

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

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

ADDRESS (number and street)

591 REDWOOD HWY., #4000

☐Check if different  
than previously  
reported. (ACC)

MILL VALLEY

CA

94941

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

04

01

2007

through

04

30

2007

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

Type or Print Name of Treasurer

JASON D. KAUNE

Signature of Treasurer

Electronically Filed by JASON D. KAUNE

Date

05

16

2007

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

Office Use Only							
-----------------------	--	--	--	--	--	--	--

**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		197543.58
(b) Cash on Hand at Beginning of Reporting Period .....	222072.56	
(c) Total Receipts (from Line 19) .....	48924.63	166080.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	270997.19	363624.47
7. Total Disbursements (from Line 31) .....	58050.00	150677.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	212947.19	212947.19
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
	11 07 2006	CA

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	46779.38	112894.57
(i) Itemized (use Schedule A) .....	2070.16	52922.34
(ii) Unitemized .....	48849.54	165816.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	48849.54	165816.91
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	75.09	263.98
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	48924.63	166080.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	48924.63	166080.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	627.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	627.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38500.00	123000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	19550.00	27050.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	58050.00	150677.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	58050.00	150677.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	48849.54	165816.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48849.54	165816.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	627.28
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	627.28

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

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

FOR LINE NUMBER: PAGE 6 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 3127 DEVONSHIRE WAY

City State Zip Code  
GERMANTOWN TN 38139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
SENIOR VP, FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 06 / 2007

Transaction ID: INC.A.32905

Amount of Each Receipt this Period

100.00

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

Mailing Address 1813 ADONIS AVE

City State Zip Code  
HENDERSON NV 89074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 07 / 2007

Transaction ID: INC.A.33241

Amount of Each Receipt this Period

23.00

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

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code  
LAS VEGAS NV 89141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 07 / 2007

Transaction ID: INC.A.33049

Amount of Each Receipt this Period

25.00

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

148.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

City State Zip Code  
PLANT CITY FL 33567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: INC.A.32958

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR ARTHUR DAWSON  
Mailing Address 1613 GLEN HOLLOW LN

City State Zip Code  
FLOWER MOUND TX 75028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

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

Transaction ID: INC.A.33268

Amount of Each Receipt this Period

13.00

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

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: INC.A.33030

Amount of Each Receipt this Period

25.00

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

63.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

City State Zip Code  
SOUTHLAKE TX 76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.65

Date of Receipt

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

Transaction ID: INC.A.33280

Amount of Each Receipt this Period

34.45

**B.** Full Name (Last, First, Middle Initial)  
MR JOSEPH FREND0  
Mailing Address 9 GREEN HILL TRAIL

City State Zip Code  
TROPHY CLUB TX 76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: INC.A.33080

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT GIBBS  
Mailing Address 544 DENMOOR COURT

City State Zip Code  
GALLOWAY OH 43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

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

Transaction ID: INC.A.33203

Amount of Each Receipt this Period

12.50

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

96.95

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



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

FOR LINE NUMBER: PAGE 9 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 12 WADE HAMPTON TRAIL

City	State	Zip Code
HENDERSON	NV	89052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.36

Date of Receipt

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

Transaction ID: INC.A.33180

Amount of Each Receipt this Period

15.08

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

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City	State	Zip Code
POWELL	OH	43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.33010

Amount of Each Receipt this Period

25.00

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

MR ROSS LUCE

Mailing Address 2116 BELLANCA CT.

City	State	Zip Code
FLOWER MOUND	TX	75028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: INC.A.32975

Amount of Each Receipt this Period

15.00

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

55.08

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

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

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

FOR LINE NUMBER: PAGE 10 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MRS MONICA REED		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 7
Mailing Address 8475 DUNHAM STATION DRIVE		<b>Transaction ID:</b> INC.A.33227 Amount of Each Receipt this Period 25.00
City TAMPA	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR FRANK SCHULTE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 7
Mailing Address 2121 AMERICA'S CUP CIR		<b>Transaction ID:</b> INC.A.32996 Amount of Each Receipt this Period 25.00
City LAS VEGAS	State NV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation REGIONAL VP PHARMACIES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 7
Mailing Address 266 BRUSHY CREEK AVE		<b>Transaction ID:</b> INC.A.33182 Amount of Each Receipt this Period 28.85
City LAS VEGAS	State NV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.85
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.45	

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

78.85

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

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

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

FOR LINE NUMBER: PAGE 11 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City State Zip Code  
LIBERTY LAKE WA 99019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

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

Transaction ID: INC.A.33199

Amount of Each Receipt this Period

12.50

**B.** Full Name (Last, First, Middle Initial)  
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: INC.A.33060

Amount of Each Receipt this Period

50.00

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

Mailing Address 7974 FLAMETREE CT

City State Zip Code  
LAS VEGAS NV 89123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

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

Transaction ID: INC.A.32935

Amount of Each Receipt this Period

12.50

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

212.50

Date of Receipt

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

Transaction ID: INC.A.33201

Amount of Each Receipt this Period

12.50

**B.** Full Name (Last, First, Middle Initial)  
MS MARILYN WOLLETT  
Mailing Address 8174 MT AIR PL

City State Zip Code  
COLUMBUS OH 43235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: INC.A.33225

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
FRED S. BRINKLEY, JR.  
Mailing Address 4557 GOLF VISTA DRIVE

City State Zip Code  
AUSTIN TX 78730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS,  
INC.

Occupation  
V.P. PROFESSIONAL AFFAIRS, CORPORATE R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 7

Transaction ID: INC.A.32469

Amount of Each Receipt this Period

1300.00

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

1337.50

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

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

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

FOR LINE NUMBER: PAGE 13 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL GOLDSTEIN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 3 E. 84TH STREET		<b>Transaction ID:</b> INC.A.32470	
City NEW YORK	State NY	Zip Code 10028	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation BOARD MEMBER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) C. ROD PRESNELL RPH.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 8957 WINGED FOOT DRIVE		<b>Transaction ID:</b> INC.A.32471	
City TALLAHASSEE	State FL	Zip Code 32312	Amount of Each Receipt this Period 650.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS, INC.	Occupation DIRECTOR, PHARMACY REG GRP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN PATRICK DRISCOLL		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address 6 TREMONT STREET		<b>Transaction ID:</b> INC.A.32904	
City COS COB	State CT	Zip Code 06807	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRESIDENT - INSURED AND EMERGING MARKE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

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

7650.00

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

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

FOR LINE NUMBER: PAGE 14 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS LESLIE ACHTER Mailing Address 821 ALBEMARLE STREET City State Zip Code WYCKOFF NJ 07481 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">225.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33115 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK Mailing Address 1021 SUNSET RIDGE City State Zip Code BRIDGEWATER NJ 08807 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">450.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33238 Amount of Each Receipt this Period <div style="text-align: right;">50.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MR STEPHEN ADLER Mailing Address 139 BELLVALE LAKES RD City State Zip Code WARWICK NY 10990 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">450.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33209 Amount of Each Receipt this Period <div style="text-align: right;">50.00</div>

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

125.00

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

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

FOR LINE NUMBER: PAGE 15 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) DR JODY ALLEN Mailing Address 3031 MOUNT HILL DR City MIDLOTHIAN State VA Zip Code 23113 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33179 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
50.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MARENE ALLISON Mailing Address 4405 WISMER ROAD City DOYLESTOWN State PA Zip Code 18901 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SECURITY & ASSET PROTECTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33210 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
50.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) MR JAMES ALLOCCO Mailing Address 19 ROSS ROAD City SCARSDALE State NY Zip Code 10583 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33214 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
50.00																																

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

150.00

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

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

FOR LINE NUMBER: PAGE 16 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) TEJWANSI ANAND Mailing Address 10 WHIPPOORWILL LAKE ROAD City CHAPPAQUA State NY Zip Code 10514 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33222 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
50.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) DR ROGER ANDERSON Mailing Address 833 OXFORD COURT City LEWISVILLE State TX Zip Code 75056 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CHIEF PHARMACIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33048 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.30</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	192.30									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
192.30																																
<b>C.</b> Full Name (Last, First, Middle Initial) MS JAYME ANTONOPLOS Mailing Address 48 WITTE ROAD City HEWITT State NJ Zip Code 07421 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR EXEC CORR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.32972 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
25.00																																
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		<table border="1"> <tr> <td colspan="10">267.30</td> </tr> </table>	267.30																													
267.30																																
<b>TOTAL</b> This Period (last page this line number only) .....		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														



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

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

FOR LINE NUMBER: PAGE 17 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 20 CHADWELL PLACE

City State Zip Code  
MORRISTOWN NJ 07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32922

Amount of Each Receipt this Period

25.00

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

Mailing Address 73 HIGHLAND AVENUE

City State Zip Code  
GLEN RIDGE NJ 07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33235

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City State Zip Code  
ENGLEWOOD NJ 07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33077

Amount of Each Receipt this Period

35.00

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33219

Amount of Each Receipt this Period

50.00

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

Mailing Address 452 MEDWAY RD

City State Zip Code  
HIGHLAND HEIGHTS OH 44143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33104

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
MRS BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City State Zip Code  
CARROLLTON TX 75007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33125

Amount of Each Receipt this Period

50.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

237.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33242

Amount of Each Receipt this Period

23.00

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

Mailing Address 1605 CHARNITA CT

City State Zip Code  
 VIENNA VA 22182

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32942

Amount of Each Receipt this Period

100.00

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

Mailing Address 24 GLENWOOD ROAD

City State Zip Code  
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33258

Amount of Each Receipt this Period

50.00

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

173.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MS EILEEN BIDELELL Mailing Address 71 WASHINGTON CT. City TOWACO State NJ Zip Code 07082 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PHARM OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt MM / DD / YYYY 04 / 14 / 2007 <b>Transaction ID:</b> INC.A.33207 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR FLOYD BILLINGS Mailing Address 4273 BROGDAN FARM COURT City BUFORD State GA Zip Code 30518 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt MM / DD / YYYY 04 / 14 / 2007 <b>Transaction ID:</b> INC.A.33047 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) BRYAN BIRCH Mailing Address 4 WINDRUSH LANE City WESTPORT State CT Zip Code 06880 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP PRES, EMPLOYER GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1728.00			Date of Receipt MM / DD / YYYY 04 / 14 / 2007 <b>Transaction ID:</b> INC.A.33032 Amount of Each Receipt this Period 192.00

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

242.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City State Zip Code  
DEEPHAVEN MN 55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP CLIENT & MKT STRATEGIC DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33244

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR MARK BLAKE

Mailing Address 129 NORWOOD AVENUE

City State Zip Code  
MONTCLAIR NJ 07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33273

Amount of Each Receipt this Period

25.00

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

Mailing Address 50 NEW ENGLAND DR

City State Zip Code  
RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33023

Amount of Each Receipt this Period

50.00

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

125.00

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

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

FOR LINE NUMBER: PAGE 22 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA Mailing Address 80 LEONA CT City LEVITTOWN State NY Zip Code 11756 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33079 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
25.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MRS HEATHER BONOME Mailing Address 305 10TH STREET NE City WASHINGTON State DC Zip Code 20002 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33175 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
25.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) MR JOSEPH BOTTA Mailing Address 109 ARBOR PL City BRYN MAWR State PA Zip Code 19010 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33130 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
25.00																																

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code  
LAS VEGAS NV 89141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33050

Amount of Each Receipt this Period

25.00

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

Mailing Address 5259 FISHERCREST LN

City State Zip Code  
RICHMOND VA 23231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32995

Amount of Each Receipt this Period

200.00

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

Mailing Address 15 DAWN LANE

City State Zip Code  
RINGWOOD NJ 07456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33089

Amount of Each Receipt this Period

30.00

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

255.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address PO BOX 708

City State Zip Code  
COATESVILLE PA 19320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33216

Amount of Each Receipt this Period

75.00

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

Mailing Address 27 SEALS DR

City State Zip Code  
MONROE NY 10950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33254

Amount of Each Receipt this Period

25.00

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

Mailing Address 540 GIORDANO DRIVE

City State Zip Code  
YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33190

Amount of Each Receipt this Period

50.00

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

150.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR KEVIN BURON  
Mailing Address 301 TEMPLETON CT

City State Zip Code  
GRANITE BAY CA 95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33000

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MRS PEGEEN BUTTERFIELD  
Mailing Address 23 NUTTING PLACE

City State Zip Code  
WEST CALDWELL NJ 07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33272

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MRS DOREEN CALDER  
Mailing Address 441 S ELM STREET

City State Zip Code  
MAYWOOD NJ 07607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32965

Amount of Each Receipt this Period

40.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 24 SHERI DRIVE

City State Zip Code  
 ALLENDALE NJ 07401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32998

Amount of Each Receipt this Period

52.50

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

Mailing Address 822 CEDAR AVE

City State Zip Code  
 HADDENFIELD NJ 08033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33094

Amount of Each Receipt this Period

25.00

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

Mailing Address 148 CLUBHOUSE DR

City State Zip Code  
 WEST COLUMBIA SC 29172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33133

Amount of Each Receipt this Period

25.00

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

102.50

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

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

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

FOR LINE NUMBER: PAGE 27 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR JOSEPH CONOSHENTI, JR  
Mailing Address 5 MAGNOLIA DRIVE

City State Zip Code  
MARLBORO NJ 07746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR DUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32945

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM CONSIDINE  
Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code  
NEW YORK NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33257

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT COOK  
Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code  
RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33157

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code  
SPARTA NJ 07871

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33156

Amount of Each Receipt this Period

50.00

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

Mailing Address 19 IDA COURT

City State Zip Code  
STATEN ISLAND NY 10312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33154

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code  
RANDOLPH NJ 07869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33038

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 2903 CHUKKAR COURT

City State Zip Code  
PLANT CITY FL 33567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32959

Amount of Each Receipt this Period

25.00

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

Mailing Address 2926 EWING AVE S

City State Zip Code  
MINNEAPOLIS MN 55416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33191

Amount of Each Receipt this Period

192.30

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

Mailing Address 5616 BROOK DRIVE

City State Zip Code  
EDINA MN 55439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33187

Amount of Each Receipt this Period

50.00

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

267.30

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

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

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

FOR LINE NUMBER: PAGE 30 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR DANIEL DAVISON  
Mailing Address 402 HIGHLAND AVE

City State Zip Code  
RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PRICING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33105

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR ARTHUR DAWSON  
Mailing Address 1613 GLEN HOLLOW LN

City State Zip Code  
FLOWER MOUND TX 75028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33269

Amount of Each Receipt this Period

13.00

**C.** Full Name (Last, First, Middle Initial)  
MR LUCA DEFLORENTIIS  
Mailing Address W62 N1032 FAIRHAVEN CT

City State Zip Code  
CEDARBURG WI 53012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33073

Amount of Each Receipt this Period

25.00

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

88.00

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

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

FOR LINE NUMBER: PAGE 31 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO Mailing Address 80 HILLSIDE AVENUE City State Zip Code GLEN RIDGE NJ 07028 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>225.00</div>		Date of Receipt <div>04 / 14 / 2007</div> <b>Transaction ID:</b> INC.A.32956 Amount of Each Receipt this Period <div>25.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MS MAUREEN DEMPSEY Mailing Address 17 RICHWOOD PLACE City State Zip Code DENVER NJ 07834 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR MEDICARE COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>225.00</div>		Date of Receipt <div>04 / 14 / 2007</div> <b>Transaction ID:</b> INC.A.33189 Amount of Each Receipt this Period <div>25.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MS KAREN DEZEARN Mailing Address 3625 PATTERNSTONE DR City State Zip Code ALPHARETTA GA 30022 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>225.00</div>		Date of Receipt <div>04 / 14 / 2007</div> <b>Transaction ID:</b> INC.A.33110 Amount of Each Receipt this Period <div>25.00</div>

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33031

Amount of Each Receipt this Period

25.00

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

MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City State Zip Code  
WEST CALDWELL NJ 07006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33041

Amount of Each Receipt this Period

25.00

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

MS MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City State Zip Code  
ALLENTOWN PA 18104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33021

Amount of Each Receipt this Period

25.00

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

75.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City State Zip Code  
 IRVINE CA 92614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32979

Amount of Each Receipt this Period

50.00

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

MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City State Zip Code  
 POMONA NY 10970

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32988

Amount of Each Receipt this Period

25.00

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

MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City State Zip Code  
 OVERLAND PARK KS 66221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33092

Amount of Each Receipt this Period

50.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 312 MEGAN CT

City State Zip Code  
 WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32964

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City State Zip Code  
 SOUTHLAKE TX 76092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.65

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33281

Amount of Each Receipt this Period

34.45

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

Mailing Address 109 KAREN PLACE

City State Zip Code  
 WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33129

Amount of Each Receipt this Period

25.00

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

84.45

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

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

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

FOR LINE NUMBER: PAGE 35 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) DR WOODY EISENBERG, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 128 SUMMIT AVENUE		<b>Transaction ID:</b> INC.A.33188	
City UPPER MONTCLAIR	State NJ	Zip Code 07043	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MEDICARE CHIEF MEDICAL OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 106 GRAHAM TERRACE		<b>Transaction ID:</b> INC.A.32963	
City SADDLE BROOK	State NJ	Zip Code 07663	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 359 LONG HILL ROAD EAST		<b>Transaction ID:</b> INC.A.33056	
City BRIARCLIFF MANOR	State NY	Zip Code 10510	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 CORP COMMUNICATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33005

Amount of Each Receipt this Period

192.31

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

Mailing Address 800 PALISADE AVE  
APT 706

City State Zip Code  
FORT LEE NJ 07024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33039

Amount of Each Receipt this Period

25.00

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

Mailing Address 216 ELMWOOD AVENUE

City State Zip Code  
HO-HO-KUS NJ 07423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32938

Amount of Each Receipt this Period

50.00

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

267.31

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

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

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

FOR LINE NUMBER: PAGE 37 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) DR RICHARD FEIFER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 32 EILEEN DR		<b>Transaction ID:</b> INC.A.33155	
City MAHWAH	State NJ	Zip Code 07430	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 CARE ENHANCING SOLUTIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR THOMAS FEITEL		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 58 APPLE HILL DR		<b>Transaction ID:</b> INC.A.32960	
City GILLETTE	State NJ	Zip Code 07933	Amount of Each Receipt this Period 192.23
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP CORP MKTG & E-COMM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.07		
<b>C.</b> Full Name (Last, First, Middle Initial) MS DAWN FELDNER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 275 BIRCH STREET		<b>Transaction ID:</b> INC.A.33166	
City EMERSON	State NJ	Zip Code 07630	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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

267.23

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

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

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

FOR LINE NUMBER: PAGE 38 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 138 HEIGHTS ROAD

City State Zip Code  
 RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CARD OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33262

Amount of Each Receipt this Period

25.00

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

Mailing Address 132 PROSPECT RD

City State Zip Code  
 MONROE NY 10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32966

Amount of Each Receipt this Period

25.00

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

Mailing Address 465 OLD STONE RD

City State Zip Code  
 RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33186

Amount of Each Receipt this Period

50.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1933 MT. OLIVE  
AGOSTA ROAD

City State Zip Code  
NEW BLOOMINGTON OH 43341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33159

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code  
TROPHY CLUB TX 76262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33081

Amount of Each Receipt this Period

50.00

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

Mailing Address 1434 NARRAGANSETT BLVD

City State Zip Code  
CRANSTON RI 02905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32914

Amount of Each Receipt this Period

30.00

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

105.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 223

(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.** 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  
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33234

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** MS PAMELA GALASSINI

Mailing Address 333 N. CANAL ST. #1804

City State Zip Code  
 CHICAGO IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33083

Amount of Each Receipt this Period

192.31

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33043

Amount of Each Receipt this Period

50.00

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

292.31

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



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

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

FOR LINE NUMBER: PAGE 41 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL GALVIN  
Mailing Address 34 TOWN VIEW DRIVE

City State Zip Code  
WAPPINGER FALLS NY 12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33068

Amount of Each Receipt this Period

192.31

**B.** Full Name (Last, First, Middle Initial)  
MR OMHARAISRIRAM GANGAIKONDAN-IYER  
Mailing Address 9 CAIRNES ROAD

City State Zip Code  
MORRIS PLAINS NJ 07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33286

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR PETER GAYLORD  
Mailing Address 1201 BRIDGE STREET

City State Zip Code  
ASBURY PARK NJ 07712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCIAL EVALUATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32981

Amount of Each Receipt this Period

50.00

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

267.31

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

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

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

FOR LINE NUMBER: PAGE 42 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 20 BROOKSHIRE DR

City State Zip Code  
ROBBINSVILLE NJ 08691

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33085

Amount of Each Receipt this Period

50.00

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

Mailing Address 544 DENMOOR COURT

City State Zip Code  
GALLOWAY OH 43119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33204

Amount of Each Receipt this Period

12.50

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

Mailing Address 2 PELL FARM ROAD

City State Zip Code  
SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33106

Amount of Each Receipt this Period

192.31

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

254.81

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

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

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

FOR LINE NUMBER: PAGE 43 / 223

(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.** MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City State Zip Code  
**CANTON CT 06022**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 1 4 / 2 0 0 7**

Transaction ID: INC.A.33256

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City State Zip Code  
**BUFFALO GROVE IL 60089**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 1 4 / 2 0 0 7**

Transaction ID: INC.A.32919

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City State Zip Code  
**PEARL RIVER NY 10965**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 1 4 / 2 0 0 7**

Transaction ID: INC.A.33001

Amount of Each Receipt this Period

25.00

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

**75.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MS GINA GRUHN Mailing Address 13 WEATHER VANE DRIVE City State Zip Code CONVENT STATION NJ 07960 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS REGIONAL VP SALES-SYSTEMED Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33072 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR RICHARD GUIOR Mailing Address 50 BELLEVUE AVE City State Zip Code SUMMIT NJ 07901 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS & INSTALLATION SVCS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 810.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33288 Amount of Each Receipt this Period 90.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR MARK HALLORAN Mailing Address 19 KINGS RIDGE ROAD City State Zip Code LONG VALLEY NJ 07853 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHIEF INFO OFFICER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1730.79		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32961 Amount of Each Receipt this Period 192.31

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

307.31

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

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

FOR LINE NUMBER: PAGE 45 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1659 ISABELLA PARKWAY

City	State	Zip Code
CHASKA	MN	55318

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	7

Transaction ID: INC.A.32920

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MS KELLY HANZAWA

Mailing Address 1116 OAKCROFT LANE

City	State	Zip Code
SOMERSET	NJ	08873

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	7

Transaction ID: INC.A.33139

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City	State	Zip Code
POMPTON PLAINS	NJ	07444

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	7

Transaction ID: INC.A.33114

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR PETER HARTY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 19520 YELLOW WING COURT		<b>Transaction ID:</b> INC.A.32943	
City COLORADO SPRINGS	State CO	Zip Code 80908	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP POLICY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.79		
<b>B.</b> Full Name (Last, First, Middle Initial) MR BILL HEAD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 501 SLATERS LANE #816		<b>Transaction ID:</b> INC.A.33076	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 13210 N. 11TH AVE.		<b>Transaction ID:</b> INC.A.33065	
City PHOENIX	State AZ	Zip Code 85029	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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

242.31

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

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

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

FOR LINE NUMBER: PAGE 47 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33184

Amount of Each Receipt this Period

50.00

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

Mailing Address 10 CARLTON RD

City State Zip Code  
 FLANDERS NJ 07836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33212

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City State Zip Code  
 BUTLER NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32928

Amount of Each Receipt this Period

25.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1 HERITAGE RD

City State Zip Code  
 FLORHAM PARK NJ 07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33232

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City State Zip Code  
 RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FACILITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33213

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)  
MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City State Zip Code  
 CORNWALL ON HUDSON NY 12520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33147

Amount of Each Receipt this Period

25.00

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

105.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR ROGER HOLLAND Mailing Address 41 SAINT RAPHAEL City State Zip Code LAGUNA NIGUEL CA 92677 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33095 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK Mailing Address 49 S HILLSIDE AVE City State Zip Code ELMSFORD NY 10523 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33220 Amount of Each Receipt this Period 80.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ Mailing Address 30 AVENUE AT PORT IMPERIAL APT. 415 City State Zip Code WEST NEW YORK NJ 07093 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BUSINESS PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32930 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MR WALTER HOSP

Mailing Address 1 OLD LANE

City State Zip Code  
 SCARSDALE NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP TREASURY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32984

Amount of Each Receipt this Period

25.00

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

MR JEFFREY HULL

Mailing Address 2616 S 3B'S & K RD

City State Zip Code  
 GALENA OH 43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33160

Amount of Each Receipt this Period

25.00

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

MS JANE HULSE

Mailing Address 95 GORDON RD

City State Zip Code  
 ESSEX FELLS NJ 07021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32978

Amount of Each Receipt this Period

50.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR DAVID ISRAEL		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 730 COLUMBUS AVENUE		<b>Transaction ID:</b> INC.A.33271	
City NEW YORK	State NY	Zip Code 10025	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MS SUSAN ITO		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 6366 SW 90TH STREET		<b>Transaction ID:</b> INC.A.33109	
City GAINESVILLE	State FL	Zip Code 32608	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR TODD JEFFREY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 15 ELIZABETH STREET		<b>Transaction ID:</b> INC.A.33240	
City DUMONT	State NJ	Zip Code 07628	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 PHARM CONTRACT & CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM JOEL  
Mailing Address 32 VENTOSA DR

City State Zip Code  
MORRISTOWN NJ 07960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33116

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MISS ANNE JOHNSTON  
Mailing Address 256 MADISON AVE

City State Zip Code  
RIVER EDGE NJ 07661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32994

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)  
MR RICHARD JONES  
Mailing Address 12 WADE HAMPTON TRAIL

City State Zip Code  
HENDERSON NV 89052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33181

Amount of Each Receipt this Period

15.08

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

70.08

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

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

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

FOR LINE NUMBER: PAGE 53 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City State Zip Code  
PRIOR LAKE MN 55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33177

Amount of Each Receipt this Period

25.00

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

Mailing Address 8202 MARSH GLEN CT

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32957

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City State Zip Code  
MENOMONEE FALLS WI 53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33064

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR WILLIAM KEELER			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 63 MOUNTAIN GLEN ROAD			<b>Transaction ID:</b> INC.A.33148	
City State Zip Code RINGWOOD NJ 07456			<b>Amount of Each Receipt this Period</b> 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 1970 WOODLANDS PL			<b>Transaction ID:</b> INC.A.33011	
City State Zip Code POWELL OH 43065			<b>Amount of Each Receipt this Period</b> 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR KEVIN KELLY			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 251 POPLAR AVE			<b>Transaction ID:</b> INC.A.33024	
City State Zip Code HACKENSACK NJ 07601			<b>Amount of Each Receipt this Period</b> 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR CLIENT SVC DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 7 POINT VIEW

City State Zip Code  
OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33107

Amount of Each Receipt this Period

50.00

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

Mailing Address 121 CONKLING TOWN ROAD

City State Zip Code  
CHESTER NY 10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33167

Amount of Each Receipt this Period

50.00

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

Mailing Address 295 GLEN PLACE

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33029

Amount of Each Receipt this Period

192.30

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

292.30

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

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

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

FOR LINE NUMBER: PAGE 56 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR JON KLINE Mailing Address 36 CORTLAND TL City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 454.86		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33294 Amount of Each Receipt this Period 50.54
<b>B.</b> Full Name (Last, First, Middle Initial) MS KATHLEEN KORDUCKI Mailing Address 920 CLARK STREET City BOWLING GREEN State OH Zip Code 43402 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33119 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS JOANN KRENITSKY Mailing Address 143 DEERFIELD TERRACE City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUS PLANNING & ADMIN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32917 Amount of Each Receipt this Period 25.00

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

125.54

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



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

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

FOR LINE NUMBER: PAGE 57 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MS BARBARA KRZAK			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 495 ISLAND WAY			<b>Transaction ID:</b> INC.A.33261	
City State Zip Code FRANKLIN LAKES NJ 07417			Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP E-COM STRATEGY & DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 495.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR MICHAEL KRZAN			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 2735 YORK RD			<b>Transaction ID:</b> INC.A.33231	
City State Zip Code COLUMBUS OH 43221			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation REGIONAL VP PHARMACIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR MANOJ KUMAR			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 7 SUNRISE WAY			<b>Transaction ID:</b> INC.A.33246	
City State Zip Code TOWACO NJ 07082			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CLIENT REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS CYNTHIA LAUBACHER  
Mailing Address 7017 COBALT WAY

City State Zip Code  
CITRUS HEIGHTS CA 95621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32915

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH LENZ  
Mailing Address 6 SHERMAN AVE

City State Zip Code  
WALDWICK NJ 07463

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33168

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT LONG  
Mailing Address 18 HARLIND TERRACE

City State Zip Code  
RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33113

Amount of Each Receipt this Period

25.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 2116 BELLANCA CT. City State Zip Code FLOWER MOUND TX 75028 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32976 Amount of Each Receipt this Period 15.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE Mailing Address 238 WOODLAND AVE City State Zip Code SUMMIT NJ 07901 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CREATIVE SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33284 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS VERONA MACMAHON Mailing Address 1504 WEST CULLOM AVE UNIT G City State Zip Code CHICAGO IL 60613 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33291 Amount of Each Receipt this Period 25.00

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

65.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR KENNETH MALLEY Mailing Address 764 W. SADDLE RIVER ROAD City State Zip Code HO HO KUS NJ 07423 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33274 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO Mailing Address 33 HICKORY TAVERN RD City State Zip Code GILLETTE NJ 07933 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32986 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR JOSEPH MARINELLI Mailing Address 351 SOUND BEACH AVENUE City State Zip Code OLD GREENWICH CT 06870 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32969 Amount of Each Receipt this Period 25.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address W144 N7150 TERRACE DRIVE

City State Zip Code  
 MENOMONEE FALLS WI 53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33132

Amount of Each Receipt this Period

25.00

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

Mailing Address 11825 SHEPPARDS CROSSING

City State Zip Code  
 CLARKSVILLE MD 21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33101

Amount of Each Receipt this Period

192.30

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

Mailing Address 27 LAKEVILLE RD

City State Zip Code  
 SUSSEX NJ 07461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33229

Amount of Each Receipt this Period

25.00

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

242.30

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

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

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

FOR LINE NUMBER: PAGE 62 / 223

(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.** MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City State Zip Code  
HILLSDALE NJ 07642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32982

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B.** MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City State Zip Code  
CLIFTON NJ 07013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32947

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City State Zip Code  
MORRIS PLAINS NJ 07950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33122

Amount of Each Receipt this Period

50.00

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

267.30

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

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

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

FOR LINE NUMBER: PAGE 63 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR DANIEL MCCRONE Mailing Address 41 HENRY COURT City State Zip Code MOUNT ARLINGTON NJ 07856 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33069 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD Mailing Address 0-45 27TH ST City State Zip Code FAIR LAWN NJ 07410 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33002 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH Mailing Address 87 ROSELAWN RD City State Zip Code HIGHLAND MILLS NY 10930 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1728.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32941 Amount of Each Receipt this Period 192.00

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

267.00

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

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

FOR LINE NUMBER: PAGE 64 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) 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. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP BUSINESS OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32974 Amount of Each Receipt this Period 192.31
<b>B.</b> Full Name (Last, First, Middle Initial) MS BARBARA MENZEL Mailing Address 921 AMARYLLIS AVE City ORADELL State NJ Zip Code 07649 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS PLANNING & ADMIN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32929 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) DAVID MILLER Mailing Address 7 CLOVER LANE City RANDOLPH State NJ Zip Code 07869 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP LABOR RELATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33282 Amount of Each Receipt this Period 25.00

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

242.31

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



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

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

FOR LINE NUMBER: PAGE 65 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MRS KAREN MILLER			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 34 MACKENZIE LANE NORTH			<b>Transaction ID:</b> INC.A.33152	
City	State	Zip Code	Amount of Each Receipt this Period 30.00	
DENVILLE	NJ	07834		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR GIOVANNI MINARDI			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 12 LINCOLN ROAD			<b>Transaction ID:</b> INC.A.33042	
City	State	Zip Code	Amount of Each Receipt this Period 25.00	
KINNELON	NJ	07405		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR E-COM STRAT & DELI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR BHUPESH MISTRY			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 106 HAMBURG ROAD			<b>Transaction ID:</b> INC.A.32926	
City	State	Zip Code	Amount of Each Receipt this Period 25.00	
PARSIPPANY	NJ	07054		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1320 BRONCO CIR

City State Zip Code  
WARRINGTON PA 18976

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32925

Amount of Each Receipt this Period

25.00

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

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code  
SHORT HILLS NJ 07078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33033

Amount of Each Receipt this Period

192.00

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

Mailing Address 105 COVENTRY LN

City State Zip Code  
TRUMBULL CT 06611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP MKT STRATEGY & DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33237

Amount of Each Receipt this Period

125.00

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

342.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS 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  
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33143

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR ARTHUR NARDIN  
Mailing Address 28 POWDERHORN DR

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33008

Amount of Each Receipt this Period

192.00

**C.** Full Name (Last, First, Middle Initial)  
MS ARLENE NELSON  
Mailing Address 17 GARFIELD PLACE

City State Zip Code  
RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FORMULARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32991

Amount of Each Receipt this Period

25.00

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

242.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 24 CHEROKEE TRAIL

City State Zip Code  
OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR MKTING & STRATEGIC ANAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33071

Amount of Each Receipt this Period

25.00

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

Mailing Address 6 PARK DR SOUTH

City State Zip Code  
RYE NY 10580

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33218

Amount of Each Receipt this Period

50.00

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

Mailing Address 274 E FRANKLIN TPKE

City State Zip Code  
RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33265

Amount of Each Receipt this Period

50.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS CLAUDINE OLSEN  
Mailing Address 4 HIGHGATE CT

City State Zip Code  
SUFFERN NY 10901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33243

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
ALEXANDER ONIK  
Mailing Address 1 SCHINDLER CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32955

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS NATALYA ONIK  
Mailing Address 1 SCHINDLER CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33046

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City State Zip Code  
RINGWOOD NJ 07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33014

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City State Zip Code  
PARK RIDGE NJ 07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS & INSTALLATION SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33299

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City State Zip Code  
PARK RIDGE NJ 07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32968

Amount of Each Receipt this Period

25.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 12 MILLBROOK COURT			<b>Transaction ID:</b> INC.A.33267	
City State Zip Code LIVINGSTON NJ 07039			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR MARKET STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR JAY PATEL			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 14 BROWNSTONE TERRACE			<b>Transaction ID:</b> INC.A.32970	
City State Zip Code HAWTHORNE NJ 07506			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 18 MOUNTAIN VIEW CT			<b>Transaction ID:</b> INC.A.33004	
City State Zip Code RIVERDALE NJ 07457			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1771 PRESCOTT LANE

City State Zip Code  
CHASKA MN 55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33123

Amount of Each Receipt this Period

25.00

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

Mailing Address 128 MANHATTAN TERRACE

City State Zip Code  
DUMONT NJ 07628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33015

Amount of Each Receipt this Period

25.00

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

Mailing Address 8522 UPLAND LN NORTH

City State Zip Code  
MAPLE GROVE MN 55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33070

Amount of Each Receipt this Period

50.00

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

100.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS JUDITH PLATKIN  
Mailing Address 29 BLACKWELL AVE

City State Zip Code  
MORRISTOWN NJ 07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33100

Amount of Each Receipt this Period

75.00

**B.** Full Name (Last, First, Middle Initial)  
MS JANET PORAT  
Mailing Address 5 CRABAPPLE CT

City State Zip Code  
MONSEY NY 10952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33044

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS LYDIA POTTER  
Mailing Address 19642 S.W. 88 LOOP

City State Zip Code  
DUNNELLON FL 34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33255

Amount of Each Receipt this Period

25.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 10258 WINDSOR WAY

City State Zip Code  
**POWELL OH 43065**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 4 / 1 4 / 2 0 0 7**

**Transaction ID: INC.A.33162**

Amount of Each Receipt this Period

50.00

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

Mailing Address 875 ALEXANDRIA CT

City State Zip Code  
**RAMSEY NJ 07446**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 4 / 1 4 / 2 0 0 7**

**Transaction ID: INC.A.33006**

Amount of Each Receipt this Period

192.30

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

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code  
**HOPEWELL JUNCTION NY 12533**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 4 / 1 4 / 2 0 0 7**

**Transaction ID: INC.A.33239**

Amount of Each Receipt this Period

25.00

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

**267.30**

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

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

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

FOR LINE NUMBER: PAGE 75 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code  
SPARTA NJ 07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32973

Amount of Each Receipt this Period

192.31

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

Mailing Address 19 ROSS ROAD

City State Zip Code  
SCARSDALE NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32971

Amount of Each Receipt this Period

25.00

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

Mailing Address 4 ANTLER CT

City State Zip Code  
MATAWAN NJ 07747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.42

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33007

Amount of Each Receipt this Period

65.38

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

282.69

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

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

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

FOR LINE NUMBER: PAGE 76 / 223

(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 MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33228

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** MR THOMAS REINCKENS

Mailing Address 22 BARTLETT AVE.

City State Zip Code  
NORWALK CT 06850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33260

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City State Zip Code  
FLANDERS NJ 07836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32993

Amount of Each Receipt this Period

50.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 412 RIVER MEWS LANE

City State Zip Code  
EDGEWATER NJ 07020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33034

Amount of Each Receipt this Period

70.00

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

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code  
MINNEAPOLIS MN 55446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33141

Amount of Each Receipt this Period

25.00

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

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code  
ANDOVER NJ 07821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32952

Amount of Each Receipt this Period

25.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32999

Amount of Each Receipt this Period

192.30

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

MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33236

Amount of Each Receipt this Period

50.00

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

MR RICHARD RUBINO

Mailing Address 5201 RIO VISTA DRIVE

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1737.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32980

Amount of Each Receipt this Period

193.00

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

435.30

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

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

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

FOR LINE NUMBER: PAGE 79 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 21 SKY TOP RIDGE

City State Zip Code  
OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33283

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
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 CORP REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.06

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33279

Amount of Each Receipt this Period

78.34

**C.** Full Name (Last, First, Middle Initial)  
MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City State Zip Code  
ALLISON PARK PA 15101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33208

Amount of Each Receipt this Period

25.00

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

153.34

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

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

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

FOR LINE NUMBER: PAGE 80 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 7 AHERN WAY

City State Zip Code  
**WEST ORANGE** **NJ** **07052**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 4** **1 4** **2 0 0 7**

Transaction ID: INC.A.33040

Amount of Each Receipt this Period

25.00

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

Mailing Address 230 FAIRFIELD AVE.

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

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 4** **1 4** **2 0 0 7**

Transaction ID: INC.A.33215

Amount of Each Receipt this Period

25.00

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

Mailing Address 27 JONES LN

City State Zip Code  
**BLAIRSTOWN** **NJ** **07825**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 4** **1 4** **2 0 0 7**

Transaction ID: INC.A.33252

Amount of Each Receipt this Period

25.00

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

75.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR DAVID SCHLETT  
Mailing Address 339 GRAMERCY PL

City State Zip Code  
GLEN ROCK NJ 07452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33102

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR FRANK SCHULTE  
Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code  
LAS VEGAS NV 89117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32997

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR ALLEN SCHWARTZ  
Mailing Address 3556 DAVIS

City State Zip Code  
EVANSTON IL 60203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33120

Amount of Each Receipt this Period

40.00

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

115.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 13150 FLAMINGO COURT

City State Zip Code  
APPLE VALLEY MN 55124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLINICAL PROG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32918

Amount of Each Receipt this Period

50.00

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

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code  
MAPLE GROVE MN 55311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33097

Amount of Each Receipt this Period

25.00

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

Mailing Address 13514 MOTTLESTONE DRIVE NW

City State Zip Code  
PICKERINGTON OH 43147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33066

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33192

Amount of Each Receipt this Period

50.00

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

Mailing Address 1220 CROSSING WAY

City State Zip Code  
WAYNE NJ 07470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33251

Amount of Each Receipt this Period

25.00

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

Mailing Address 66 PROSPECT AVE

City State Zip Code  
WESTWOOD NJ 07675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33217

Amount of Each Receipt this Period

50.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 266 BRUSHY CREEK AVE City LAS VEGAS State NV Zip Code 89148 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 490.45		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33183 Amount of Each Receipt this Period 28.85
<b>B.</b> Full Name (Last, First, Middle Initial) MR JOHN SHEA Mailing Address 62 FRANKLIN TURNPIKE City ALLENDALE State NJ Zip Code 07401 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32911 Amount of Each Receipt this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR FRANK SHEEHY Mailing Address 119 HAMILTON RD City RIDGEWOOD State NJ Zip Code 07450 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33103 Amount of Each Receipt this Period 50.00

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

118.85

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

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

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

FOR LINE NUMBER: PAGE 85 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

City State Zip Code  
MONTCLAIR NJ 07042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33292

Amount of Each Receipt this Period

50.00

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

City State Zip Code  
NORTH ARLINGTON NJ 07031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33151

Amount of Each Receipt this Period

25.00

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

City State Zip Code  
LONG BEACH CA 90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33121

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 223

(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.** JEFFREY SIMEK

Mailing Address 197 OXFORD RD

City State Zip Code  
**CHESTER NY 10918**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32940

Amount of Each Receipt this Period

192.31

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  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33082

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  
COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33266

Amount of Each Receipt this Period

50.00

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

292.31

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

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

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

FOR LINE NUMBER: PAGE 87 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

City State Zip Code  
RIVER VALE NJ 07675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33025

Amount of Each Receipt this Period

30.00

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

City State Zip Code  
SUFFERN NY 10901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33149

Amount of Each Receipt this Period

25.00

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

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
Sr Dir Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32951

Amount of Each Receipt this Period

25.00

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 223

(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.** 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33270

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 ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33009

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**C.** 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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33020

Amount of Each Receipt this Period

50.00

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

292.31

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



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

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

FOR LINE NUMBER: PAGE 89 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 21625 E. MERIWETHER LANE City LIBERTY LAKE State WA Zip Code 99019 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33200 Amount of Each Receipt this Period 12.50
<b>B.</b> Full Name (Last, First, Middle Initial) MR RALPH STAIANO Mailing Address 32 ALDEN RD City MONROE State NY Zip Code 10950 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33088 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN Mailing Address 7 FOREST LAKE DR City WEST HARRISON State NY Zip Code 10604 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33084 Amount of Each Receipt this Period 50.00

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

87.50

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

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

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

FOR LINE NUMBER: PAGE 90 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS 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  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33098

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR CRAIG STEEL  
Mailing Address 122 DEMAREST AVENUE

City State Zip Code  
EMERSON NJ 07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33131

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS SUSAN STEELE  
Mailing Address 501 CONTINENTAL DR

City State Zip Code  
SAGAMORE HILLS OH 44067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33137

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code  
ELM GROVE WI 53122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33022

Amount of Each Receipt this Period

50.00

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

Mailing Address 8 MILL GLEN CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32931

Amount of Each Receipt this Period

192.31

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

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code  
ORANGE CT 06477

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33295

Amount of Each Receipt this Period

50.00

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

292.31

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

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

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

FOR LINE NUMBER: PAGE 92 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code  
 MARYSVILLE OH 43040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33171

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code  
 MONTVILLE NJ 07045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33074

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City State Zip Code  
 KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32983

Amount of Each Receipt this Period

100.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 16025 PINE VALE PL.

City State Zip Code  
MIDLOTHIAN VA 23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33055

Amount of Each Receipt this Period

25.00

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

Mailing Address 374 KINGSTON CT

City State Zip Code  
WEST NEW YORK NJ 07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33012

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33061

Amount of Each Receipt this Period

50.00

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

115.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 2710 WEXFORD RD

City State Zip Code  
UPPER ARLINGTON OH 43221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33176

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City State Zip Code  
WAYNE NJ 07470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33003

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code  
LIVONIA MI 48152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33126

Amount of Each Receipt this Period

75.00

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

125.00

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

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

FOR LINE NUMBER: PAGE 95 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD Mailing Address 7974 FLAMETREE CT City LAS VEGAS State NV Zip Code 89123 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.32936 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">12.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	12.50									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
12.50																																
<b>B.</b> Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN Mailing Address 838 COLONIAL RD City FRANKLIN LAKES State NJ Zip Code 07417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BENEFIT SYSTEMS SUPPORT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33300 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
50.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER Mailing Address 713 INDIAN CREEK RD City AMHERST State VA Zip Code 24521 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.32916 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	7	75.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	4		2	0	0	7																							
75.00																																

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

137.50

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

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

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

FOR LINE NUMBER: PAGE 96 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32950

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33087

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City

WAUKESHA

State

WI

Zip Code

53189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33108

Amount of Each Receipt this Period

50.00

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

105.00

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



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

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

FOR LINE NUMBER: PAGE 97 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MRS JEANNINE VANKLEECK Mailing Address 56 ZIMMER AVENUE City MIDLAND PARK State NJ Zip Code 07432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCIAL APPLICATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33259 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS Mailing Address 105 ARRANDALE RD City ROCKVILLE CENTRE State NY Zip Code 11570 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP MKTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33293 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR WIL VELARDE Mailing Address 443 WEST SADDLE RIVER RD City UPPER SADDLE RIVER State NJ Zip Code 07458 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR E-COM STRAT & DELI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33026 Amount of Each Receipt this Period 40.00

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

115.00

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

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

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

FOR LINE NUMBER: PAGE 98 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 201 WATCHUNG AVENUE UNIT #17		<b>Transaction ID:</b> INC.A.32913	
City BLOOMFIELD	State NJ	Zip Code 07003	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR MEDICAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	
<b>B.</b> Full Name (Last, First, Middle Initial) MR GORDON VICKERS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 436 MOUNTAIN AVENUE		<b>Transaction ID:</b> INC.A.33128	
City WESTFIELD	State NJ	Zip Code 07090	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	
<b>C.</b> Full Name (Last, First, Middle Initial) MR MUNISH VJ		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 2108 HENRY COURT		<b>Transaction ID:</b> INC.A.33285	
City MAHWAH	State NJ	Zip Code 07430	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		75.00	
<b>TOTAL</b> This Period (last page this line number only) .....			

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

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

FOR LINE NUMBER: PAGE 99 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR DANIEL WALDEN Mailing Address 450 BEECHMONT DR City State Zip Code NEW ROCHELLE NY 10804 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP REGULATORY & MC PROGRAMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32939 Amount of Each Receipt this Period 192.31
<b>B.</b> Full Name (Last, First, Middle Initial) MS THERESE WALKER Mailing Address 363 MULBERRY CT City State Zip Code WYCKOFF NJ 07481 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32944 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE Mailing Address 5445 GOODWIN AVENUE City State Zip Code DALLAS TX 75206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33140 Amount of Each Receipt this Period 192.31

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

409.62

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

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

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

FOR LINE NUMBER: PAGE 100 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33202

Amount of Each Receipt this Period

12.50

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

Mailing Address 26072 HARBOR VIEW

City State Zip Code  
CAPISTRANO BEACH CA 92624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33118

Amount of Each Receipt this Period

50.00

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

Mailing Address 2 MICHELANGELO COURT

City State Zip Code  
SOMERSET NJ 08873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33302

Amount of Each Receipt this Period

25.00

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

87.50

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

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

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

FOR LINE NUMBER: PAGE 101 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code  
MONTVALE NJ 07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CORP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.32953

Amount of Each Receipt this Period

75.00

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

Mailing Address 309 WATERVIEW DR

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
PRES, CEO ACCREDO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33099

Amount of Each Receipt this Period

192.31

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

Mailing Address 26037 N WRANGLER RD

City State Zip Code  
SCOTTSDALE AZ 85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 7

Transaction ID: INC.A.33086

Amount of Each Receipt this Period

75.00

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

342.31

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

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

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

FOR LINE NUMBER: PAGE 102 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR PETER WHITE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 2241 E. PINCHOT AVE. #17F		<b>Transaction ID:</b> INC.A.33289	
City State Zip Code PHOENIX AZ 85016		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	
<b>B.</b> Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 17 LYNWOOD RD		<b>Transaction ID:</b> INC.A.32990	
City State Zip Code VERONA NJ 07044		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ORG DEV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	
<b>C.</b> Full Name (Last, First, Middle Initial) MR STEPHEN WOGEN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 145 WAUGHAW ROAD		<b>Transaction ID:</b> INC.A.33185	
City State Zip Code TOWACO NJ 07082		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MEDICARE FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 103 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MRS ELISSA WOJTOWICZ, RPH Mailing Address 325 BOUND BROOK AVE. City PISCATAWAY State NJ Zip Code 08854 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR RRA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33170 Amount of Each Receipt this Period 30.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT Mailing Address 8174 MT AIR PL City COLUMBUS State OH Zip Code 43235 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33226 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS ANNA WONG Mailing Address 64-20 BELL BLVD City BAYSIDE State NY Zip Code 11364 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INSURED SOLUTIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33263 Amount of Each Receipt this Period 50.00

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

105.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MS JUDITH WOOD Mailing Address 76 COLONIAL ROAD City State Zip Code STILLWATER NY 12170 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33298 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY Mailing Address 793 LINCOLN AVE City State Zip Code POMPTON LAKES NJ 07442 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.32962 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS SARAH YINGLING Mailing Address 901 ST MARKS AVE City State Zip Code WESTFIELD NJ 07090 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33057 Amount of Each Receipt this Period 25.00

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

75.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR DANIEL ZELEM, JR		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 219 SPOOK ROCK RD.		<b>Transaction ID:</b> INC.A.33035	
City SUFFERN	State NY	Zip Code 10901	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP E-COM DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS JILL ZELMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 43604 EMERALD DUNES PL		<b>Transaction ID:</b> INC.A.32992	
City LEESBURG	State VA	Zip Code 20176	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CONSOLIDATION PLAN & RPRT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 726 HIGH MOUNTAIN ROAD		<b>Transaction ID:</b> INC.A.33163	
City FRANKLIN LAKES	State NJ	Zip Code 07417	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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

100.00

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

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

FOR LINE NUMBER: PAGE 106 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) WILLIAM LAGOS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 11401 IVY HOMES PLACE		<b>Transaction ID:</b> INC.A.32906
City RICHMOND	State VA	
Zip Code 23233		Amount of Each Receipt this Period 1300.00
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation V.P., KEY ACCOUNTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR KENNETH BODMER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 3127 DEVONSHIRE WAY		<b>Transaction ID:</b> INC.A.33317
City GERMANTOWN	State TN	
Zip Code 38139		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer ACCREDITO HEALTH GROUP, INC.	Occupation SENIOR VP, FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR GLENN TAYLOR		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 428 WINDSOR TERRACE		<b>Transaction ID:</b> INC.A.32910
City LIBERTYVILLE	State IL	
Zip Code 60048-294		Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP PRESIDENT, KEY ACCOUNTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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

6400.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR DAVID BAUGH Mailing Address 1813 ADONIS AVE City HENDERSON State NV Zip Code 89074 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation MGR BENEFIT DELIVERY SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 237.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7 <b>Transaction ID: INC.A.33644</b> Amount of Each Receipt this Period 23.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK STREET City LAS VEGAS State NV Zip Code 89141 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7 <b>Transaction ID: INC.A.33452</b> Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 2903 CHUKKAR COURT City PLANT CITY State FL Zip Code 33567 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7 <b>Transaction ID: INC.A.33364</b> Amount of Each Receipt this Period 25.00

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

73.00

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

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

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

FOR LINE NUMBER: PAGE 108 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1613 GLEN HOLLOW LN

City State Zip Code  
FLOWER MOUND TX 75028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 7

Transaction ID: INC.A.33672

Amount of Each Receipt this Period

13.00

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

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 7

Transaction ID: INC.A.33432

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City State Zip Code  
SOUTHLAKE TX 76092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 7

Transaction ID: INC.A.33684

Amount of Each Receipt this Period

34.45

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

72.45

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

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

FOR LINE NUMBER: PAGE 109 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR JOSEPH FREND0 Mailing Address 9 GREEN HILL TRAIL City TROPHY CLUB State TX Zip Code 76262 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33483 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	1		2	0	0	7																							
50.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MR ROBERT GIBBS Mailing Address 544 DENMOOR COURT City GALLOWAY State OH Zip Code 43119 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33606 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">12.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	7	12.50									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	1		2	0	0	7																							
12.50																																
<b>C.</b> Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12 WADE HAMPTON TRAIL City HENDERSON State NV Zip Code 89052 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 256.36		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33583 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">15.08</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	7	15.08									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	1		2	0	0	7																							
15.08																																

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

77.58

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

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

FOR LINE NUMBER: PAGE 110 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III Mailing Address 1970 WOODLANDS PL City State Zip Code POWELL OH 43065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">400.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7 <b>Transaction ID: INC.A.33414</b> Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 2116 BELLANCA CT. City State Zip Code FLOWER MOUND TX 75028 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">255.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7 <b>Transaction ID: INC.A.33381</b> Amount of Each Receipt this Period <div style="text-align: right;">15.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MRS MONICA REED Mailing Address 8475 DUNHAM STATION DRIVE City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">425.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7 <b>Transaction ID: INC.A.33630</b> Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....**65.00****TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 111 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR FRANK SCHULTE			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7	
Mailing Address 2121 AMERICA'S CUP CIR			<b>Transaction ID:</b> INC.A.33400	
City State Zip Code LAS VEGAS NV 89117			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation REGIONAL VP PHARMACIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7	
Mailing Address 266 BRUSHY CREEK AVE			<b>Transaction ID:</b> INC.A.33585	
City State Zip Code LAS VEGAS NV 89148			Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 490.45		
<b>C.</b> Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7	
Mailing Address 21625 E. MERIWETHER LANE			<b>Transaction ID:</b> INC.A.33602	
City State Zip Code LIBERTY LAKE WA 99019			Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50		

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

66.35

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

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

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

FOR LINE NUMBER: PAGE 112 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7
Mailing Address 8362 GOLDEN PRAIRIE DRIVE		<b>Transaction ID:</b> INC.A.33463 Amount of Each Receipt this Period 50.00
City TAMPA	State FL	
Zip Code 33647		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7
Mailing Address 7974 FLAMETREE CT		<b>Transaction ID:</b> INC.A.33341 Amount of Each Receipt this Period 12.50
City LAS VEGAS	State NV	
Zip Code 89123		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

<b>C.</b> Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7
Mailing Address 5 APPLE ORCHARD RD		<b>Transaction ID:</b> INC.A.33604 Amount of Each Receipt this Period 12.50
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

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

75.00

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



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

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

FOR LINE NUMBER: PAGE 113 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 8174 MT AIR PL

City State Zip Code  
COLUMBUS OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 7

Transaction ID: INC.A.33628

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.33518

Amount of Each Receipt this Period

25.00

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

Mailing Address 1021 SUNSET RIDGE

City State Zip Code  
BRIDGEWATER NJ 08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.33641

Amount of Each Receipt this Period

50.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 114 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

450.00

Date of Receipt

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

**Transaction ID: INC.A.33612**

Amount of Each Receipt this Period

50.00

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

Mailing Address 3031 MOUNT HILL DR

City State Zip Code  
**MIDLOTHIAN VA 23113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

**Transaction ID: INC.A.33582**

Amount of Each Receipt this Period

50.00

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

Mailing Address 4405 WISMER ROAD

City State Zip Code  
**DOYLESTOWN PA 18901**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

**Transaction ID: INC.A.33613**

Amount of Each Receipt this Period

50.00

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

150.00

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

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

FOR LINE NUMBER: PAGE 115 / 223

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 19 ROSS ROAD

City State Zip Code  
SCARSDALE NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.33617

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code  
CHAPPAQUA NY 10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.33625

Amount of Each Receipt this Period

50.00

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

Mailing Address 833 OXFORD COURT

City State Zip Code  
LEWISVILLE TX 75056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

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

Transaction ID: INC.A.33451

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional) .....

292.30

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 116 / 223  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City	State	Zip Code
HEWITT	NJ	07421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR EXEC CORR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33378

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City	State	Zip Code
MORRISTOWN	NJ	07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33328

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City	State	Zip Code
GLEN RIDGE	NJ	07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33638

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS BECKIE BARATKO Mailing Address 80 N. WOODLAND STREET City ENGLEWOOD State NJ Zip Code 07631 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROPOSAL UNIT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33479 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	7	35.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	8		2	0	0	7																							
35.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MR THOMAS BARATTA Mailing Address 69 SKYLINE DR City UPPER SADDLE RIVER State NJ Zip Code 07458 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33622 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	8		2	0	0	7																							
50.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) MR MICHAEL BARONE Mailing Address 452 MEDWAY RD City HIGHLAND HEIGHTS State OH Zip Code 44143 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33507 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	7	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	8		2	0	0	7																							
250.00																																

SUBTOTAL of Receipts This Page (optional) .....

335.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MRS BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City State Zip Code  
 CARROLLTON TX 75007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33528

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City State Zip Code  
 HENDERSON NV 89074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33645

Amount of Each Receipt this Period

23.00

**C.** Full Name (Last, First, Middle Initial)  
MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City State Zip Code  
 VIENNA VA 22182

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33348

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

173.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33661

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City State Zip Code  
 TOWACO NJ 07082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33610

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code  
 BUFORD GA 30518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33450

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) BRYAN BIRCH Mailing Address 4 WINDRUSH LANE City WESTPORT State CT Zip Code 06880 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP PRES, EMPLOYER GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1728.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33434 Amount of Each Receipt this Period 192.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS SUZANNE BLACKBURN Mailing Address 4520 LINWOOD LANE City DEEPHAVEN State MN Zip Code 55331 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33647 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR MARK BLAKE Mailing Address 129 NORWOOD AVENUE City MONTCLAIR State NJ Zip Code 07043 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33677 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 223

(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.** MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City State Zip Code  
 RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33425

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City State Zip Code  
 LEVITTOWN NY 11756

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33482

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** MRS HEATHER BONOME

Mailing Address 305 10TH STREET NE

City State Zip Code  
 WASHINGTON DC 20002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33578

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City	State	Zip Code
BRYN MAWR	PA	19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33533

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City	State	Zip Code
LAS VEGAS	NV	89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33453

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City	State	Zip Code
RICHMOND	VA	23231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33399

Amount of Each Receipt this Period

200.00

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City State Zip Code  
RINGWOOD NJ 07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33492

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)  
MS PATRICIA BRANUM

Mailing Address PO BOX 708

City State Zip Code  
COATESVILLE PA 19320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33619

Amount of Each Receipt this Period

75.00

**C.** Full Name (Last, First, Middle Initial)  
MR DAVID BREEN

Mailing Address 27 SEALS DR

City State Zip Code  
MONROE NY 10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33657

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR KENNETH BROWN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 540 GIORDANO DRIVE		<b>Transaction ID:</b> INC.A.33593	
City YORKTOWN HEIGHTS	State NY	Zip Code 10598	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR KEVIN BURON		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 301 TEMPLETON CT		<b>Transaction ID:</b> INC.A.33404	
City GRANITE BAY	State CA	Zip Code 95746	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 23 NUTTING PLACE		<b>Transaction ID:</b> INC.A.33676	
City WEST CALDWELL	State NJ	Zip Code 07006	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUSINESS DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
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 BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33371

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City State Zip Code  
ALLENDALE NJ 07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33402

Amount of Each Receipt this Period

52.50

**C.** Full Name (Last, First, Middle Initial)  
MS MARY CASALE

Mailing Address 822 CEDAR AVE

City State Zip Code  
HADDENFIELD NJ 08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33497

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

117.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MS KAREN CATHCART RUSSELL Mailing Address 148 CLUBHOUSE DR City WEST COLUMBIA State SC Zip Code 29172 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33536 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR JOSEPH CONOSHENTI, JR Mailing Address 5 MAGNOLIA DRIVE City MARLBORO State NJ Zip Code 07746 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR DUR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33351 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) WILLIAM CONSIDINE Mailing Address 130 WEST 67TH STREET, #4J City NEW YORK State NY Zip Code 10023 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS PLANNING & DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33660 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code  
 RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33560

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code  
 SPARTA NJ 07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33559

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City State Zip Code  
 STATEN ISLAND NY 10312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33557

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS ROSELIN DANIEL  
Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code  
RANDOLPH NJ 07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33440

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR KENNETH DANIELS  
Mailing Address 2903 CHUKKAR COURT

City State Zip Code  
PLANT CITY FL 33567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33365

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS MARY DASCHNER  
Mailing Address 2926 EWING AVE S

City State Zip Code  
MINNEAPOLIS MN 55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33594

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR ANDREW DAVIS Mailing Address 5616 BROOK DRIVE City State Zip Code EDINA MN 55439 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MEDICARE CLIENT & SALES SUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33590 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR DANIEL DAVISON Mailing Address 402 HIGHLAND AVE City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRICING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33508 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR ARTHUR DAWSON Mailing Address 1613 GLEN HOLLOW LN City State Zip Code FLOWER MOUND TX 75028 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CUST SVC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33673 Amount of Each Receipt this Period 13.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		113.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS Mailing Address W62 N1032 FAIRHAVEN CT City CEDARBURG State WI Zip Code 53012 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33475 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO Mailing Address 80 HILLSIDE AVENUE City GLEN RIDGE State NJ Zip Code 07028 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33362 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS MAUREEN DEMPSEY Mailing Address 17 RICHWOOD PLACE City DENVILLE State NJ Zip Code 07834 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR MEDICARE COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33592 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS KAREN DEZEARN

Mailing Address 3625 PATTERNSTONE DR

City State Zip Code  
ALPHARETTA GA 30022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33513

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33433

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City State Zip Code  
WEST CALDWELL NJ 07006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33444

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City	State	Zip Code
ALLENTOWN	PA	18104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33423

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City	State	Zip Code
IRVINE	CA	92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33385

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City	State	Zip Code
POMONA	NY	10970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33480

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33495

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR YAACOV DUSHEK  
Mailing Address 312 MEGAN CT

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33370

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS GEORGIA EDDLEMAN  
Mailing Address 908 EDGE MEER LANE

City State Zip Code  
SOUTHLAKE TX 76092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33685

Amount of Each Receipt this Period

34.45

**SUBTOTAL** of Receipts This Page (optional) .....

109.45

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City	State	Zip Code
WYCKOFF	NJ	07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33532

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
DR WOODY EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City	State	Zip Code
UPPER MONTCLAIR	NJ	07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33591

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City	State	Zip Code
SADDLE BROOK	NJ	07663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33369

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code  
BRIARCLIFF MANOR NY 10510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33459

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City State Zip Code  
UPPER GRANDVIEW NY 10960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33409

Amount of Each Receipt this Period

192.31

**C.** Full Name (Last, First, Middle Initial)  
MR YAKOV ESTERLIS

Mailing Address 800 PALISADE AVE  
APT 706

City State Zip Code  
FORT LEE NJ 07024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33441

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MR EDWARD FARGIS

Mailing Address 216 ELMWOOD AVENUE

City State Zip Code  
 HO-HO-KUS NJ 07423

FEC ID number of contributing federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33344

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City State Zip Code  
 MAHWAH NJ 07430

FEC ID number of contributing federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33558

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

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 SOLUTIONSOccupation  
SVP CORP MKTG & E-COMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.07

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33366

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MS DAWN FELDNER Mailing Address 275 BIRCH STREET City EMERSON State NJ Zip Code 07630 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 04 / 28 / 2007 <b>Transaction ID:</b> INC.A.33569 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 138 HEIGHTS ROAD City RIDGEWOOD State NJ Zip Code 07450 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CARD OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 04 / 28 / 2007 <b>Transaction ID:</b> INC.A.33666 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR DON FISCHER Mailing Address 132 PROSPECT RD City MONROE State NY Zip Code 10950 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR E-COM STRAT & DELIV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 04 / 28 / 2007 <b>Transaction ID:</b> INC.A.33372 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City State Zip Code  
 RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33589

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE  
AGOSTA ROAD

City State Zip Code  
 NEW BLOOMINGTON OH 43341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33562

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR JOSEPH FRENDON

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code  
 TROPHY CLUB TX 76262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33484

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR ANDREW FRIEDEL

Mailing Address 1434 NARRAGANSETT BLVD

City State Zip Code  
CRANSTON RI 02905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33320

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City State Zip Code  
NEW PROVIDENCE NJ 07974

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33637

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS PAMELA GALASSINI

Mailing Address 333 N. CANAL ST. #1804

City State Zip Code  
CHICAGO IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33486

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

272.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33446

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL GALVIN

Mailing Address 34 TOWN VIEW DRIVE

City State Zip Code  
 WAPPINGER FALLS NY 12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33470

Amount of Each Receipt this Period

192.31

**C.** Full Name (Last, First, Middle Initial)  
MR OMHARAISRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City State Zip Code  
 MORRIS PLAINS NJ 07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33690

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR PETER GAYLORD Mailing Address 1201 BRIDGE STREET City ASBURY PARK State NJ Zip Code 07712 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCIAL EVALUATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33387 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	8		2	0	0	7																							
50.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA Mailing Address 20 BROOKSHIRE DR City ROBBINSVILLE State NJ Zip Code 08691 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33488 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	8		2	0	0	7																							
50.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) MR ROBERT GIBBS Mailing Address 544 DENMOOR COURT City GALLOWAY State OH Zip Code 43119 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33607 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">12.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	7	12.50									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	8		2	0	0	7																							
12.50																																
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		<table border="1"> <tr> <td colspan="10">112.50</td> </tr> </table>	112.50																													
112.50																																
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR THOMAS GILSON			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 2 PELL FARM ROAD			<b>Transaction ID:</b> INC.A.33509	
City State Zip Code SADDLE RIVER NJ 07458			<b>Amount of Each Receipt this Period</b> 192.31	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1730.79		
<b>B.</b> Full Name (Last, First, Middle Initial) MR JAMES GORMAN			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 11 WASHBURN RD			<b>Transaction ID:</b> INC.A.33659	
City State Zip Code CANTON CT 06022			<b>Amount of Each Receipt this Period</b> 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR CLIENT & MKT PROG STRAT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR JAMES GRANT, JR			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 1928 BEVERLY LANE			<b>Transaction ID:</b> INC.A.33325	
City State Zip Code BUFFALO GROVE IL 60089			<b>Amount of Each Receipt this Period</b> 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FINANCIAL INSIGHTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City State Zip Code  
 PEARL RIVER NY 10965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33405

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)

MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code  
 CONVENT STATION NJ 07960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33474

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City State Zip Code  
 SUMMIT NJ 07901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS & INSTALLATION SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33693

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR MARK HALLORAN  
Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code  
LONG VALLEY NJ 07853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33367

Amount of Each Receipt this Period

192.31

**B.** Full Name (Last, First, Middle Initial)  
MR GREGORY HANSEN  
Mailing Address 1659 ISABELLA PARKWAY

City State Zip Code  
CHASKA MN 55318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33326

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS KELLY HANZAWA  
Mailing Address 1116 OAKCROFT LANE

City State Zip Code  
SOMERSET NJ 08873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33542

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR CHRISTOPHER HARLOW  
Mailing Address 8 PROSPECT PLACE

City State Zip Code  
POMPTON PLAINS NJ 07444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33517

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR PETER HARTY  
Mailing Address 19520 YELLOW WING COURT

City State Zip Code  
COLORADO SPRINGS CO 80908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33349

Amount of Each Receipt this Period

192.31

**C.** Full Name (Last, First, Middle Initial)  
MR BILL HEAD  
Mailing Address 501 SLATERS LANE  
#816

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33478

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City State Zip Code  
PHOENIX AZ 85029

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33467

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City State Zip Code  
SUCCASUNNA NJ 07876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLIENT SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33587

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR ERIC HESS

Mailing Address 10 CARLTON RD

City State Zip Code  
FLANDERS NJ 07836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33615

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City State Zip Code  
BUTLER NJ 07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33334

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR STEPHEN HOBSON

Mailing Address 1 HERITAGE RD

City State Zip Code  
FLORHAM PARK NJ 07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33635

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City State Zip Code  
RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FACILITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33616

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN Mailing Address 9 HIRLE ST City State Zip Code CORNWALL ON HUDSON NY 12520 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33550 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR ROGER HOLLAND Mailing Address 41 SAINT RAPHAEL City State Zip Code LAGUNA NIGUEL CA 92677 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33498 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK Mailing Address 49 S HILLSIDE AVE City State Zip Code ELMSFORD NY 10523 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33623 Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 30 AVENUE AT PORT IMPERIAL APT. 415		<b>Transaction ID:</b> INC.A.33336	
City WEST NEW YORK	State NJ	Zip Code 07093	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR WALTER HOSP		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 1 OLD LANE		<b>Transaction ID:</b> INC.A.33390	
City SCARSDALE	State NY	Zip Code 10583	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP TREASURY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR JEFFREY HULL		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 2616 S 3B'S & K RD		<b>Transaction ID:</b> INC.A.33563	
City GALENA	State OH	Zip Code 43021	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PROFESSIONAL PRACTICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS JANE HULSE

Mailing Address 95 GORDON RD

City State Zip Code  
**ESSEX FELLS NJ 07021**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 4 / 2 8 / 2 0 0 7**

Transaction ID: INC.A.33384

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

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 BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 4 / 2 8 / 2 0 0 7**

Transaction ID: INC.A.33675

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS SUSAN ITO

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 4 / 2 8 / 2 0 0 7**

Transaction ID: INC.A.33512

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR TODD JEFFREY Mailing Address 15 ELIZABETH STREET City DUMONT State NJ Zip Code 07628 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARM CONTRACT & CONSULTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33643 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR WILLIAM JOEL Mailing Address 32 VENTOSA DR City MORRISTOWN State NJ Zip Code 07960 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR ANALYTICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33519 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12 WADE HAMPTON TRAIL City HENDERSON State NV Zip Code 89052 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 256.36		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33584 Amount of Each Receipt this Period 15.08

SUBTOTAL of Receipts This Page (optional) .....

90.08

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 16357 VICTORIA CURVE SE			<b>Transaction ID:</b> INC.A.33580	
City State Zip Code PRIOR LAKE MN 55372			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CLIENT & MKT PROG STRAT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR JOHN KAPIOSKI			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 8202 MARSH GLEN CT			<b>Transaction ID:</b> INC.A.33363	
City State Zip Code TAMPA FL 33647			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PHARM AUDIT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MS BECKY KAUS			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address N81 W18359 TOURS DR			<b>Transaction ID:</b> INC.A.33466	
City State Zip Code MENOMONEE FALLS WI 53051			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR WILLIAM KEELER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 63 MOUNTAIN GLEN ROAD		<b>Transaction ID:</b> INC.A.33551	
City RINGWOOD	State NJ	Zip Code 07456	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR KEVIN KELLY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 251 POPLAR AVE		<b>Transaction ID:</b> INC.A.33426	
City HACKENSACK	State NJ	Zip Code 07601	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLIENT SVC DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MS LISA KETNER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 7 POINT VIEW		<b>Transaction ID:</b> INC.A.33510	
City OAKLAND	State NJ	Zip Code 07436	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MKTING & PRODUCT DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City State Zip Code  
CHESTER NY 10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33570

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33431

Amount of Each Receipt this Period

192.30

**C.** Full Name (Last, First, Middle Initial)  
MR JON KLINE

Mailing Address 36 CORTLAND TL

City State Zip Code  
MAHWAH NJ 07430

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 ▼

454.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33665

Amount of Each Receipt this Period

50.54

**SUBTOTAL** of Receipts This Page (optional) .....

292.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City State Zip Code  
BOWLING GREEN OH 43402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33522

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33323

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33664

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code  
COLUMBUS OH 43221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33634

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)

MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City State Zip Code  
TOWACO NJ 07082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33649

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City State Zip Code  
CITRUS HEIGHTS CA 95621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33321

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A.** JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33571

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33516

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** MR ROSS LUCE

Mailing Address 2116 BELLANCA CT.

City

FLOWER MOUND

State

TX

Zip Code

75028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR OPS

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33382

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

65.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE Mailing Address 238 WOODLAND AVE City State Zip Code SUMMIT NJ 07901 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33688 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CREATIVE SVCS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MS VERONA MACMAHON Mailing Address 1504 WEST CULLOM AVE UNIT G City State Zip Code CHICAGO IL 60613 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33696 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR KENNETH MALLEY Mailing Address 764 W. SADDLE RIVER ROAD City State Zip Code HO HO KUS NJ 07423 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33678 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City State Zip Code  
 GILLETTE NJ 07933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33392

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City State Zip Code  
 OLD GREENWICH CT 06870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33375

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City State Zip Code  
 MENOMONEE FALLS WI 53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33535

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR TODD MARTIN Mailing Address 11825 SHEPPARDS CROSSING City CLARKSVILLE State MD Zip Code 21029 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33504 Amount of Each Receipt this Period 192.30
<b>B.</b> Full Name (Last, First, Middle Initial) MR ROBERT MATCHETT Mailing Address 27 LAKEVILLE RD City SUSSEX State NJ Zip Code 07461 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33632 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR JEFFREY MAY Mailing Address 137 WASHINGTON AVE City HILLSDALE State NJ Zip Code 07642 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP DRUG DISTRIB & CONTROL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33388 Amount of Each Receipt this Period 192.30

**SUBTOTAL** of Receipts This Page (optional) .....

409.60

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City State Zip Code  
CLIFTON NJ 07013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33353

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City State Zip Code  
MORRIS PLAINS NJ 07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33525

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR DANIEL MCCRONE

Mailing Address 41 HENRY COURT

City State Zip Code  
MOUNT ARLINGTON NJ 07856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33471

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City State Zip Code  
 FAIR LAWN NJ 07410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33406

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code  
 HIGHLAND MILLS NY 10930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33347

Amount of Each Receipt this Period

192.00

**C.** Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code  
 WEST MILFORD NJ 07480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33380

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

409.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City State Zip Code  
 ORADELL NJ 07649

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33335

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33686

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City State Zip Code  
 DENVILLE NJ 07834

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33555

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33445

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City State Zip Code  
PARSIPPANY NJ 07054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33332

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City State Zip Code  
WARRINGTON PA 18976

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33331

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP Business Development

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33435

Amount of Each Receipt this Period

192.00

**B.**

Full Name (Last, First, Middle Initial)

MR KEVIN MURPHY, JR

Mailing Address 105 COVENTRY LN

City

TRUMBULL

State

CT

Zip Code

06611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP MKT STRATEGY &amp; DEVELOPMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33640

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City

HASBROUCK HEIGHTS

State

NJ

Zip Code

07604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33546

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

342.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR ARTHUR NARDIN

Mailing Address 28 POWDERHORN DR

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33412

Amount of Each Receipt this Period

192.00

**B.** Full Name (Last, First, Middle Initial)  
MS ARLENE NELSON

Mailing Address 17 GARFIELD PLACE

City State Zip Code  
RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FORMULARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33396

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City State Zip Code  
OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR MKTING & STRATEGIC ANAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33473

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City State Zip Code  
 RYE NY 10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33621

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City State Zip Code  
 RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33669

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City State Zip Code  
 SUFFERN NY 10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33646

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 223

(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.** ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City State Zip Code  
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33361

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City State Zip Code  
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33449

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City State Zip Code  
 RINGWOOD NJ 07456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33416

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A.** MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City	State	Zip Code
PARK RIDGE	NJ	07656

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP OPS & INSTALLATION SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33703

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City	State	Zip Code
PARK RIDGE	NJ	07656

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33374

Amount of Each Receipt this Period

25.00

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 SOLUTIONSOccupation  
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33671

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR JAY PATEL		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 14 BROWNSTONE TERRACE		<b>Transaction ID:</b> INC.A.33376	
City HAWTHORNE	State NJ	Zip Code 07506	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 18 MOUNTAIN VIEW CT		<b>Transaction ID:</b> INC.A.33408	
City RIVERDALE	State NJ	Zip Code 07457	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR NATHAN PETERSON		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 1771 PRESCOTT LANE		<b>Transaction ID:</b> INC.A.33526	
City CHASKA	State MN	Zip Code 55318	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS DONNA PETRINO

Mailing Address 128 MANHATTAN TERRACE

City State Zip Code  
DUMONT NJ 07628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33417

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City State Zip Code  
MAPLE GROVE MN 55311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33472

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City State Zip Code  
MORRISTOWN NJ 07960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33503

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS JANET PORAT  
Mailing Address 5 CRABAPPLE CT

City State Zip Code  
MONSEY NY 10952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33447

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS LYDIA POTTER  
Mailing Address 19642 S.W. 88 LOOP

City State Zip Code  
DUNNELLON FL 34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33658

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR NEIL PREZIOSO  
Mailing Address 10258 WINDSOR WAY

City State Zip Code  
POWELL OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33565

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City State Zip Code  
 RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33410

Amount of Each Receipt this Period

192.30

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code  
 HOPEWELL JUNCTION NY 12533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33642

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code  
 SPARTA NJ 07871

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33379

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

409.61

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City	State	Zip Code
SCARSDALE	NY	10583

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33377

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS JOANN REED

Mailing Address 4 ANTLER CT

City	State	Zip Code
MATAWAN	NJ	07747

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33411

Amount of Each Receipt this Period

65.38

**C.** Full Name (Last, First, Middle Initial)  
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City	State	Zip Code
TAMPA	FL	33647

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33631

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR THOMAS REINCKENS  
Mailing Address 22 BARTLETT AVE.

City State Zip Code  
NORWALK CT 06850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33663

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR VICTOR RENNA  
Mailing Address 8 CARLA ANN CT

City State Zip Code  
FLANDERS NJ 07836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33398

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR JOSEPH REYNOLDS  
Mailing Address 412 RIVER MEWS LANE

City State Zip Code  
EDGEWATER NJ 07020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33436

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code  
MINNEAPOLIS MN 55446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33544

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code  
ANDOVER NJ 07821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33358

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33403

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MS DONNA ROSEN Mailing Address 7 RED OAK LANE City KINNELON State NJ Zip Code 07405 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS-CLINICAL TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33639 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 5201 RIO VISTA DRIVE City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CONTROLLER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1737.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33386 Amount of Each Receipt this Period 193.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK Mailing Address 21 SKY TOP RIDGE City OAKLAND State NJ Zip Code 07436 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FORMULARY & COVERAGE MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33687 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MS MARY RYAN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 456 RICHMOND AVENUE		<b>Transaction ID:</b> INC.A.33683	
City MAPLEWOOD	State NJ	Zip Code 07040	Amount of Each Receipt this Period 78.34
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP REGULATORY AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.06		
<b>B.</b> Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 4836 MIDDLE RD		<b>Transaction ID:</b> INC.A.33611	
City ALLISON PARK	State PA	Zip Code 15101	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 7 AHERN WAY		<b>Transaction ID:</b> INC.A.33443	
City WEST ORANGE	State NJ	Zip Code 07052	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

**SUBTOTAL** of Receipts This Page (optional) .....

128.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City	State	Zip Code
RIDGEWOOD	NJ	07450

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33618

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS BETH SAVARE

Mailing Address 27 JONES LN

City	State	Zip Code
BLAIRSTOWN	NJ	07825

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33655

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City	State	Zip Code
GLEN ROCK	NJ	07452

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33505

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR FRANK SCHULTE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 2121 AMERICA'S CUP CIR		<b>Transaction ID:</b> INC.A.33401	
City LAS VEGAS	State NV	Zip Code 89117	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation REGIONAL VP PHARMACIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 3556 DAVIS		<b>Transaction ID:</b> INC.A.33523	
City EVANSTON	State IL	Zip Code 60203	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MS CYNTHIA SCOTT		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 13150 FLAMINGO COURT		<b>Transaction ID:</b> INC.A.33324	
City APPLE VALLEY	State MN	Zip Code 55124	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLINICAL PROG DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

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 SOLUTIONSOccupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33500

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR LEONARD SCOTT

Mailing Address 13514 MOTTLESTONE DRIVE NW

City	State	Zip Code
PICKERINGTON	OH	43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33468

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City	State	Zip Code
SALT LAKE CITY	UT	84109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	7

Transaction ID: INC.A.33595

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City State Zip Code  
WAYNE NJ 07470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33654

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City State Zip Code  
WESTWOOD NJ 07675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33620

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code  
LAS VEGAS NV 89148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33586

Amount of Each Receipt this Period

28.85

**SUBTOTAL** of Receipts This Page (optional) .....

103.85

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR JOHN SHEA Mailing Address 62 FRANKLIN TURNPIKE City State Zip Code ALLENDALE NJ 07401 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">360.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33318 Amount of Each Receipt this Period <div style="text-align: right;">40.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MR FRANK SHEEHY Mailing Address 119 HAMILTON RD City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">900.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33506 Amount of Each Receipt this Period <div style="text-align: right;">50.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MR PETER SHERMAN Mailing Address 139 GATES AVENUE City State Zip Code MONTCLAIR NJ 07042 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS MANAGING COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">450.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33697 Amount of Each Receipt this Period <div style="text-align: right;">50.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City State Zip Code  
 NORTH ARLINGTON NJ 07031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33554

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)

MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City State Zip Code  
 LONG BEACH CA 90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33524

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

JEFFREY SIMEK

Mailing Address 197 OXFORD RD

City State Zip Code  
 CHESTER NY 10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33346

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR LEE SIMON Mailing Address 2390 GREENVIEW ROAD City NORTHBROOK State IL Zip Code 60062 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33485 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR JEFFREY SINKO Mailing Address 10 CHERRY TREE LANE City KINNELON State NJ Zip Code 07405 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33670 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO Mailing Address 564 DALE COURT EAST City RIVER VALE State NJ Zip Code 07675 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33427 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR DAVID SITVER  
Mailing Address 24 YORKSHIRE AVE

City State Zip Code  
SUFFERN NY 10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33552

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
ANN SMITH  
Mailing Address 437 GLENDALE RD

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
Sr Dir Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33357

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT SMITH  
Mailing Address 40 JOSHUA DR T

City State Zip Code  
RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33674

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
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 ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33413

Amount of Each Receipt this Period

192.31

**B.** Full Name (Last, First, Middle Initial)  
MR ALAN SOKALER  
Mailing Address 30 MICHELLE WAY

City State Zip Code  
PINE BROOK NJ 07058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33422

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS JENNIFER SPIDLE  
Mailing Address 21625 E. MERIWETHER LANE

City State Zip Code  
LIBERTY LAKE WA 99019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33603

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

254.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR RALPH STAIANO

Mailing Address 32 ALDEN RD

City State Zip Code  
MONROE NY 10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33491

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City State Zip Code  
WEST HARRISON NY 10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33487

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City State Zip Code  
AUSTIN TX 78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33501

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR CRAIG STEEL Mailing Address 122 DEMAREST AVENUE City State Zip Code EMERSON NJ 07630 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">225.00</div>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33534 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MS SUSAN STEELE Mailing Address 501 CONTINENTAL DR City State Zip Code SAGAMORE HILLS OH 44067 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">225.00</div>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33540 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MS AMY STEINKELLNER Mailing Address 1740 HIGHLAND DRIVE City State Zip Code ELM GROVE WI 53122 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">450.00</div>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33424 Amount of Each Receipt this Period <div style="text-align: right;">50.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33337

Amount of Each Receipt this Period

192.31

**B.** Full Name (Last, First, Middle Initial)  
MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code  
ORANGE CT 06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33699

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code  
MARYSVILLE OH 43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33574

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code  
MONTVILLE NJ 07045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33476

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33389

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City State Zip Code  
MIDLOTHIAN VA 23113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33458

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS IRENE SUTTON  
Mailing Address 374 KINGSTON CT

City State Zip Code  
WEST NEW YORK NJ 07093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33415

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
MR TIMOTHY SWETT  
Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33464

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR NICHOLAS TAYLOR  
Mailing Address 2710 WEXFORD RD

City State Zip Code  
UPPER ARLINGTON OH 43221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33579

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MS MELINDA THIEL Mailing Address 27 GARVEY ROAD City WAYNE State NJ Zip Code 07470 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PRODUCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33407 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS MARY THORSBY Mailing Address 17326 ELLEN DR City LIVONIA State MI Zip Code 48152 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33529 Amount of Each Receipt this Period 75.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD Mailing Address 7974 FLAMETREE CT City LAS VEGAS State NV Zip Code 89123 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33342 Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) .....

112.50

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN Mailing Address 838 COLONIAL RD City FRANKLIN LAKES State NJ Zip Code 07417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BENEFIT SYSTEMS SUPPORT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33704 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	8		2	0	0	7																							
50.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER Mailing Address 713 INDIAN CREEK RD City AMHERST State VA Zip Code 24521 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33322 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	7	75.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	8		2	0	0	7																							
75.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) MR GARY TULLY Mailing Address 16 FIELDHEDGE DRIVE City HILLSBOROUGH State NJ Zip Code 08844 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLIENT SVC DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.33356 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	7	30.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	8		2	0	0	7																							
30.00																																

SUBTOTAL of Receipts This Page (optional) .....

155.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS CARA VAN ZILE Mailing Address 31 LINCOLN RD City KINNELON State NJ Zip Code 07405 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33490 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA Mailing Address W328 S4230 SPRING RIDGE City WAUKESHA State WI Zip Code 53189 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33511 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MRS JEANNINE VANKLEECK Mailing Address 56 ZIMMER AVENUE City MIDLAND PARK State NJ Zip Code 07432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCIAL APPLICATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33662 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City State Zip Code  
 ROCKVILLE CENTRE NY 11570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33698

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City State Zip Code  
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33428

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE  
 UNIT #17

City State Zip Code  
 BLOOMFIELD NJ 07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33692

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR GORDON VICKERS Mailing Address 436 MOUNTAIN AVENUE City WESTFIELD State NJ Zip Code 07090 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33531 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR MUNISH VIJ Mailing Address 2108 HENRY COURT City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33689 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR DANIEL WALDEN Mailing Address 450 BEECHMONT DR City NEW ROCHELLE State NY Zip Code 10804 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP REGULATORY & MC PROGRAMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33345 Amount of Each Receipt this Period 192.31

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33350

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City State Zip Code  
DALLAS TX 75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33543

Amount of Each Receipt this Period

192.31

**C.** Full Name (Last, First, Middle Initial)  
MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code  
MOORESTOWN NJ 08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33605

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

229.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS CATHERINE WASSON  
Mailing Address 26072 HARBOR VIEW

City State Zip Code  
CAPISTRANO BEACH CA 92624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33521

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MS BEVERLY WATSON  
Mailing Address 2 MICHELANGELO COURT

City State Zip Code  
SOMERSET NJ 08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33705

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MRS KELLY WEBBER  
Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code  
MONTVALE NJ 07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CORP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33359

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 223

(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)

<b>A.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH Mailing Address 309 WATERVIEW DR City State Zip Code FRANKLIN LAKES NJ 07417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES, CEO ACCREDO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33502 Amount of Each Receipt this Period 192.31
<b>B.</b> Full Name (Last, First, Middle Initial) MR KENNETH WERMES Mailing Address 26037 N WRANGLER RD City State Zip Code SCOTTSDALE AZ 85255 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33489 Amount of Each Receipt this Period 75.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR PETER WHITE Mailing Address 2241 E. PINCHOT AVE. #17F City State Zip Code PHOENIX AZ 85016 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33694 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

**292.31**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City State Zip Code  
VERONA NJ 07044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33395

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City State Zip Code  
TOWACO NJ 07082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEDICARE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33588

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ELISSA WOJTOWICZ, RPH

Mailing Address 325 BOUND BROOK AVE.

City State Zip Code  
PISCATAWAY NJ 08854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR RRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33573

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City State Zip Code  
COLUMBUS OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33629

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City State Zip Code  
BAYSIDE NY 11364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INSURED SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33667

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City State Zip Code  
STILLWATER NY 12170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33702

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 223

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City State Zip Code  
POMPTON LAKES NJ 07442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33368

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City State Zip Code  
WESTFIELD NJ 07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33460

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City State Zip Code  
SUFFERN NY 10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP E-COM DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: INC.A.33437

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 223

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS JILL ZELMAN Mailing Address 43604 EMERALD DUNES PL City State Zip Code LEESBURG VA 20176 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CONSOLIDATION PLAN & RPRT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">225.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33397 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO Mailing Address 726 HIGH MOUNTAIN ROAD City State Zip Code FRANKLIN LAKES NJ 07417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">225.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33566 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) BLEND A J. WILSON Mailing Address 62 WHITE OAK BLUFF City State Zip Code SAVANNAH GA 31405 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation NELLIE MAE EDUCATION FOUNDATION PRESIDENT AND CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">1000.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> INC.A.33313 Amount of Each Receipt this Period <div style="text-align: right;">1000.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

46779.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 223

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City State Zip Code  
 CORTE MADERA CA 94925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.98

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 0 7

Transaction ID: INC.A.33315

Amount of Each Receipt this Period

75.09

INTEREST EARNED

**SUBTOTAL** of Receipts This Page (optional) .....

75.09

**TOTAL** This Period (last page this line number only) .....

75.09

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 206 / 223

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 SOUTH CAPITOL ST. SE, 2ND FLOOR

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

GENERAL PURPOSE COMMITTEE

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:32909

Date of Disbursement

04 / 19 / 2007

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

## **B. NATHAN DEAL FOR CONGRESS**

Mailing Address PO BOX 902

City  
GAINSVILLE

State  
GA

Zip Code  
30503

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NATHAN DEAL

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA

District: 9

Transaction ID: EXP:B:32908

Date of Disbursement

04 / 19 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. BATTLE BORN PAC**

Mailing Address P.O. BOX 40366

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement

011

Category/  
Type

Candidate Name

GENERAL PURPOSE COMMITTEE

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:33308

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

21500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 207 / 223

<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

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. COMMITTEE FOR THE PRESERVATION OF CAPITALISM**

Mailing Address PO BOX 65314

City  
WASHINGTONState  
DCZip Code  
20036

Purpose of Disbursement

Candidate Name  
GENERAL PURPOSE COMMITTEEOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:33307

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	7	

Amount of Each Disbursement this Period

5000.00

011
Category/ Type

**B. FRIENDS OF SAM JOHNSON**

Mailing Address 1611 AVENUE K

City  
PLANOState  
TXZip Code  
75074

Purpose of Disbursement

Candidate Name  
SAM JOHNSONOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: EXP:B:33306

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	7	

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

**C. MICHAEL BURGESS FOR CONGRESS**

Mailing Address P.O. BOX 2334

City  
DENTONState  
TXZip Code  
76202

Purpose of Disbursement

Candidate Name  
MICHAEL BURGESSOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: EXP:B:33305

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	7	

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 208 / 223

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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. NEBRASKA LEADERSHIP PAC**

Mailing Address P.O. BOX 3325

City  
OMAHA

State  
NE

Zip Code  
68103

Purpose of Disbursement

011

Category/  
Type

Candidate Name

GENERAL PURPOSE COMMITTEE

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:33309

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CROWLEY FOR CONGRESS**

Mailing Address 84-56 GRAND AVE.

City  
ELMHURST

State  
NY

Zip Code  
11373

Purpose of Disbursement

011

Category/  
Type

Candidate Name

JOSEPH CROWLEY

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 7

Transaction ID: EXP:B:33311

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**C. CROWLEY FOR CONGRESS**

Mailing Address 84-56 GRAND AVE.

City  
ELMHURST

State  
NY

Zip Code  
11373

Purpose of Disbursement

011

Category/  
Type

Candidate Name

JOSEPH CROWLEY

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 7

Transaction ID: EXP:B:33312

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 209 / 223

<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

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. RELY ON YOUR BELIEFS (ROYB) PAC**

Mailing Address 209 PENNSYLVANIA AVENUE, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

GENERAL PURPOSE COMMITTEE

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:33310

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	7

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

38500.00

**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 210 / 223

<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

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. BATCHELDER FOR REPRESENTATIVE COMMITTEE**

Mailing Address 105 W. LIBERTY ST.

City  
MEDINAState  
OHZip Code  
44256

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32880

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	7

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR BACON**

Mailing Address 5325 PONDEROSA DR.

City  
COLUMBUSState  
OHZip Code  
43231

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32879

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	7

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR BUEHRER**

Mailing Address 319 E. ELM ST.

City  
WAUSEONState  
OHZip Code  
43657

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32869

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	7

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 211 / 223

<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

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. CITIZENS FOR CAREY**

Mailing Address 401 S. ARKANSAS AVENUE

City WELLSTON State OH Zip Code 45692

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32865

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. CITIZENS FOR DEWINE**

Mailing Address 506 CRISPWIND COURT

City FAIRBORN State OH Zip Code 45324

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32884

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. CITIZENS FOR GARDNER COMMITTEE**

Mailing Address 431 NORTH PROSPECT STREET

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32873

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 212 / 223

<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

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. CITIZENS FOR HOTTINGER**

Mailing Address 386 SABRECUIT DRIVE

City  
NEWARKState  
OHZip Code  
43055

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32887

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	7	

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR SCHURING COMMITTEE**

Mailing Address 330 THIRD STREET NW

City  
CANTONState  
OHZip Code  
44702

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32868

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	7	

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR STIVERS**

Mailing Address 2500 SHERWIN RD.

City  
COLUMBUSState  
OHZip Code  
43221

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32877

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	7	

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 213 / 223

<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

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. CITIZENS FOR WHITE**

Mailing Address 4744 BOKAY DRIVE

City KETTERING State OH Zip Code 45440

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32897

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. COMMITTEE FOR JOYCE BEATTY, STATE REPRESENTATIVE**

Mailing Address 233 S. HIGH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32881

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

## **C. COMMITTEE FOR LARRY FLOWERS**

Mailing Address 14 E. GAY ST., 2ND FLOOR

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32886

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 214 / 223

<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

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. COMMITTEE TO ELECT BILL HARRIS**

Mailing Address 1238 TOWNSHIP ROAD

City  
ASHLAND

State  
OH

Zip Code  
44805

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32864

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. COMMITTEE TO ELECT BRIAN G. WILLIAMS, 41ST HOUSE DISTRICT**

Mailing Address 151 BELHAR DR.

City  
AKRON

State  
OH

Zip Code  
44313

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32898

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. COMMITTEE TO ELECT FRED STRAHORN**

Mailing Address 223 KENWOOD AVE.

City  
DAYTON

State  
OH

Zip Code  
45406

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32895

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 215 / 223

<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

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. COMMITTEE TO ELECT JOE UECKER**

Mailing Address 298 INDIANVIEW DR.

City LOVELAND State OH Zip Code 45140

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32896

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. COMMITTEE TO ELECT JOY PADGETT**

Mailing Address 871 WALNUT ST.

City COSHOCTON State OH Zip Code 43812

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32903

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. COMMITTEE TO ELECT NIEHAUS**

Mailing Address 1131 LITTLE INDIAN CREEK RD.

City NEW RICHMOND State OH Zip Code 45157

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32876

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 216 / 223

<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

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. ELECT CLANCY COMMITTEE**

Mailing Address 3675 W. GALBRAITH ROAD # 16

City CINCINNATI State OH Zip Code 45247

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32872

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. FRIENDS OF BARBARA BOYD**

Mailing Address 3623 CUMMINGS

City CLEVELAND HEIGHTS State OH Zip Code 44118

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32882

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. FRIENDS OF DALE MILLER**

Mailing Address 4300 W. 143 RD.

City CLEVELAND State OH Zip Code 44135

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32875

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 217 / 223

<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

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. FRIENDS OF GARY CATES**

Mailing Address 6542 SEMINOLE DRIVE

City WEST CHESTER State OH Zip Code 45069

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32870

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. FRIENDS OF JIM RAUSSEN**

Mailing Address 661 PARK AVENUE

City CINCINNATI State OH Zip Code 45246

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32892

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. FRIENDS OF MATTHEW J. DOLAN**

Mailing Address 100 SEVENTH AVE. BOX 12

City CHARDON State OH Zip Code 44024

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32885

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 218 / 223

<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

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. FRIENDS OF SENATOR CAFARO**

Mailing Address 600 WARNER RD.

City  
HUBBARD

State  
OH

Zip Code  
44425

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32871

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. FRIENDS OF SHANNON JONES**

Mailing Address 800 VALLEY VIEW POINT

City  
SPRINGBORO

State  
OH

Zip Code  
45066

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32891

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. HOUSE DEMOCRATIC CAUCUS FUND**

Mailing Address 271 EAST STATE ST.

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☐ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32899

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 219 / 223

<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

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. HOUSE REPUBLICAN CAUCUS CAMPAIGN COMMITTEE**

Mailing Address 211 S. FIFTH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32900

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B. HUSTED FOR STATE REPRESENTATIVE**

Mailing Address 148 SHERBROOKE DRIVE

City KETTERING State OH Zip Code 45429

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32878

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. KEEP KEARNEY IN THE SENATE**

Mailing Address 3 LENOX LANE

City CINCINNATI State OH Zip Code 45229

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32874

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 220 / 223

<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

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. MATT HUFFMAN FOR STATE REPRESENTATIVE**

Mailing Address 2220 MERIT DR.

City LIMA State OH Zip Code 45805

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32890

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. RE-ELECT JIM CARMICHAEL FOR STATE REPRESENTATIVE**

Mailing Address 2594 TIMOTHY PLACE

City WOOSTER State OH Zip Code 44691

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32883

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. SEITZ FOR STATE REPRESENTATIVE**

Mailing Address 4401 ABBY CT.

City CINCINNATI State OH Zip Code 45248

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32894

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 221 / 223

<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

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. SENATE DEMOCRATIC CAUCUS FUND**

Mailing Address 271 E. STATE STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32901

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. SENATE REPUBLICAN CAUCUS CAMPAIGN COMMITTEE**

Mailing Address 211 S. FIFTH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32902

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. TEAM COUGHLIN**

Mailing Address 2324 IOTA AVENUE

City CUYAHOGA FALLS State OH Zip Code 44223

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.32866

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 222 / 223

<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

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. TERESA FEDOR FOR SENATE**

Mailing Address 2054 BELVEDERE

City  
TOLEDOState  
OHZip Code  
43614

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32867

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	7

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. THE REDFERN COMMITTEE**

Mailing Address 3750 ROGER DR.

City

PORT CLINTON

State  
OHZip Code  
43452

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2008

☒ Primary☐ General☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.32893

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	7

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

19550.00

Image# 27930722344

Form/Schedule: **SB23**      CHECK VOIDED; ISSUED IN PRIOR PERIOD  
Transaction ID: **EXP:B:33311**

\*\*\*\*\*