : INCA113963**

Amount of Each Receipt this Period

50.00

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

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

125.00

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

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

 FOR LINE NUMBER: PAGE 143 OF 231  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. MR STEPHEN COURTMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113726</b>	
Mailing Address 25 FAIRWAY TRAIL City SPARTA State NJ Zip Code 07871		Amount of Each Receipt this Period 192.31	
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACY NETWORK MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1346.17	
Full Name (Last, First, Middle Initial) <b>B. MS MARY DASCHNER</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113696</b>	
Mailing Address 2926 EWING AVE S City MINNEAPOLIS State MN Zip Code 55416		Amount of Each Receipt this Period 192.30	
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP PRES RETIREE SOLUTIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1346.10	
Full Name (Last, First, Middle Initial) <b>C. MR ANDREW DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113708</b>	
Mailing Address 3920 EXCELSIOR BLVD. #222 City SAINT LOUIS PARK State MN Zip Code 55416		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 MKTING & PRODUCT DEV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		434.61	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER: PAGE 144 OF 231  
(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. WARREN DAVIS**

Mailing Address 3131 SADDLEGAIT COVE

City State Zip Code  
GERMANTOWN TN 38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP STRATEGY & PRODUCT 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 Y  
03 / 29 / 2012

**Transaction ID : INCA114048**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR DANIEL DAVISON**

Mailing Address 18 BENTLEY DRIVE

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113826**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR CARLTON DEBRULE**

Mailing Address 12 OAKLAND DR

City State Zip Code  
MONTVALE NJ 07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113855**

Amount of Each Receipt this Period

55.00

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

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

155.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 145 OF 231

☒ 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 PATRICK DENNIS**

Mailing Address 2344 FRENCH ALPS AVE.

City State Zip Code  
 HENDERSON NV 89044

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113666**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. MS KAREN DEZEARN**

Mailing Address 4740 BRINKLEY LANE NE

City State Zip Code  
 ATLANTA GA 30342

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113599**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR BENJAMIN DIMARCO**

Mailing Address 4 ANN STREET

City State Zip Code  
 VERONA NJ 07044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113632**

Amount of Each Receipt this Period

35.00

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

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

110.00

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

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

FOR LINE NUMBER: PAGE 146 OF 231  
(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)**

<b>A. MS LYNDIA DOREMUS</b> Full Name (Last, First, Middle Initial) Mailing Address 16 E HOMESTEAD AVE City COLLINGSWOOD State NJ Zip Code 08108 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 ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113755</b> Amount of Each Receipt this Period 25.00
<b>B. MICHEL DUFRESNE</b> Full Name (Last, First, Middle Initial) Mailing Address 750 COLUMBUS AVE APT PHN 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 ENTERPRISE BUS INTELLIGENCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1346.10			Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113910</b> Amount of Each Receipt this Period 192.30
<b>C. MR DANA DUNCAN</b> Full Name (Last, First, Middle Initial) Mailing Address 125 COMSTOCK TRAIL City EAST HAMPTON State CT Zip Code 06424 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 ▼ 1575.00			Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113759</b> Amount of Each Receipt this Period 225.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			442.30
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 147 OF 231  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MR STEPHEN DUNLEAVY**

Mailing Address 14026 KNOX STREET

City	State	Zip Code
OVERLAND PARK	KS	66221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : INCA113662**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR MICHAEL EDWARDS**

Mailing Address 379 DURHAM RD

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 ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : INCA113639**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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&amp;ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : INCA113564**

Amount of Each Receipt this Period

192.31

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 148 OF 231

☒ 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 11540 39TH AVE N

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113713**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. RICHARD FARIS**

Mailing Address 2020 HEATHER COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA114047**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. SUSAN FAUST**

Mailing Address 6614 HERONSWOOD COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA114023**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 149 OF 231

☒ 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 THOMAS FEITEL**

Mailing Address 58 APPLE HILL DR

City  
GILLETTE

State Zip Code  
NJ 07933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP IMAGINEERING & INNOVATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1345.61

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113746**

Amount of Each Receipt this Period

192.23

Full Name (Last, First, Middle Initial)

**B. FORREST FERRARI**

Mailing Address 1170 SW LIGHTHOUSE DR

City  
PALM CITY

State Zip Code  
FL 34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA114056**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. MR EDWARD FISCHER**

Mailing Address 465 OLD STONE RD

City  
RIDGEWOOD

State Zip Code  
NJ 07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL PROD INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113690**

Amount of Each Receipt this Period

50.00

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

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

302.23

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 150 OF 231

☒ 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. KEVIN FRANCO**

Mailing Address 140 BELLAIR ROAD  
UNIT Q

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 FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113835**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. FELIX FRUEH**

Mailing Address 14401 FALLING LEAF DRIVE

City State Zip Code  
DARNESTOWN MD 20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP RESEARCH & DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113984**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR TRACY FURGIUELE**

Mailing Address 7773 TILLINGHAST DRIVE

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113847**

Amount of Each Receipt this Period

150.00

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

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

250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 151 OF 231

☒ 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 JOSEPH GALARDI**

Mailing Address 24 MOREHOUSE PL

City

NEW PROVIDENCE

State

NJ

Zip Code

07974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113560**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR BARNEY GALLASSIO**

Mailing Address 69 LAKEVIEW DR

City

OLD TAPPAN

State

NJ

Zip Code

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113783**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR FRANK GENTILELLA**

Mailing Address 20 BROOKSHIRE DR

City

ROBBINSVILLE

State

NJ

Zip Code

08691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113668**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 152 OF 231  
(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. LILLIAN GERMAN**

Mailing Address 238A MARYLAND AVE NE

City State Zip Code  
 WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA114000**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MR JONAH GITLITZ**

Mailing Address 43 OVERLOOK RIDGE

City State Zip Code  
 OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113628**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL GOERDT**

Mailing Address 1700 SUNRISE COURT

City State Zip Code  
 BURNSVILLE MN 55306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113756**

Amount of Each Receipt this Period

50.00

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

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

130.00



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

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

FOR LINE NUMBER: PAGE 153 OF 231  
(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. JOHN GOLDEN**

Mailing Address 8702 CHELMSFORD LANE

City  
SPRING

State  
TX

Zip Code  
77379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA114036**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR JAMES GRANT II**

Mailing Address 1928 BEVERLY LANE

City

BUFFALO GROVE

State

IL

Zip Code

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113683**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS TRACY GRUNSFELD**

Mailing Address 211 NORTH END AVENUE  
APT 3C

City

NEW YORK

State

NY

Zip Code

10282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113621**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 154 OF 231

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MR RICHARD GUIOR**

Mailing Address 50 BELLEVUE AVE

 City  
 SUMMIT

 State  
 NJ

 Zip Code  
 07901

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP BIAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : INCA113578**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. MS VALERIE HAERTEL**

Mailing Address 7 PARSLOE COURT

 City  
 MAHWAH

 State  
 NJ

 Zip Code  
 07430

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INVESTOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : INCA113957**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS SHANA HART**

Mailing Address 20 FAIR GREEN DRIVE

 City  
 TROPHY CLUB

 State  
 TX

 Zip Code  
 76262

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : INCA113735**

Amount of Each Receipt this Period

50.00

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

190.00

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

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

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

FOR LINE NUMBER: PAGE 155 OF 231  
(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 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 ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113562**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

## **B. MR THOMAS HEKKER**

Mailing Address 28 WEST THRID STREET #1332

City State Zip Code  
SOUTH ORANGE NJ 07079

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113919**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113622**

Amount of Each Receipt this Period

1.00

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

223.31

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

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

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

 FOR LINE NUMBER: PAGE 156 OF 231  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MR STEPHEN HOBSON**

Mailing Address 16 LUTH TERRACE

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY OPS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	9		2	0	1	2		

**Transaction ID : INCA113786**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. MR ROGER HOLLAND**

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	9		2	0	1	2		

**Transaction ID : INCA113779**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR STEPHEN HOLODAK**

Mailing Address 5 SUNCLIFF DR

City

TARRYTOWN

State

NY

Zip Code

10591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	9		2	0	1	2		

**Transaction ID : INCA113801**

Amount of Each Receipt this Period

80.00

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

322.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 157 OF 231

☒ 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. RITA HOLT**

Mailing Address 1558 N PISGAH ROAD

City State Zip Code  
 CORDOVA TN 38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA114028**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. 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 OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA114020**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR STEVEN HOROWITZ**

Mailing Address 4 MELISSA COURT

City State Zip Code  
 MONTVILLE NJ 07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NEW MARKETS FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113951**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 158 OF 231  
(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 BERNARD HUKILL**

Mailing Address 310 FULLER DRIVE

City State Zip Code  
 BERGHEIM TX 78004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113820**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS KIMBERLY HUMPHRIES**

Mailing Address 10010 POINTE COVE

City State Zip Code  
 LAKELAND TN 38002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA114045**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR DAVID ISRAEL**

Mailing Address 750 COLUMBUS AVENUE  
 APT 6M

City State Zip Code  
 NEW YORK NY 10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP INT'L STAKEHOLDER RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113566**

Amount of Each Receipt this Period

50.00

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

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

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 231

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DR SUSAN ITO HOLLANDER**

Mailing Address 6366 SW 90TH STREET

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	9		2	0	1	2		

**Transaction ID : INCA113576**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS MARIANNE JACKS**

Mailing Address 329 MORRIS AVENUE

City

MOUNTAIN LAKES

State

NJ

Zip Code

07046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	9		2	0	1	2		

**Transaction ID : INCA113601**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS TERESE JACKSON**

Mailing Address 6085 S. PRESTON LANE

City

NEW BERLIN

State

WI

Zip Code

53151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	9		2	0	1	2		

**Transaction ID : INCA113623**

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 160 OF 231  
(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 MICHELLE JAEGER**

Mailing Address 302 HERMAN TERRACE

City State Zip Code  
HOPKINS MN 55343

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113924**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR JASON JAMES**

Mailing Address RR 2 BOX 2036

City State Zip Code  
CANADENSIS PA 18325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHYSICIAN ENGAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113569**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. 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  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113613**

Amount of Each Receipt this Period

50.00

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

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

135.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 161 OF 231

☒ 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. MRS REGINA JONES**

Mailing Address POST OFFICE BOX 750995

City State Zip Code  
 LAS VEGAS NV 89136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113694**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **B. 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

SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113734**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113784**

Amount of Each Receipt this Period

50.00

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 162 OF 231  
(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. JOAN KENNEDY**

Mailing Address 130 N SEWALL'S POINT ROAD

City State Zip Code  
 STUART FL 34996

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP PERSONAL HEALTH SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA114011**

Amount of Each Receipt this Period

192.25

Full Name (Last, First, Middle Initial)

## **B. 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 ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113903**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

## **C. MS KATHLEEN KORDUCKI**

Mailing Address 159 WINFIELD DR

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113629**

Amount of Each Receipt this Period

50.00

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

434.55

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 163 OF 231

☒ 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)**

Full Name (Last, First, Middle Initial)

**A. 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

SVP MEMBER SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113848**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. 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

BUSINESS PROCESS CHAMPION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113799**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MS CYNTHIA LAUBACHER**

Mailing Address 1100 KIMBERLY COURT

City State Zip Code  
 ROSEVILLE CA 95661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113775**

Amount of Each Receipt this Period

100.00

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

330.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 164 OF 231

☒ 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 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 SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113769**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. DAVID LOSCHINSKEY**

Mailing Address 4500 MT GILLESPIE DR

City State Zip Code  
 LAKELAND TN 38002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP BIAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA114043**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR ROSS LUCE**

Mailing Address 1066 WEST GROVE CT

City State Zip Code  
 GIBSONIA PA 15044

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113661**

Amount of Each Receipt this Period

30.00

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

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

130.00

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

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

FOR LINE NUMBER: PAGE 165 OF 231  
(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 MICHAEL MANDAGLIO**

Mailing Address 29 GREEN WAY

City State Zip Code  
 NEW PROVIDENCE NJ 07974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MEDCO HEALTH SOLUTIONS

Occupation  
 VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113577**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS MICHELLE MANOLOVIC**

Mailing Address 28640 BRAELOCH COURT

City State Zip Code  
 LAKE BLUFF IL 60044

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113596**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. 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 PHARMA STRAT & SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113838**

Amount of Each Receipt this Period

192.30

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

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

272.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 166 OF 231  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 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

PER DIEM - ESI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
03			29			2012					

**Transaction ID : INCA113879**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**B. CRAIG MEARS**

Mailing Address 106 MEADOWLAKE CT

City	State	Zip Code
HENDERSONVILLE	TN	37075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
03			29			2012					

**Transaction ID : INCA114027**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DAVID MILLER**

Mailing Address 7 CLOVER LANE

City	State	Zip Code
RANDOLPH	NJ	07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
03			29			2012					

**Transaction ID : INCA113582**

Amount of Each Receipt this Period

50.00

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

292.31

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 167 OF 231

☒ 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. PAMELA MILLER**

Mailing Address 158 SUMMIT AVENUE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP SUSTAIN & COMMUNITY INVEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113913**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

## **B. MS JULIANA MOLEK**

Mailing Address 8620 LAKE RILEY DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317

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 Y  
03 / 29 / 2012

**Transaction ID : INCA113684**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR THOMAS MORIARTY**

Mailing Address 41 LAKE ROAD

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

GENL C-SEC-SVP PHARM STRAT SOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113567**

Amount of Each Receipt this Period

192.00

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

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

297.00

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

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

FOR LINE NUMBER: PAGE 168 OF 231  
(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 THERESA MORMILE**

Mailing Address 59 VALLEY VIEW TER

City State Zip Code  
MONTVALE NJ 07645

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113839**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR CRAIG MORRIS**

Mailing Address N 49 W 25648 MCKERROW DR

City State Zip Code  
PEWAUKEE WI 53072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113718**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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 SOLUTIONS

Occupation  
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113627**

Amount of Each Receipt this Period

50.00

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

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

150.00



✗	11a		11b		11c		12		
	13		14		15		16		17

[illegible]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 170 OF 231

☒ 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. MRS MICHELE PAIGE**

Mailing Address 12 MILLBROOK COURT

City  
LIVINGSTON

State Zip Code  
NJ 07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP RETIREE SOLUTIONS MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113736**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR PAVLOS PAVLIDIS**

Mailing Address 2780 FOLKSTONE ROAD

City  
COLUMBUS

State Zip Code  
OH 43220

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113636**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. MR ROBERT PELLEGRINI**

Mailing Address 211 WILTSIE COURT

City  
WYCKOFF

State Zip Code  
NJ 07481

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113703**

Amount of Each Receipt this Period

30.00

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

105.00

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

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

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

FOR LINE NUMBER: PAGE 171 OF 231  
(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. MERRI PENDERGRASS MD**

Mailing Address 3201 QUEENSBURY WAY WEST

City State Zip Code  
 COLLEYVILLE TX 76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113992**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. JIMMY PERREN**

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code  
 COLLIERVILLE TN 38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA114022**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. MR THOMAS PIERCE**

Mailing Address 10297 E. LAKE DR.

City State Zip Code  
 ENGLEWOOD CO 80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113954**

Amount of Each Receipt this Period

50.00

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 172 OF 231  
(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 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

SVP TRC & HEALTHCARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113790**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MS KARIN PRINCIVALLE**

Mailing Address 601 LONG BOAT CLUB ROAD  
APARTMENT 1004S

City State Zip Code  
LONG BOAT KEY FL 34228

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 ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113750**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

## **C. MR JASON PROULX**

Mailing Address 3601 LEANNE DRIVE

City State Zip Code  
FLOWER MOUND TX 75022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP OPS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113895**

Amount of Each Receipt this Period

50.00

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

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

292.30

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 173 OF 231

☒ 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 FRANCES RAO**

Mailing Address 19 ROSS ROAD

City  
SCARSDALE

State Zip Code  
NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113602**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **B. MR THOMAS REINCKENS**

Mailing Address 204 TOKENEKE RD

City  
DARIEN

State Zip Code  
CT 06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BIAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113689**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR JOSEPH REYNOLDS**

Mailing Address 9 BROWNSTONE WAY  
APT 202

City  
ENGLEWOOD

State Zip Code  
NJ 07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113908**

Amount of Each Receipt this Period

70.00

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

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

195.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 174 OF 231

☒ 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. ELIZABETH RITCHIE**

Mailing Address 27 DAY RD

City State Zip Code  
 PLEASANT VALLEY CT 06063

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113959**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS DONNA ROSEN**

Mailing Address 7 RED OAK LANE

City State Zip Code  
 KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113833**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR RICHARD RUBINO**

Mailing Address 3 APACHE DRIVE

City State Zip Code  
 OAKLAND NJ 07436

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 ▼

1351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113831**

Amount of Each Receipt this Period

193.00

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

293.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 175 OF 231

☒ 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 STEVEN RUSSEK**

Mailing Address 13910 MCTYRES COVE LANE

City State Zip Code  
 MIDLOTHIAN VA 23112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP MKTG PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 29 2012

**Transaction ID : INCA113705**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR JESSE RUZICKA**

Mailing Address 334 MORRIS AVE

City State Zip Code  
 BOONTON NJ 07005

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 29 2012

**Transaction ID : INCA113926**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. MS MARY RYAN**

Mailing Address 456 RICHMOND AVENUE

City State Zip Code  
 MAPLEWOOD NJ 07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 29 2012

**Transaction ID : INCA113828**

Amount of Each Receipt this Period

78.34

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

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

158.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 176 OF 231

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MS CYNTHIA SCOTT**

Mailing Address 18650 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : INCA113580**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR JEFFREY SCOTT**

Mailing Address 7330 EVEREST LANE - NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : INCA113866**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS MONICA SCOZZARE**

Mailing Address 3021 E MILLCREEK ROAD

City

SALT LAKE CITY

State

UT

Zip Code

84109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : INCA113574**

Amount of Each Receipt this Period

50.00

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

150.00

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



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

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

FOR LINE NUMBER: PAGE 177 OF 231  
(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 GEORGE SERPIKOV**

Mailing Address 66 PROSPECT AVE

City  
WESTWOOD

State Zip Code  
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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113884**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR THOMAS SHANAHAN III**

Mailing Address 1767 FAIRMOUNT STREET

City  
CARMEL

State Zip Code  
IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ONCOLOGY TRC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113773**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM SHANNON III**

Mailing Address 711 BIRCHWOOD DRIVE

City  
WESTBURY

State Zip Code  
NY 11590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & CHIEF PROCURE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA114015**

Amount of Each Receipt this Period

192.00

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

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

272.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 178 OF 231

☒ 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 JOHN SHEA**

Mailing Address 62 FRANKLIN TURNPIKE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 29 / 2012

Transaction ID : INCA113588

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. DAWN SHERMAN**

Mailing Address 63 BRAMSHILL DRIVE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP INTL/COO JV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 29 / 2012

Transaction ID : INCA113964

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. WENDELL SHERRELL**

Mailing Address PO BOX 748

City

COLLIERVILLE

State

TN

Zip Code

38027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

DIR ACCDO CORP HR & TALENT MGT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 29 / 2012

Transaction ID : INCA113988

Amount of Each Receipt this Period

30.00

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 179 OF 231

☒ 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. JEFFREY SIMEK**

Mailing Address 3555 GRANDE TUSCANY WAY

City State Zip Code  
 NEW SMYRNA BEACH FL 32168

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113744**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. 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

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113876**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113780**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 180 OF 231  
(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. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113730**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113846**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : INCA113896**

Amount of Each Receipt this Period

192.31

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

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

292.31

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 181 OF 231

☒ 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. PETER STARK**

Mailing Address 4840 COLE ROAD

City  
MEMPHIS

State Zip Code  
TN 38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA114044**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MR CHRISTOPHER STATEN**

Mailing Address 7 FOREST LAKE DR

City  
WEST HARRISON

State Zip Code  
NY 10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113832**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

## **C. MS JILL STEARNS**

Mailing Address 13130 HALSELL DR

City  
AUSTIN

State Zip Code  
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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113878**

Amount of Each Receipt this Period

50.00

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

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

292.31

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 182 OF 231

☒ 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 AMY STEINKELLNER**

Mailing Address 728 GULF BOULEVARD  
C/O PO BOX 834

City State Zip Code  
INDIAN ROCKS BEACH FL 33785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113719**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. 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

PER DIEM - ESI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113887**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

## **C. MR GERARD STOCKER JR 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

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113678**

Amount of Each Receipt this Period

50.00

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

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

292.31

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 183 OF 231

☒ 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 SUZANNE STREDNAK**

Mailing Address 157 WATCHUNG DR

City

HAWTHORNE

State

NJ

Zip Code

07506

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113642**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MILAYNA SUBAR MD**

Mailing Address 11 RIVERSIDE DRIVE  
#8CE

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113991**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR MARK SULLIVAN**

Mailing Address 16025 PINE VALE PL.

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

BUSINESS PROCESS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113587**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 184 OF 231

☒ 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 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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113687**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MARK TANKERSLEY**

Mailing Address 1374 SAWMILL CREEK LANE

City State Zip Code  
CORDOVA TN 38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

DIR MEDICAL INFORMATICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA114041**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. 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

VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113654**

Amount of Each Receipt this Period

50.00

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

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

105.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 185 OF 231

☒ 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 MARY THORSBY**

Mailing Address 17326 ELLEN DR

City

LIVONIA

State

MI

Zip Code

48152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 29 / 2012

Transaction ID : INCA113700

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR JEFFREY TYLER**

Mailing Address 37 KNOLL TERRACE

City

HAZLET

State

NJ

Zip Code

07730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.39

Date of Receipt

03 / 29 / 2012

Transaction ID : INCA113739

Amount of Each Receipt this Period

30.77

Full Name (Last, First, Middle Initial)

**C. JEFF ULANET**

Mailing Address 8803 BELMART RD

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACCREDITO HEALTH GROUP

Occupation

VP BUS DEV - ONCOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 29 / 2012

Transaction ID : INCA113996

Amount of Each Receipt this Period

50.00

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

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

180.77

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

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

FOR LINE NUMBER: PAGE 186 OF 231  
(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. MRS JENNIFER UTTERDYKE**

Mailing Address 1881 GREENTREE ROAD

City State Zip Code  
 LEBANON OH 45036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

DIR MEDICATION SAFETY/QUALITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 29 2012

**Transaction ID : INCA113658**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. 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 PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 29 2012

**Transaction ID : INCA113649**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

1346.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 29 2012

**Transaction ID : INCA113812**

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)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 187 OF 231  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 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 ▼

1346.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

Transaction ID : INCA113917

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**B. 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 ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

Transaction ID : INCA113782

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS CATHERINE WASSON**

Mailing Address 3912 CALLE ANDALUCIA

City	State	Zip Code
SAN CLEMENTE	CA	92673

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

Transaction ID : INCA113598

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 188 OF 231

☒ 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)**

<b>A. MR TIMOTHY WENTWORTH</b> Full Name (Last, First, Middle Initial) Mailing Address 309 WATERVIEW DR City FRANKLIN LAKES State NJ Zip Code 07417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation PER DIEM - ESI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1346.17		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113667</b> Amount of Each Receipt this Period 192.31
<b>B. MR KENNETH WERMES</b> Full Name (Last, First, Middle Initial) Mailing Address 26037 N WRANGLER RD City SCOTTSDALE State AZ Zip Code 85255 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1400.00		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113748</b> Amount of Each Receipt this Period 200.00
<b>C. MS KIM WILLIAMS</b> Full Name (Last, First, Middle Initial) Mailing Address 24 PENNINGTON AVE City COLONIA State NJ Zip Code 07067 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARMACY NETWORK MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2012 <b>Transaction ID : INCA113869</b> Amount of Each Receipt this Period 10.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		402.31
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 189 OF 231

☒ 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 STEPHEN WOGEN**

Mailing Address 145 WAUGHAW ROAD

City  
TOWACO

State  
NJ

Zip Code  
07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113681**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS ELISSA WOJTOWICZ RPH**

Mailing Address 43 AZALEA PLACE

City

PISCATAWAY

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SR DIR RRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113595**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MR DANIEL ZELEM JR**

Mailing Address 219 SPOOK ROCK RD.

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDCO HEALTH SOLUTIONS

Occupation

SVP & CHIEF OF BUSINESS TECHNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1347.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : INCA113800**

Amount of Each Receipt this Period

192.50

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

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

272.50

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

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

FOR LINE NUMBER: PAGE 190 OF 231  
(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 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

**VP FINANCE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**03 / 29 / 2012**

**Transaction ID : INCA113840**

Amount of Each Receipt this Period

**50.00**

Full Name (Last, First, Middle Initial)

## **B. MR JAMES ZIRPOLI**

Mailing Address 6691 DEERVIEW DRIVE

City State Zip Code  
**LOVELAND OH 45140**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MEDCO HEALTH SOLUTIONS**

Occupation

**VP/GM**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**03 / 29 / 2012**

**Transaction ID : INCA113717**

Amount of Each Receipt this Period

**25.00**

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

**75.00**

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

**38676.69**

<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

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

#### A. INTERNAL REVENUE SERVICE

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

67.20

**B.**

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

**C.**

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

67.20

67.20

**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 192 OF 231

<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. MASSACHUSETTS DEMOCRATIC STATE COMMITTEE -FED FUND**

Mailing Address 77 SUMMER STREET, TENTH FLOOR

City	State	Zip Code
BOSTON	MA	02110

Purpose of Disbursement

011

Candidate Name  
MASSACHUSETTS DEMOCRATIC STATE COMMITTEE -FED FUNDCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2012

**Transaction ID : EXPB112284**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. MASSACHUSETTS DEMOCRATIC STATE COMMITTEE -FED FUND**

Mailing Address 77 SUMMER STREET, TENTH FLOOR

City	State	Zip Code
BOSTON	MA	02110

Purpose of Disbursement

011

Candidate Name  
MASSACHUSETTS DEMOCRATIC STATE COMMITTEE -FED FUNDCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2012

**Transaction ID : EXPB112285**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. AMERICA FORWARD LEADERSHIP PAC**

Mailing Address P.O. BOX 70980

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement

011

Candidate Name  
**LEADERSHIP PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	05	/	2012

**Transaction ID : EXPB112293**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**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 193 OF 231

<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. CLAY JR. FOR CONGRESS**

Mailing Address P.O. BOX 4544

City	State	Zip Code
St. Louis	MO	63108

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**WILLIAM LACY CLAY JR**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

**Transaction ID : EXPB112287**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. CLEAVER FOR CONGRESS**

Mailing Address 4801 MAIN STREET, SUITE 1000

City	State	Zip Code
KANSAS CITY	MO	64112

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**EMANUEL CLEAVER**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

**Transaction ID : EXPB112288**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. CLEAVER FOR CONGRESS**

Mailing Address 4801 MAIN STREET, SUITE 1000

City	State	Zip Code
KANSAS CITY	MO	64112

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**EMANUEL CLEAVER**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

**Transaction ID : EXPB112289**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

**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 194 OF 231

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO RE-ELECT ED TOWNS**

Mailing Address 438 LEWIS AVE.

City	State	Zip Code
BROOKLYN	NY	11233

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**EDOLPHUS TOWNS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

**Transaction ID : EXPB112301**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO RE-ELECT ED TOWNS**

Mailing Address 438 LEWIS AVE.

City	State	Zip Code
BROOKLYN	NY	11233

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**EDOLPHUS TOWNS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

**Transaction ID : EXPB112302**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. CONYERS FOR CONGRESS**

Mailing Address P.O. BOX 70980

City	State	Zip Code
WASHINGTON	DC	20024

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**JOHN CONYERS, JR.**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

**Transaction ID : EXPB112291**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00
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**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 195 OF 231

<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. CONYERS FOR CONGRESS**

Mailing Address P.O. BOX 70980

City  
WASHINGTONState  
DCZip Code  
20024

Purpose of Disbursement

Candidate Name

**JOHN CONYERS, JR.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

**Transaction ID : EXPB112292**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Mailing Address PO BOX 1631

City  
BALTIMOREState  
MDZip Code  
21203

Purpose of Disbursement

Candidate Name

**ELIJAH CUMMINGS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

**Transaction ID : EXPB112294**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. EDDIE BERNICE JOHNSON FOR CONGRESS**

Mailing Address 3102 MAPLE AVENUE, SUITE 605

City  
DALLASState  
TXZip Code  
75201

Purpose of Disbursement

Candidate Name

**EDDIE BERNICE JOHNSON**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

**Transaction ID : EXPB112297**

Amount of Each Disbursement this Period

2500.00
---------

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

10000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

### A. FRIENDS OF CORRINE BROWN

Date of Disbursement

Transaction ID : EXPB112286

011

Amount of Each Disbursement this Period

Category/  
Type

CORRINE BROWN

Office Sought: ☒ House  
☐ Senate  
☐ President  
 State: FL District: 03

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

3000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM CLYBURN**

Date of Disbursement

MM / DD / YYYY

Mailing Address P.O. BOX 12567

City	State	Zip Code
COLUMBIA	SC	29211

Transaction ID : EXPB112290

### Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

JIM CLYBURN

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	SC	District: 06

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

Year	Number of people (millions)
1990	1000
1995	1200
2000	1150
2005	1350
2010	1600

Full Name (Last, First, Middle Initial)  
C. HASTINGS FOR CONGRESS

Date of Disbursement

Mailing Address PO BOX 100277

City	State	Zip Code
FORT LAUDERDALE	FL	33310

Transaction ID : EXPB112295

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
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31	32
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37	38
39	40
41	42
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45	46
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75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

ALCEE HASTINGS

Office Sought: ☒ House  
☐ Senate  
☐ President  
 State: FL District: 23

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

1500.00

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

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

6500.00

**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 197 OF 231

<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. HASTINGS FOR CONGRESS**

Mailing Address PO BOX 100277

City	State	Zip Code
FORT LAUDERDALE	FL	33310

Purpose of Disbursement

Candidate Name

**ALCEE HASTINGS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 23

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

**Transaction ID : EXPB112296**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. LONGHORN PAC**

Mailing Address P.O. BOX 30844

City	State	Zip Code
BETHESDA	MD	20824

Purpose of Disbursement

Candidate Name

**LEADERSHIP PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

**Transaction ID : EXPB112300**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. MCCASKILL VICTORY FUND**

Mailing Address 208 MADISON STREET

City	State	Zip Code
Jefferson City	MO	65101

Purpose of Disbursement

Candidate Name

**JOINT FUNDRAISING COMMITTEE**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

**Transaction ID : EXPB112304**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**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 198 OF 231

<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. MEL WATT FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2012

Mailing Address P.O. BOX 36831

City	State	Zip Code
CHARLOTTE	NC	28236

**Transaction ID : EXPB112303**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

3000.00
---------

Candidate Name

**MELVIN WATT**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 12

Full Name (Last, First, Middle Initial)

**B. MISSOURIANS FOR ACCOUNTABILITY AND CHANGE (MACPAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2012

Mailing Address 700 13TH STREET, NW, SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

**Transaction ID : EXPB112305**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**LEADERSHIP PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. TEXANS FOR LAMAR SMITH**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2012

Mailing Address P.O. BOX 6155

City	State	Zip Code
SAN ANTONIO	TX	78209

**Transaction ID : EXPB112299**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

4000.00
---------

Candidate Name

**LAMAR SMITH**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 21

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00
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**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 199 OF 231

<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. ALLYSON SCHWARTZ FOR CONGRESS**

Mailing Address P.O. BOX 2232

City	State	Zip Code
JENKINTOWN	PA	19046

Purpose of Disbursement

011

Candidate Name

**ALLYSON Y. SCHWARTZ**Category/  
Type
 Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2012

**Transaction ID : EXPB112889**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**B. BILIRAKIS FOR CONGRESS**

Mailing Address P.O. BOX 606

City	State	Zip Code
TARPON SPRINGS	FL	34688

Purpose of Disbursement

011

Candidate Name

**GUS MICHAEL BILIRAKIS**Category/  
Type
 Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2012

**Transaction ID : EXPB112849**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR ALTMIRE**

Mailing Address P.O. BOX 1776

City	State	Zip Code
FREEDOM	PA	15042

Purpose of Disbursement

011

Candidate Name

**JASON ALTMIRE**Category/  
Type
 Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2012

**Transaction ID : EXPB112846**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**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 200 OF 231

<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. IMPACT**

Mailing Address 192 LEXINGTON AVENUE, SUITE 1001

City	State	Zip Code
NEW YORK	NY	10016

Purpose of Disbursement

Candidate Name

**LEADERSHIP PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2012

**Transaction ID : EXPB112895**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. LARSON FOR CONGRESS**

Mailing Address P.O. BOX 479

City	State	Zip Code
GLASTONBURY	CT	06033

Purpose of Disbursement

Candidate Name

**JOHN B. LARSON**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CT District: 01

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2012

**Transaction ID : EXPB112876**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. PROSPERITY PAC**

Mailing Address 1006 PENDLETON ST.

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement

Candidate Name

**LEADERSHIP PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2012

**Transaction ID : EXPB112888**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12000.00
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**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 201 OF 231

<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. SCOTT GARRETT FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2012

Mailing Address P.O. BOX 905

City	State	Zip Code
NEWTON	NJ	07860

**Transaction ID : EXPB112866**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**E. SCOTT GARRETT**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 05

Full Name (Last, First, Middle Initial)

**B. STEVE COHEN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2012

Mailing Address 349 KENILWORTH PLACE

City	State	Zip Code
MEMPHIS	TN	38112

**Transaction ID : EXPB112859**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**STEVE COHEN**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 09

Full Name (Last, First, Middle Initial)

**C. ALAMO PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2012

Mailing Address 1020 NORTH FAIRFAX STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

**Transaction ID : EXPB112944**Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 10/21/11

011

Amount of Each Disbursement this Period

-1000.00
----------

Candidate Name

**LEADERSHIP PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**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 202 OF 231

<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. CONSERVATIVES ORGANIZED TO ADVANCE TOMORROW'S SOLUTIONS (COATSPAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2012

Mailing Address PO BOX 34303

City	State	Zip Code
INDIANAPOLIS	IN	46234

**Transaction ID : EXPB112986**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**LEADERSHIP PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. FREEDOM FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2012

Mailing Address 701 8TH STREET, NW, SUITE 500

City	State	Zip Code
WASHINGTON	DC	20001

**Transaction ID : EXPB112988**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**LEADERSHIP PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2012

Mailing Address P.O. BOX 44369  
250 EDEN PRAIRIE CENTER DRIVE

City	State	Zip Code
EDEN PRAIRIE	MN	55344

**Transaction ID : EXPB112987**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**ERIK PAULSEN**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District: 03

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12000.00
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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

3000.00

2500.00

1500.00

State: CO District: 04

7000.00

**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 204 OF 231

<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. GLACIER PAC**

Mailing Address 3242 CUMMINS WAY, SUITE 603

City	State	Zip Code
MISSOULA	MT	59802

Purpose of Disbursement

Candidate Name

**LEADERSHIP PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2012

**Transaction ID : EXPB112993**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. HAGAN FOR US SENATE INC**

Mailing Address PO BOX 29103

City	State	Zip Code
GREENSBORO	NC	27429

Purpose of Disbursement

Candidate Name

**KAY HAGAN**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2012

**Transaction ID : EXPB112994**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address P.O. BOX 12667

City	State	Zip Code
BAKERSFIELD	CA	93389

Purpose of Disbursement

Candidate Name

**KEVIN MCCARTHY**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 22

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2012

**Transaction ID : EXPB112998**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**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 205 OF 231

<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. LANCE FOR CONGRESS**

Mailing Address P.O. BOX 225

City  
COLONIAState  
NJZip Code  
07067

Purpose of Disbursement

011

Candidate Name

**LEONARD LANCE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : EXPB112996**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. LAUTENBERG FOR SENATE**

Mailing Address P.O. BOX 200596

RIVERFRONT PLAZA STATION

City  
NEWARKState  
NJZip Code  
07102

Purpose of Disbursement

011

Candidate Name

**FRANK R. LAUTENBERG**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : EXPB112997**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. NEXT CENTURY FUND**

Mailing Address 116 S ROYAL STREET

City  
AlexandriaState  
VAZip Code  
22314

Purpose of Disbursement

011

Candidate Name

**LEADERSHIP PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : EXPB113002**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00
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**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 206 OF 231

<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. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City	State	Zip Code
LONG BRANCH	NJ	07740

Purpose of Disbursement

011

Candidate Name

**FRANK PALLONE, JR**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : EXPB112999**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City	State	Zip Code
LONG BRANCH	NJ	07740

Purpose of Disbursement

011

Candidate Name

**FRANK PALLONE, JR**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : EXPB113000**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. TEXANS FOR SENATOR JOHN CORNYN INC**

Mailing Address PO BOX 13026

City	State	Zip Code
AUSTIN	TX	78711

Purpose of Disbursement

011

Candidate Name

**JOHN CORNYN**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : EXPB113001**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00
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**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 207 OF 231

<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. FRIENDS OF MIKE LEE INC.**

Mailing Address 190 WEST 800 NORTH STE 100

City PROVO	State UT	Zip Code 84601
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Purpose of Disbursement

Candidate Name

**MIKE LEE**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2012

**Transaction ID : EXPB113006**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. HELLER FOR SENATE**

Mailing Address PO BOX 371907

City LAS VEGAS	State NV	Zip Code 89137
-------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**DEAN HELLER**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2012

**Transaction ID : EXPB112995**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET NW, SUITE 600

City WASHINGTON	State DC	Zip Code 20005
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Purpose of Disbursement

Candidate Name

**STENY HAMILTON HOYER**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2012

**Transaction ID : EXPB113005**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**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 208 OF 231

<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. CLARKE FOR CONGRESS**

Mailing Address 111-36 200th STREET

City	State	Zip Code
Hollis	NY	11412

Purpose of Disbursement

Candidate Name

**YVETTE D. CLARKE**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 11

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2012

**Transaction ID : EXPB113008**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. NEW YORKERS FOR YVETTE D. CLARKE**

Mailing Address 242 MIDWOOD STREET

City	State	Zip Code
Brooklyn	NY	11225

Purpose of Disbursement

VOID CHECK ORIGINALLY ISSUED 02/03/2012

Candidate Name

**YVETTE D. CLARKE**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 11

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2012

**Transaction ID : EXPB113007**

Amount of Each Disbursement this Period

-1500.00
----------

Full Name (Last, First, Middle Initial)

**C. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement

Candidate Name

**KEVIN BRADY**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 08

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : EXPB113554**

Amount of Each Disbursement this Period

3000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**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 209 OF 231

<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. CARPER FOR SENATE**

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City NEW CASTLE	State DE	Zip Code 19720
--------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**THOMAS CARPER**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : EXPB113544**

Amount of Each Disbursement this Period

4500.00
---------

Full Name (Last, First, Middle Initial)

**B. DAN COATS FOR INDIANA**

Mailing Address PO BOX 301141

City INDIANAPOLIS	State IN	Zip Code 46230
----------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**DANIEL R COATS**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : EXPB113545**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. DAN COATS FOR INDIANA**

Mailing Address PO BOX 301141

City INDIANAPOLIS	State IN	Zip Code 46230
----------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**DANIEL R COATS**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

**Transaction ID : EXPB113546**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14500.00
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**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 210 OF 231

<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. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Mailing Address 25 EAST MAIN STREET, SUITE 200

City	State	Zip Code
RICHMOND	VA	23219

**Transaction ID : EXPB113555**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**LEADERSHIP PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. FORWARD TOGETHER PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Mailing Address 201 NORTH UNION STREET, SUITE 300

City	State	Zip Code
ALEXANDRIA	VA	22314

**Transaction ID : EXPB113551**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**LEADERSHIP PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN THUNE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Mailing Address P.O. BOX 841

City	State	Zip Code
SIOUX FALLS	SD	57101

**Transaction ID : EXPB113549**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

3000.00
---------

Candidate Name

**JOHN THUNE**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: SD District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13000.00
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**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 211 OF 231

<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. FRIENDS OF SHERROD BROWN**

Mailing Address 328 MASSACHUSETTS AVENUE, NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**SHERROD BROWN**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : EXPB113559**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. HOLDING ONTO OREGON'S PRIORITIES**

Mailing Address P.O. BOX 3314

City PORTLAND	State OR	Zip Code 97208
------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**GENERAL PURPOSE COMMITTEE**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : EXPB113553**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. MAKING BUSINESS EXCEL PAC**

Mailing Address PO BOX 3241

City CHEYENNE	State WY	Zip Code 82001
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Purpose of Disbursement

Candidate Name

**LEADERSHIP PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : EXPB113547**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**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 212 OF 231

<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. MIDWEST VALUES PAC**

Mailing Address 1718 M STREET NW, SUITE 230

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**LEADERSHIP PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : EXPB113548**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City	State	Zip Code
SACRAMENTO	CA	95841

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**MIKE THOMPSON**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2012	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : EXPB113556**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. NEBRASKANS FOR KERREY**

Mailing Address P.O. BOX 45820

City	State	Zip Code
Omaha	NE	68145

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**ROBERT KERREY**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2012	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: NE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : EXPB113558**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**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 213 OF 231

<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. NEW PIONEERS PAC**

Mailing Address 228 SOUTH WASHINGTON STREET, SUITE

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement

Candidate Name

**LEADERSHIP PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : EXPB113557**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 8331 LITTLE HARBOR DRIVE

City	State	Zip Code
CINCINNATI	OH	45244

Purpose of Disbursement

Candidate Name

**ROB PORTMAN**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : EXPB113550**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. SCOTT BROWN FOR US SENATE COMMITTEE**

Mailing Address 337 SUMMER STREET

City	State	Zip Code
BOSTON	MA	02210

Purpose of Disbursement

Candidate Name

**SCOTT BROWN**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

**Transaction ID : EXPB113543**

Amount of Each Disbursement this Period

4000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14000.00
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**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 214 OF 231

<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. TENN POLITICAL ACTION COMMITTEE (TENN PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Mailing Address 228 SOUTH WASHINGTON STREET, SUITE

City	State	Zip Code
ALEXANDRIA	VA	22314

**Transaction ID : EXPB113542**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**LEADERSHIP PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. WILSON FOR SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Mailing Address P.O. BOX 10248

City	State	Zip Code
Albuquerque	NM	87184

**Transaction ID : EXPB113552**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**HEATHER WILSON**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

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Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

223500.00

**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 215 OF 231

<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. BEV PERDUE COMMITTEE**

Mailing Address PO BOX 12086

City	State	Zip Code
Raleigh	NC	27605

Purpose of Disbursement  
VOID LOST CHECK ORIGINALLY ISSUED 01/23/2011

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

**Transaction ID : EXPB112906**

Amount of Each Disbursement this Period

-2000.00
----------

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR TAVARES**

Mailing Address 5632 FARMS DRIVE

City	State	Zip Code
Columbus	OH	43213

Purpose of Disbursement  
VOID LOST CHECK ORIGINALLY ISSUED 07/14/2011

011

Candidate Name

**NON FEDERAL CONTRIBUTION**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

**Transaction ID : EXPB112910**

Amount of Each Disbursement this Period

-250.00
---------

Full Name (Last, First, Middle Initial)

**C. COYLE FOR ASSEMBLY**

Mailing Address 55 VAN HOLTEN ROAD

City	State	Zip Code
BASKING RIDGE	NJ	07920

Purpose of Disbursement  
VOID LOST CHECK ORIGINALLY ISSUED 06/28/2011

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

**Transaction ID : EXPB112907**

Amount of Each Disbursement this Period

-500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-2750.00
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**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 216 OF 231

<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. ELECTION FUND OF JOAN QUIGLEY**

Mailing Address 348 FAIRMOUNT AVENUE

City	State	Zip Code
JERSEY CITY	NJ	07306

Purpose of Disbursement  
VOID LOST CHECK ORIGINALLY ISSUED 06/28/2011

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

**Transaction ID : EXPB112908**

Amount of Each Disbursement this Period

-500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARY-DULANY JAMES**

Mailing Address 131 SOUTH UNION AVENUE

City	State	Zip Code
HAVRE DE GRACE	MD	21078

Purpose of Disbursement  
VOID LOST CHECK ORIGINALLY ISSUED 07/21/2010

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

**Transaction ID : EXPB112904**

Amount of Each Disbursement this Period

-300.00
---------

Full Name (Last, First, Middle Initial)

**C. JIM KEFFER CAMPAIGN**

Mailing Address 1105 SOUTH SEMAN

City	State	Zip Code
EASTLAND	TX	76448

Purpose of Disbursement  
VOID LOST CHECK ORIGINALLY ISSUED 10/07/2010

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

**Transaction ID : EXPB112905**

Amount of Each Disbursement this Period

-1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1800.00
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**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 217 OF 231

<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. KOPPELMAN FOR ND HOUSE DISTRICT 17**

Mailing Address 513 FIRST AVENUE, NW

City	State	Zip Code
FARGO	ND	58078

Purpose of Disbursement  
VOID LOST CHECK ORIGINALLY ISSUED 05/14/2010

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

**Transaction ID : EXPB112903**

Amount of Each Disbursement this Period

-400.00
---------

Full Name (Last, First, Middle Initial)

**B. POU FOR SENATE**

Mailing Address P.O. BOX 2696

City	State	Zip Code
Paterson	NJ	07509

Purpose of Disbursement  
VOID LOST CHECK ORIGINALLY ISSUED 06/28/2011

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

**Transaction ID : EXPB112909**

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**C. BOYD VICTORY COMMITTEE**

Mailing Address PO BOX 265

City	State	Zip Code
Lampeter	PA	17537

Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 12/2/11

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

**Transaction ID : EXPB112916**

Amount of Each Disbursement this Period

-1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-2400.00
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**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 218 OF 231

<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 CURT SCHRODER**

Mailing Address 3760 E. FISHERVILLE ROAD

City	State	Zip Code
Downingtown	PA	19335

Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 12/2/11

Candidate Name

**NON-FEDERAL CONTRIBUTION**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

**Transaction ID : EXPB112915**

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**B. JANE EARLL FOR SENATE**

Mailing Address P.O. BOX 6527

City	State	Zip Code
Erie	PA	16512

Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 12/2/11

Candidate Name

**NON-FEDERAL CONTRIBUTION**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

**Transaction ID : EXPB112914**

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**C. ARIC NESBITT FOR STATE REPRESENTATIVE**

Mailing Address P.O. BOX 400

City	State	Zip Code
LAWTON	MI	49065

Purpose of Disbursement

Candidate Name

**NON-FEDERAL CONTRIBUTION**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112932**

Amount of Each Disbursement this Period

250.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1750.00
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**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 219 OF 231

<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. CHIUSANO FOR ASSEMBLY**

Mailing Address 18 PELLETOWN ROAD

City  
AUGUSTAState  
NJZip Code  
07822

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**NON-FEDERAL CONTRIBUTION**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112938**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. CITIZENS TO ELECT DEB SHAUGHNESSY STATE REP.**

Mailing Address 956 CHADS WAY

City  
CHARLOTTEState  
MIZip Code  
48813

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**NON-FEDERAL CONTRIBUTION**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112935**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT GRETCHEN WHITMER**

Mailing Address P.O. BOX 11063

City  
LANSINGState  
MIZip Code  
48901

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**NON-FEDERAL CONTRIBUTION**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112925**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00
---------

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**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 220 OF 231

<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. COMMITTEE TO ELECT JOEL JOHNSON**

Mailing Address PO BOX 280

City  
CLAREState  
MIZip Code  
48617

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112931**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT MARK OUIMET**

Mailing Address 310 NORTH MAIN STREET, SUITE 160

City  
CHELSEAState  
MIZip Code  
48118

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112933**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT MIKE SHIRKEY**

Mailing Address 11757 SUTFIN ROAD

City  
ClarklakeState  
MIZip Code  
49234

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112936**

Amount of Each Disbursement this Period

250.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00
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**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 222 OF 231

<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. DAVE ROBERTSON FOR STATE SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2012

Mailing Address PO BOX 181

City	State	Zip Code
GRAND BLANC	MI	48480

**Transaction ID : EXPB112921**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2012

**B. ELECT JEFF FARRINGTON COMMITTEE**

Mailing Address 8830 SUMMERS COURT

City	State	Zip Code
Utica	MI	48317

**Transaction ID : EXPB112927**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2012

**C. FOLWELL COMMITTEE**

Mailing Address PO BOX 5424

City	State	Zip Code
WINSTON-SALEM	NC	27113

**Transaction ID : EXPB112940**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

500.00

250.00

1500.00

**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 223 OF 231

<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. FRANK FOSTER FOR HOUSE**

Mailing Address P.O. BOX 452

City	State	Zip Code
Pellston	MI	49769

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112928**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LISA POSTHUMUS LYONS**

Mailing Address 7815 ALDEN NASH S.E.

City	State	Zip Code
ALTO	MI	49302

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112942**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF WAYNE SCHMIDT**

Mailing Address P.O. BOX 25

City	State	Zip Code
Traverse City	MI	49685

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112934**

Amount of Each Disbursement this Period

250.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00
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**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 224 OF 231

<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. JIM MARLEAU FOR STATE SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2012

Mailing Address 3181 SANDOVAL

City	State	Zip Code
LAKE ORION	MI	48360

**Transaction ID : EXPB112920**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District:

Full Name (Last, First, Middle Initial)

**B. JOE HUNE FOR STATE SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2012

Mailing Address 4849 HOGBACK ROAD

City	State	Zip Code
FOWLerville	MI	48836

**Transaction ID : EXPB112922**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District:

Full Name (Last, First, Middle Initial)

**C. JUDY EMMONS FOR STATE SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2012

Mailing Address 506 E CARSON CITY ROAD

City	State	Zip Code
SHERIDAN	MI	48884

**Transaction ID : EXPB112918**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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**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 225 OF 231

<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. MATT HUUKI FOR STATE REPRESENTATIVE**

Mailing Address 13895 ROVA ROAD

City	State	Zip Code
Atlantic Mine	MI	49905

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112930**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. NEW JOBS PAC**

Mailing Address PO BOX 1600

City	State	Zip Code
Trenton	NJ	08607

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112939**

Amount of Each Disbursement this Period

7200.00
---------

Full Name (Last, First, Middle Initial)

**C. REBEKAH WARREN FOR STATE SENATE**

Mailing Address 234 EIGHTH STREET

City	State	Zip Code
ANN ARBOR	MI	48103

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112917**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7950.00

**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 OF 231

<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. RICK JONES FOR STATE SENATE**

Mailing Address P.O. BOX 115

City	State	Zip Code
Grand Ledge	MI	48837

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112923**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. TONYA SCHUITMAKER FOR STATE SENATE**

Mailing Address PO BOX 1116

City	State	Zip Code
PORTAGE	MI	49081

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112924**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. VAN HOLLEN FOR ATTORNEY GENERAL**

Mailing Address PO BOX 843

City	State	Zip Code
MADISON	WI	53701

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : EXPB112941**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X		30b

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

**A. COMITE AMIGOS ROBERTO RIVERA**

Date of Disbursement

03 / 15 / 2012

Transaction ID : EXPB112943

011

Category/  
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

-500.00

**B. STACEY DAHL FOR DISTRICT 42 REPRESENTATIVE**

Date of Disbursement

MM / DD / YYYY

Transaction ID : EXPB113529

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: ND District:

Amount of Each Disbursement this Period

-200.00

### C. APODACA FOR NC SENATE COMMITTEE

Date of Disbursement

Three digital displays are shown, each with a date format. The first display shows '03' with two small squares above it. The second display shows '27' with two small squares above it. The third display shows '2012' with four small squares above it.

Transaction ID : EXPB113539

011

Category/  
Type

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

State: NC District:

Amount of Each Disbursement this Period

2000.00

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

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

1300.00

**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 228 OF 231

<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. APODACA FOR NC SENATE COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2012

Mailing Address 1504 5TH AVENUE WEST

City	State	Zip Code
HENDERSONVILLE	NC	28736

**Transaction ID : EXPB113537**Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 11/29/11

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

-2000.00

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT THOM TILLIS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2012

Mailing Address 17209 GREEN DOLPHIN LANE

City	State	Zip Code
CORNELIUS	NC	28031

**Transaction ID : EXPB113534**Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 11/29/11

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

-2000.00

Full Name (Last, First, Middle Initial)

**C. JOE HACKNEY FOR HOUSE COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2012

Mailing Address PO BOX 1329 ORANGE

City	State	Zip Code
CHAPEL HILL	NC	27514

**Transaction ID : EXPB113532**Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 11/29/11

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

-1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-5000.00

**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 229 OF 231

<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. JOSH STEIN FOR NC SENATE COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address PO BOX 10382

City	State	Zip Code
RALEIGH	NC	27605

**Transaction ID : EXPB113533**Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 11/29/11

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

-1000.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

**B. NORTH CAROLINA DEMOCRATIC PARTY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address 220 HILLSBOROUGH STREET

City	State	Zip Code
RALEIGH	NC	27603

**Transaction ID : EXPB113530**Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 11/29/11

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

-2000.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

**C. NORTH CAROLINA REPUBLICAN PARTY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address P.O. BOX 12905

City	State	Zip Code
RALEIGH	NC	27605

**Transaction ID : EXPB113531**Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 11/29/11

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

-2000.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-5000.00

**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 230 OF 231

<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. SENATOR PHIL BERGER COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address 110 WEST MEADOW ROAD

City	State	Zip Code
EDEN	NC	27289

**Transaction ID : EXPB113536**Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 11/29/11

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

-1500.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

**B. SENFRONIA THOMPSON CAMPAIGN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address 1300 MAIN STREET, SUITE 300

City	State	Zip Code
Houston	TX	77002

**Transaction ID : EXPB113538**Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 11/29/11

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

-1000.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Full Name (Last, First, Middle Initial)

**C. THE COMMITTEE TO ELECT LINDA GARROU**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

Mailing Address PO BOX 11843

City	State	Zip Code
WINSTON-SALEM	NC	27116

**Transaction ID : EXPB113535**Purpose of Disbursement  
VOID CHECK ORIGINALLY ISSUED 11/29/11

011

Amount of Each Disbursement this Period

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

-1000.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-3500.00

**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 231 OF 231

<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 DAVE REED**

Mailing Address P.O. BOX 11787

City  
HarrisburgState  
PAZip Code  
17108

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

**Transaction ID : EXPB113540**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. HOUSE REPUBLICAN CAMPAIGN COMMITTEE**

Mailing Address P.O. BOX 11787

City  
HARRISBURGState  
PAZip Code  
17108

Purpose of Disbursement

011

Candidate Name

**NON-FEDERAL CONTRIBUTION**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

**Transaction ID : EXPB113541**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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-1200.00
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