| FEC<br>FORM 3X  | AN              | EPORT C<br>ND DISBU<br>Other Than A         | JRSEM                      | ENTS                            | ee                         | Of                                       | ffice Use Only   |
|---|-----------------|---|----------------------------|---------------------------------|----------------------------|--|--|
| 1. NAME OF<br>COMMITTEE (in fu  |                 | FEC MAILING L                               |                            | ample:If typing<br>er the lines | , type                     |  | · · ·  |
|   |                 |   |                            |                                 |                            | PAC)                                     |  |
| ADDRESS (number and   | street)         |   |                            | ,                               |                            |  | <u> </u>   |
| Check if differ<br>than previousl<br>reported. (AC                                  | y 18            |   |                            |                                 |                            |  | 94901  |
| 2. FEC IDENTIFICAT  | ION NUMBER      | ₩ _   | CITY 🛋                     |                                 | S                          | STATE 🛋                                  | ZIPCODE  |
| C00384362   |                 |   | 3. IS THIS<br>REPOR        |                                 | NEW<br>N) <b>OR</b>        | AMEN<br>(A)                              | IDED   |
| <ul> <li><b>TYPE OF REPO</b><br/>(Choose One)</li> <li>(a) Quarterly Rep</li> </ul> |                 | (b) Monthly<br>Report<br>Due On:            |                            | 3)                              | May 20 (M5)<br>Jun 20 (M6) | Aug 20<br>Sep 20                         | (M9) Year Only)<br>Dec 20 (M12)<br>(Non-Election<br>Year Only) |
| July 15<br>Quarterly<br>October<br>Quarterly<br>January 3                           | Report(Q3)      | (c) 12-Day<br><b>PRE</b> -Elec<br>Report fo |                            | ) rimary (12P)<br>Convention (  |                            | Oct 20 (<br>General (120<br>Special (120 | G) Runoff (12R)  |
| Year Onl  | on-election     | (d) 30-Day<br><b>Post</b> -Ele<br>Report fo |                            | General (300                    | ā)                         | Runoff (30R)                             | ) Special (30S)<br>in the<br>State of                          |
| 5. Covering Period  | 02              | 01 20                                       | 10                         | through                         | 02                         | 28 2                                     | 010  |
| I certify that I have exam<br>Type or Print Name of T<br>Signature of Treasurer     |                 | Jason D. Kaune                              | f my knowledge<br>D. Kaune | e and belief it is              | true, correct a            |  | 15 2010  |
| NOTE : Submission of f  | alse, erroneous | s, or incomplete inf                        | ormation may s             | ubject the pers                 |                            |  | nalties of 2 U.S.C 437g.                                       |
| Office<br>Use<br>Only   |                 |   |                            |                                 |                            |  | FEC FORM 3X<br>(Rev. 12/2004)                                  |

Image# 10990375213

FEC Form 3X (Rev. 02/2003)

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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| \   | Write or Type Committee Name<br>MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) |                            |                                   |  |  |  |  |
|-----|--|----------------------------|-----------------------------------|--|--|--|--|
| F   | Report Covering the Period: From:  | 0 1 Y Y Y Y<br>0 1 2 0 1 0 | To:                               |  |  |  |  |
| _   |  | COLUMN A<br>This Period    | COLUMN B<br>Calendar Year-to-Date |  |  |  |  |
| 6.  | (a) Cash on Hand<br>January 1 2010 Y Y Y   |                            | 671416.04                         |  |  |  |  |
|     | (b) Cash on Hand at<br>Begining of Reporting Period  | 680265.57                  |                                   |  |  |  |  |
|     | (c) Total Receipts (from Line 19)  | 52506.69                   | 131856.22                         |  |  |  |  |
|     | (d) Subtotal (add lines 6(b) and   |                            |                                   |  |  |  |  |
|     | 6(c) for Column A and Lines<br>6(a) and 6(c) for Column B)   | 732772.26                  | 803272.26                         |  |  |  |  |
| 7.  | Total Disbursements (from Line 31)   | 17000.00                   | 87500.00                          |  |  |  |  |
| 8.  | Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d))                                 | 715772.26                  | 715772.26                         |  |  |  |  |
| 9.  | Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D)           | 0.00                       |                                   |  |  |  |  |
| 10. | Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D)           | 1101.75                    |                                   |  |  |  |  |

X 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

FE6AN026

#### Image# 10990375214

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 167

Write or Type Committee Name

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

| Report Covering the Period: From:  |                               | To:                               |
|--|-------------------------------|-----------------------------------|
| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| <ol> <li>Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other</li> </ol>                      |                               |                                   |
| Than Political Committees<br>(i) Itemized (use Schedule A)   | 34696.24                      | 63044.79                          |
| (ii) Unitemized  | 17787.18                      | 68763.89                          |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii) Þ  | 52483.42                      | 131808.68                         |
| (b) Political Party Committees   | 0.00                          | 0.00                              |
| <ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul> | 0.00                          | 0.00                              |
| 11(a)(iii),(b) and (c)) (Carry<br>Totals to Line 33, page 5)   | 52483.42                      | 131808.68                         |
| 2. Transfers From Affiliated/Other<br>Party Committees   | 0.00                          | 0.00                              |
| 3. All Loans Received  | 0.00                          | 0.00                              |
| <ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>                                | 0.00                          | 0.00                              |
| (Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5)<br>5. Refunds of Contributions Made                      | 0.00                          | 0.00                              |
| to Federal candidates and Other<br>Political Committees  | 0.00                          | 0.00                              |
| <ol> <li>Other Federal Receipts<br/>(Dividends, Interest, etc.)</li> </ol>   | 23.27                         | 47.54                             |
| 8. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account<br>(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                              |
| <ol> <li>Total Receipts (add Lines 11(d),<br/>12, 13, 14, 15, 16, 17, and 18(c))</li> </ol>                            | 52506.69                      | 131856.22                         |
| ). Total Federal Receipts<br>(subtract Line 18(c) from Line 19)  | 52506.69                      | 131856.22                         |

#### Image# 10990375215

## **DETAILED SUMMARY PAGE**

| FEC Form 3X (Rev. 02/2003)   | of Disbursements              | 4 / 167                           |
|--|-------------------------------|-----------------------------------|
| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| <ol> <li>Operating Expenditures:         <ul> <li>(a) Shared Federal/Non-Federal<br/>Activity (from Schedule H4)</li> <li>(i) Federal Share</li> </ul> </li> </ol> | 0.00                          | 0.00                              |
| (ii) Non-Federal Share   | 0.00                          | 0.00                              |
| (b) Other Federal Operating<br>Expenditures  | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures   |                               | 0.00                              |
| (add 21(a)(i), (a)(ii) and (b)) ▶<br>2. Transfers to Affiliated/Other Party  |                               |                                   |
| Committees<br>3. Contributions to  | 0.00                          | 0.00                              |
| Federal Candidates/Committees<br>and Other Political Committees  | 17000.00                      | 85000.00                          |
| (use Schedule E)<br>5. Coordinated Expenditures Made by Party  | 0.00                          | 0.00                              |
| Committees (2 U.S.C. 441a(d))<br>(use Schedule F)  | 0.00                          | 0.00                              |
| 26. Loan Repayments Made   | 0.00                          | 0.00                              |
| 7. Loans Made  | 0.00                          | 0.00                              |
| <ul> <li>Refunds of Contributions To:         <ul> <li>(a) Individuals/Persons Other<br/>Than Political Committees</li> </ul> </li> </ul>                          | 0.00                          | 0.00                              |
| (b) Political Party Committees   | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs)   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds<br>(add Lines 28(a), (b), and (c)) ▶  | 0.00                          | 0.00                              |
| 9. Other Disbursements   | 0.00                          | 2500.00                           |
| 0. Federal Election Activity (2 U.S.C 431(20))   |                               |                                   |
| (a) Shared Federal Election Activity   |                               |                                   |
| (from Schedule H6)<br>(i) Federal Share  | 0.00                          | 0.00                              |
| (ii) "Levin" Share   | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds  | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))   | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22,  | 17000.00                      | 07500.00                          |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))   | 17000.00                      | 87500.00                          |
| <ol> <li>Total Federal Disbursements</li> <li>(subtract Line 21(a)(ii) and Line 30(a)(ii)</li> </ol>   |                               |                                   |
| from Line 31)  | 17000.00                      | 87500.00                          |

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# DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

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|     | III. Net Contributions/Operating<br>Expenditures                        | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3)         | 52483.42                      | 131808.68                         |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 0.00                          | 0.00                              |
| 85. | Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) | 52483.42                      | 131808.68                         |
| 86. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00                          | 0.00                              |
| 7.  | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                          | 0.00                              |
| 38. | Net Operating Expenditures<br>(subtract Line 37 from Line 36)           | 0.00                          | 0.00                              |

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|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 6 / 167           (check only one)         11a           X         11a         11b           13         14         15         16 |  |  |
|----|--|--|---|--|--|--|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | on for the purpose of soliciting contributions<br>solicit contributions from such committee. |   |  |  |  |
|    | /  | $\rightarrow$ MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N               |   |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR BARRY BOUDREAUX<br>Mailing Address 6527 SHORBURGH DF                                 | Date of Receipt  |   |  |  |  |
|    |  | 0 2 0 6 7 Y Y Y Y<br>0 2 0 1 0   |   |  |  |  |
|    | City<br>INDIANAPOLIS   | State<br>IN  | Zip Code<br>46278   | Transaction ID: INC.A.76259  |  |  |
|    | FEC ID number of contributing federal political committee.   | C  | 40270   | Amount of Each Receipt this Period 25.00   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>DIR PHAR   | M PRACTICE  |  |  |  |
|    | Receipt For:<br>Primary General  | 1 I  | ear-to-Date   | 1  |  |  |
|    | Other (specify)  | 0 0 0  | 225.00  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MS BARBARA CARIGAN  |  |   | Date of Receipt  |  |  |
|    | Mailing Address 3898 ERVA ST.  |  |   | 0 2 / D D / Y Y Y Y<br>0 6 / 2 0 1 0   |  |  |
|    | City<br>LAS VEGAS  | State<br>NV  | Zip Code<br>89147   | Transaction ID: INC.A.76768<br>Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing federal political committee.   | C  |   | 25.00  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>DIR HR   |   |  |  |  |
|    | Receipt For:<br>Primary General  | Aggregate Y  | ear-to-Date 🔻   |  |  |  |
|    | Other (specify) ▼  | 0 0 0  | 225.00  |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR JASON COLE   |  |   | Date of Receipt  |  |  |
|    | Mailing Address 14917 E BELLA VISTA  | Ν  |   | 0 2 / 0 6 / Y Y Y Y<br>0 2 0 1 0   |  |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.76472  |  |  |
|    | VERADALE<br>FEC ID number of contributing<br>federal political committee.  | C  | 99037   | Amount of Each Receipt this Period 25.00   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM  |   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Y  | ear-to-Date<br>225.00   | ]  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  |  | ••••••  | 75.00  |  |  |
|    | TOTAL This Period (last page this line number of   | only)  |   |  |  |  |

|    | SCHEDULE A (FEC Form 3X)  |   | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 7 / 167      |
|----|---|---|----------------------------|------------------------------------|
|    | ITEMIZED RECEIPTS   |   | for each category of the   | (check only one)                   |
|    | II EIWIZED RECEIPIS   |   | Detailed Summary Page      | X 11a 11b 11c 12                   |
|    |   |   |                            | 13 14 15 16 17                     |
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions solicit contributions from such committee. |                            |                                    |
|    | NAME OF COMMITTEE (In Full)   |   |                            |                                    |
|    | MEDCO HEALTH SOLUTIONS INC. P   | . Medco Health PAC)   |                            |                                    |
| Α. | Full Name (Last, First, Middle Initial)<br>MR KENNETH DANIELS                                       | Date of Receipt   |                            |                                    |
|    | Mailing Address 4156 DUNMORE DRIV   | E   |                            | M M / D D / Y Y Y Y<br>02 06 2010  |
|    | City  | State   | Zip Code                   | Transaction ID: INC.A.76556        |
|    | LAKE WALES  | FL  | 33859                      | Amount of Each Receipt this Period |
|    | FEC ID number of contributing federal political committee.  | C   |                            | 25.00                              |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio   | n                          | -                                  |
|    |   | VP/GM   |                            | _                                  |
|    |   |   | e Year-to-Date             |                                    |
|    | Other (specify)   |   | 225.00                     |                                    |
|    |   | 0 0   | 0 0 0 0 0 0 0 0            | 1                                  |
| в. | Full Name (Last, First, Middle Initial)<br>MRS KATHARINE FEDUSKA                                    |   |                            | Date of Receipt                    |
|    | Mailing Address 2354 DOLPHIN CT   | 02<br>06<br>2010  |                            |                                    |
|    | City  | State   | Zip Code                   | Transaction ID: INC.A.76488        |
|    | HENDERSON   | NV  | 89074                      | Amount of Each Receipt this Period |
|    | FEC ID number of contributing federal political committee.  | C   |                            | 38.47                              |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio   |                            |                                    |
|    | Receipt For:  | Aggregate   | e Year-to-Date 🔻           | _                                  |
|    | Primary General Other (specify) ▼   |   | 346.23                     | 1                                  |
|    | Full Name (Last, First, Middle Initial)   |   |                            | -                                  |
| C. | MR JOSEPH FRENDO  |   |                            | Date of Receipt                    |
|    | Mailing Address 9 GREEN HILL TRAIL  |   |                            | 02<br>06<br>2010                   |
|    | City  | State   | Zip Code                   | Transaction ID: INC.A.76560        |
|    | TROPHY CLUB   | ТХ  | 76262                      | Amount of Each Receipt this Period |
|    | FEC ID number of contributing federal political committee.  | C   |                            | 50.00                              |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP NAT   | on<br>IONAL SERVICE CENTER |                                    |
|    | Receipt For:  | Aggregate   | e Year-to-Date 🔻           |                                    |
|    | Primary General   |   |                            | 1                                  |
|    | Other (specify)   | 0 0   | 450.00                     |                                    |
|    | SUBTOTAL of Receipts This Page (optional)   |   | ······                     | 113.47                             |
|    | TOTAL This Devied (lest acce this line south acce   | and a   |                            |                                    |
|    | <b>TOTAL</b> This Period (last page this line number of   | oniy)   |                            |                                    |

|    |  |  | · · · · · · · · · · · · · · · · · · ·   |  |  |  |
|----|--|--|---|--|--|--|
|    | SCHEDULE A (FEC Form 3X)   |  | FOR LINE NUMBER: PAGE 8 / 167   |  |  |  |
|    |  | Use separate schedule(s)<br>for each category of the   | (check only one)  |  |  |  |
|    | II EMIZED RECEIPIS   | Detailed Summary Page  | X 11a 11b 11c 12  |  |  |  |
|    |  | , , ,  | 13 14 15 16 17  |  |  |  |
|    | Any information copied from such Reports and Si or for commercial purposes, other than using the | atements may not be sold or used by any person<br>name and address of any political committee to | on for the purpose of soliciting contributions<br>solicit contributions from such committee.  |  |  |  |
| ľ  | NAME OF COMMITTEE (In Full)  |  |   |  |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. P  | . Medco Health PAC)  |   |  |  |  |
| A. | Full Name (Last, First, Middle Initial)<br>MR BERNARD HUKILL                                     | Date of Receipt  |   |  |  |  |
|    | Mailing Address 17219 CLOVIS   |  | M · M         /         D · D         /         Y · Y · Y         Y         Y · Y · Y         Y |  |  |  |
|    | City   | State Zip Code   | Transaction ID: INC.A.76595   |  |  |  |
|    | HELOTES  | TX 78023   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                       | C  | 50.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>DIR PHARM OPS  |   |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date V   | 1   |  |  |  |
|    | Primary General  |  | 1   |  |  |  |
|    | Other (specify)  | 450.00   |   |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR RICHARD JONES                                      |  |   |  |  |  |
|    | Mailing Address 12224 MONTCALM ST  | 02 / 06 / Y Y Y Y Y<br>02 010  |   |  |  |  |
|    | City   | State Zip Code   | Transaction ID: INC.A.76624   |  |  |  |
|    | CARMEL   | IN 46032   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                       | C  | 25.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM  |   |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date ▼   |   |  |  |  |
|    | Primary General  |  | 1   |  |  |  |
|    | Other (specify)  | 225.00   |   |  |  |  |
| с. | Full Name (Last, First, Middle Initial)<br>MR ROSS LUCE  |  | Date of Receipt   |  |  |  |
|    | Mailing Address 1066 WEST GROVE C  |  |   |  |  |  |
|    | City   | State Zip Code   | Transaction ID: INC.A.76383   |  |  |  |
|    | GIBSONIA   | PA 15044   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                       | C  | 30.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM  |   |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date ▼   |   |  |  |  |
|    | Primary General  | 270.00   | 1   |  |  |  |
|    | Other (specify)  |  |   |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  |  | 105.00  |  |  |  |
|    |  |  |   |  |  |  |
|    | TOTAL This Period (last page this line number of   | only)  |   |  |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                       | FOR LINE NUMBER:       PAGE 9 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|--|---|--|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements may not be sold or used by any persor<br>name and address of any political committee to s | n for the purpose of soliciting contributions  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)  |
| ۷<br>A. | Full Name (Last, First, Middle Initial)<br>MRS CATHY PATTEN  | Date of Receipt   |  |
|         | Mailing Address 2001 MEADOWS AVE   | 0 2 0 6 Y Y Y Y<br>0 2 0 6 2 0 1 0  |  |
|         | City   | State Zip Code  | Transaction ID: INC.A.76540  |
|         | LANTANA  | TX 76226  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   |   | 25.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM   |  |
|         | Receipt For:<br>Primary General  | Aggregate Year-to-Date ▼  |  |
|         | Other (specify)  | 225.00  |  |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MR PAVLOS PAVLIDIS                                      |   | Date of Receipt  |
|         | Mailing Address 2780 FOLKSTONE RC  | 02 / D D / Y Y Y Y<br>02 06 2010  |  |
|         | City   | State Zip Code  | Transaction ID: INC.A.76342  |
|         | COLUMBUS   | OH 43220  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.                                      | C   | 25.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM   | _  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>225.00  |  |
| -<br>c. | Full Name (Last, First, Middle Initial)<br>MR GILBERT RAINES                                       |   | Date of Receipt  |
| •       | Mailing Address 800 SANDY TRAIL  |   | M M / D D / Y Y Y Y<br>02 06 2010  |
|         | City   | State Zip Code  | Transaction ID: INC.A.76723  |
|         | KELLER   | TX 76248  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.                                      |   | 25.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>DIR HR  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>225.00  |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)  | ······  | 75.00  |
| ľ       | TOTAL This Period (last page this line number  | only)   |  |

|    |   |                     |   | FOR LINE NUMBER: PAGE 10 / 167  |  |  |
|----|---|---------------------|---|---|--|--|
|    | SCHEDULE A (FEC Form 3X)  |                     | Use separate schedule(s)  | (check only one)  |  |  |
|    | ITEMIZED RECEIPTS   |                     | for each category of the<br>Detailed Summary Page                         | X 11a 11b 11c 12  |  |  |
|    |   |                     |   | 13 14 15 16 17  |  |  |
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may      | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
|    | NAME OF COMMITTEE (In Full)   |                     |   |   |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. F   | . Medco Health PAC) |   |   |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR THOMAS SHANAHAN, III                              | Date of Receipt     |   |   |  |  |
|    | Mailing Address 266 BRUSHY CREEK  |                     | 0 2 / 0 6 / Y Y Y Y<br>2 0 1 0  |   |  |  |
|    | City  | State               | Zip Code  | Transaction ID: INC.A.76521   |  |  |
|    | LAS VEGAS   | NV                  | 89148   | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C                   |   | 60.00   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM  | n   | _   |  |  |
|    | Receipt For:  | Aggregate           | e Year-to-Date 🔻  |   |  |  |
|    | Primary General   |                     | 540.00  | 1   |  |  |
|    | Other (specify)   | 0 0                 | 340.00  |   |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MS JENNIFER SPIDLE                                   |                     |   | Date of Receipt   |  |  |
|    | Mailing Address 6108 HUNTER LANE  |                     |   | M M / D D / Y Y Y Y<br>02 06 2010   |  |  |
|    | City  | State               | Zip Code  | Transaction ID: INC.A.76551   |  |  |
|    | COLLEYVILLE   | TX                  | 76034   | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing<br>federal political committee.                                   | C                   |   | 25.00   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM  | n   | _   |  |  |
|    | Receipt For:  | Aggregate           | e Year-to-Date 🔻  |   |  |  |
|    | Primary General   |                     | 225.00  | 1   |  |  |
|    | Other (specify)   | 0 0                 |   |   |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR TIMOTHY SWETT                                     | -                   |   | Date of Receipt   |  |  |
|    | Mailing Address 8362 GOLDEN PRAIR   | RIE DRIVE           |   | 0 2 / D D / Y Y Y Y<br>0 6 2 0 1 0  |  |  |
|    | City  | State               | Zip Code  | Transaction ID: INC.A.76409   |  |  |
|    | ТАМРА   | FL                  | 33647   | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing<br>federal political committee.                                   | C                   |   | 50.00   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM  | n   | -   |  |  |
|    | Receipt For:  | Aggregate           | e Year-to-Date 🔻  |   |  |  |
|    | Other (specify) ▼   |                     | 450.00  | ]   |  |  |
|    |   | 1                   |   | 135.00  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |                     |   |   |  |  |
|    | TOTAL This Period (last page this line number   | only)               |   |   |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 11 / 167           (check only one) |
|---------|--|--|---|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions |   |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC.   | a. Medco Health PAC)                           |   |   |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>MRS JENNIFER UTTERDYKE                                  | Date of Receipt                                |   |   |
|         | Mailing Address 1881 GREENTREE R   | OAD  |   | 02<br>06<br>2010  |
|         | City   | State  | Zip Code  | Transaction ID: INC.A.76380                                       |
|         | LEBANON  | OH   | 45036   | Amount of Each Receipt this Period                                |
|         | FEC ID number of contributing federal political committee.   | C  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR PRC                           | n<br>DFESSIONAL PRACTICES   |   |
|         | Receipt For:   | Aggregate                                      | e Year-to-Date 🔻  |   |
|         | Primary     General       Other (specify) ▼  | 0 0  | 450.00  |   |
| –<br>B. | Full Name (Last, First, Middle Initial)<br>MR CALVIN WASDYKE                                       |  |   | Date of Receipt   |
|         | Mailing Address 5 APPLE ORCHARD  | M M / D D / Y Y Y Y<br>02 06 2010              |   |   |
|         | City   | State  | Zip Code  | Transaction ID: INC.A.76535                                       |
|         | MOORESTOWN   | NJ   | 08057   | Amount of Each Receipt this Period                                |
|         | FEC ID number of contributing federal political committee.   | C  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP/GM                             | n   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                      | e Year-to-Date ▼<br>450.00  | ]   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MR JAMES ZIRPOLI  |  |   | Date of Receipt   |
|         | Mailing Address 6691 DEERVIEW DR   | IVE  |   | 0 2 0 6 2 0 1 0   |
|         | City<br>LOVELAND   | State<br>OH                                    | Zip Code<br>45140   | Transaction ID: INC.A.76448 Amount of Each Receipt this Period    |
|         | FEC ID number of contributing federal political committee.   | C  |   |   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP/GM                             | n   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                      | e Year-to-Date V<br>225.00  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional) .  |  |   | 125.00  |
| ł       | TOTAL This Period (last page this line number  |  |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 12 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|---|---|---|
|         | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions                                |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| ⊻<br>A. | Full Name (Last, First, Middle Initial)<br>MS LESLIE ACHTER   |   | Date of Receipt   |
|         | Mailing Address 821 ALBEMARLE STR   | EET   | 0 2 / D D / Y Y Y Y<br>1 3 2 0 1 0  |
|         | City  | State Zip Code  | Transaction ID: INC.A.76382   |
|         | WYCKOFF<br>FEC ID number of contributing<br>federal political committee.                            | NJ 07481  | Amount of Each Receipt this Period  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation  |   |
|         |   | EXEC DIR ANALYTICAL SVCS  | _   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  | ]   |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>MR EDWARD ADAMCIK  |   | Date of Receipt   |
|         | Mailing Address 1021 SUNSET RIDGE   | M M / D D / Y Y Y Y<br>02 13 2010   |   |
|         | City  | State Zip Code  | Transaction ID: INC.A.76291   |
|         | BRIDGEWATER   | NJ 08807  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                       | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP PHARM CONTRACT & CONSUL                                      | TING  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date  250.00  | ]   |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN ADLER   |   | Date of Receipt   |
|         | Mailing Address 139 BELLVALE LAKES  | RD  | M M / D D / Y Y Y Y<br>02 13 2010   |
|         | City<br>WARWICK   | State Zip Code<br>NY 10990  | Transaction ID: INC.A.76379 Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP INFO TECHNOLOGY  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  | ]   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   | ······  | 150.00  |
| F       | TOTAL This Period (last page this line number of  | only)   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 13 / 167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |
|---------|---|--|---|--|--|--|--|
|         | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | atements may   | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee.  |  |  |  |
| ł       | NAME OF COMMITTEE (In Full)   |  |   |  |  |  |  |
|         | > MEDCO HEALTH SOLUTIONS INC. P   | angle MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. M |   |  |  |  |  |
| A.      | Full Name (Last, First, Middle Initial)<br>DR JODY ALLEN  | Date of Receipt  |   |  |  |  |  |
|         | Mailing Address 3031 MOUNT HILL DR  |  |   | 02 / D D / Y Y Y Y<br>02 13 2010   |  |  |  |
|         | City  | State  | Zip Code  | Transaction ID: INC.A.76378  |  |  |  |
|         | MIDLOTHIAN  | VA   | 23113   | Amount of Each Receipt this Period   |  |  |  |
|         | FEC ID number of contributing federal political committee.  | C  |   | 50.00  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP CLIN   | <sup>n</sup><br>ICAL POLICY-GOV AFFAIR  | s  |  |  |  |
|         | Receipt For:  | Aggregate  | e Year-to-Date 🔻  |  |  |  |  |
|         | Other (specify) ▼   | 0 0  | 250.00  | ]  |  |  |  |
| В.      | Full Name (Last, First, Middle Initial)<br>MARENE ALLISON   |  |   | Date of Receipt  |  |  |  |
|         | Mailing Address 4405 WISMER ROAD  |  |   | M M / D D / Y Y Y Y Y<br>02 13 2010  |  |  |  |
|         | City  | State  | Zip Code  | Transaction ID: INC.A.76759  |  |  |  |
|         | DOYLESTOWN  | PA   | 18901   | Amount of Each Receipt this Period   |  |  |  |
|         | FEC ID number of contributing federal political committee.  | C  |   | 50.00  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |  | JRITY & ASSET PROTECTI  | ON   |  |  |  |
|         | Receipt For:<br>Primary General   | Aggregate  | e Year-to-Date 🔻  |  |  |  |  |
|         | Other (specify) ▼   | 0.0  | 250.00  |  |  |  |  |
| -<br>с. | Full Name (Last, First, Middle Initial)<br>MR JAMES ALLOCCO   |  |   | Date of Receipt  |  |  |  |
|         | Mailing Address 19 ROSS ROAD  |  |   | 0 2 1 3 2 0 1 0  |  |  |  |
|         | City  | State  | Zip Code  | Transaction ID: INC.A.76459  |  |  |  |
|         | SCARSDALE   | NY   | 10583   | Amount of Each Receipt this Period   |  |  |  |
|         | FEC ID number of contributing federal political committee.  | C  |   | 50.00  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | - 1  | TECHNOLOGY  |  |  |  |  |
|         | Receipt For:<br>Primary General   | Aggregate  | e Year-to-Date 🔻  |  |  |  |  |
|         | Other (specify) ▼   | 0.0  | 250.00  |  |  |  |  |
|         | SUBTOTAL of Receipts This Page (optional)   |  |   | 150.00   |  |  |  |
|         | TOTAL This Period (last page this line number of  |  |   |  |  |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS<br>Any information copied from such Reports and S                             | Statements ma                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 14 / 167         (check only one)       11a       11b       11c       12         13       14       15       16       17         In for the purpose of soliciting contributions |
|---------|--|---|---|--|
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F   | name and ad                             | dress of any political committee to   | solicit contributions from such committee.   |
| 4.      | Full Name (Last, First, Middle Initial)<br>TEJWANSH ANAND<br>Mailing Address 10 WHIPPOORWILL I                             | LAKE ROAI                               | )   | Date of Receipt  |
|         | City   | State                                   | Zip Code  | Transaction ID: INC.A.76719  |
|         | CHAPPAQUA  | NY                                      | 10514   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C                                       |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | 1 · · · · · · · · · · · · · · · · · · · | ) TECHNOLOGY  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregat                                | e Year-to-Date<br>250.00  | ]  |
| в.      | Full Name (Last, First, Middle Initial)<br>DENNIS AUCH<br>Mailing Address 1981 E. COVEY VIEW                               |   |   | Date of Receipt  |
|         | -  |   |   | 02 13 2010   |
|         | City<br>SALT LAKE CITY   | State<br>UT                             | Zip Code<br>84106   | Transaction ID: INC.A.76863  |
|         | FEC ID number of contributing federal political committee.   | C                                       |   | Amount of Each Receipt this Period   |
|         | Name of Employer         ACCREDO HEALTH GROUP         Receipt For:         Primary       General         Other (specify) ▼ | Occupation<br>VP OPS<br>Aggregat        |   |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>ERIK BAGIN<br>Mailing Address 73 HIGHLAND AVENU                                 | JE                                      |   | Date of Receipt  |
|         | City   | State                                   | Zip Code  | Transaction ID: INC.A.76764  |
|         | GLEN RIDGE   | NJ                                      | 07028   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C                                       |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | 1 1                                     | AL MGR GROUP  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregat                                | e Year-to-Date<br>250.00  |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)  |   | ••••••  | 150.00   |
| Ī       | TOTAL This Period (last page this line number  | only)                                   |   |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS                 | f  | Use separate schedule(s)<br>for each category of the | FOR LINE NUMBER: PAGE 15 / 167<br>(check only one)<br>X 11a 11b 11c 12 |  |  |  |  |
|---------|---|--|--|--|--|--|--|--|
| Г       | Any information copied from such Reports and S                |  | Detailed Summary Page                                | 13 14 15 16 17   |  |  |  |  |
|         | or for commercial purposes, other than using the              | ny information copied from such Reports and Statements may not be sold or used by any persor<br>r for commercial purposes, other than using the name and address of any political committee to s |  |  |  |  |  |  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. I  | POLITICAL ACT  | ION COMMITTEE (a.k.a                                 | . Medco Health PAC)  |  |  |  |  |
| ۷<br>٩. | Full Name (Last, First, Middle Initial)<br>MS BECKIE BARATKO  |  |  | Date of Receipt  |  |  |  |  |
|         | Mailing Address 80 N. WOODLAND S                              | TREET  |  | 0 2 1 3 2 0 1 0  |  |  |  |  |
|         | City  | State  | Zip Code   | Transaction ID: INC.A.76645  |  |  |  |  |
|         | ENGLEWOOD   | NJ   | 07631  | Amount of Each Receipt this Period                                     |  |  |  |  |
|         | FEC ID number of contributing federal political committee.    | C  |  | 50.00  |  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupation<br>VP PROPOS  | SAL UNIT   |  |  |  |  |  |
|         | Receipt For:<br>Primary General                               | Aggregate Yea  | ar-to-Date 🔻   |  |  |  |  |  |
|         | Other (specify) ▼   |  | 250.00   |  |  |  |  |  |
|         | Full Name (Last, First, Middle Initial)<br>MR THOMAS BARATTA  |  |  | Date of Receipt  |  |  |  |  |
|         | Mailing Address 69 SKYLINE DR                                 |  |  | 02 13 2010   |  |  |  |  |
|         | City State  |  | Zip Code   | Transaction ID: INC.A.76565  |  |  |  |  |
|         | UPPER SADDLE RIVER  | NJ   | 07458  | Amount of Each Receipt this Period                                     |  |  |  |  |
|         | FEC ID number of contributing<br>federal political committee. | C  |  | 50.00  |  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupation<br>VP INFO TE   | CHNOLOGY   |  |  |  |  |  |
|         | Receipt For:<br>Primary General                               | Aggregate Yea  |  | 1  |  |  |  |  |
|         | Other (specify)   |  | 250.00   |  |  |  |  |  |
|         | Full Name (Last, First, Middle Initial)<br>JANE BARLOW        |  |  | Date of Receipt  |  |  |  |  |
|         | Mailing Address 3 AVALON COURT                                |  |  | 0 2 / 1 3 / Y Y Y Y<br>0 2 0 1 0                                       |  |  |  |  |
|         | City  | State  | Zip Code   | Transaction ID: INC.A.76804  |  |  |  |  |
|         | HOPEWELL JUNCTION   | NY   | 12533  | Amount of Each Receipt this Period                                     |  |  |  |  |
|         | FEC ID number of contributing federal political committee.    | C  |  | 50.00  |  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupation<br>VP MEDICA  | L POLICIES   |  |  |  |  |  |
|         | Receipt For:<br>Primary General                               | Aggregate Yea  | ar-to-Date 🔻   |  |  |  |  |  |
|         | Other (specify)   |  | 250.00   |  |  |  |  |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)                     | 1  | <b>N</b>   | 150.00   |  |  |  |  |
| ┢       |   |  | •  |  |  |  |  |  |
|         | TOTAL This Period (last page this line number                 | r only)  |  |  |  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate so<br>for each categor<br>Detailed Summa | chedule(s)<br>ry of the<br>ary Page  | FOR LINE NUMBER:       PAGE 16 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17   |
|----|---|---|--|---|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r<br>NAME OF COMMITTEE (In Full) | d by any person<br>I committee to so                  | for the purpose of soliciting contributions<br>olicit contributions from such committee. |   |
|    | MEDCO HEALTH SOLUTIONS INC. PO  | Medco Health PAC)                                     |  |   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR MICHAEL BARONE  |   |  | Date of Receipt   |
|    | Mailing Address 452 MEDWAY ROAD   | 02 D D / Y Y Y Y<br>02 13 2010                        |  |   |
|    |   | State Zip Code  |  | Transaction ID: INC.A.76838   |
|    | HIGHLAND HEIGHTS  | OH 44143  | -  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.   | C   |  | 192.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP & GENERAL MGR                       |  |   |
|    | Receipt For:<br>Primary General   | Aggregate Year-to-Date 🔻                              |  |   |
|    | Other (specify) ▼   |   | 960.00   |   |
| В. | Full Name (Last, First, Middle Initial)<br>MR DAVID BAUGH   |   |  | Date of Receipt   |
|    | Mailing Address 1813 ADONIS AVE   |   |  | M         M         /         D         D         /         Y |
|    | City  | State Zip Code  |  | Transaction ID: INC.A.76702   |
|    | HENDERSON<br>FEC ID number of contributing  | NV 89074  | -  | Amount of Each Receipt this Period  |
|    | federal political committee.  | C   |  | 58.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>MGR BENEFIT DELIVER                     | Y SYSTEMS  |   |
|    | Receipt For:<br>Primary General   | Aggregate Year-to-Date 🔻                              |  |   |
|    | Other (specify)   |   | 290.00   |   |
| C. | Full Name (Last, First, Middle Initial)<br>MR PETER BEGANS  |   |  | Date of Receipt   |
|    | Mailing Address 1605 CHARNITA CT  |   |  | 02 D D / Y Y Y Y<br>02 13 2010  |
|    | City  | State Zip Code  |  | Transaction ID: INC.A.76526   |
|    | VIENNA<br>FEC ID number of contributing   | VA 22182  | -  | Amount of Each Receipt this Period  |
|    | federal political committee.  |   |  | 100.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP GOVERNMENT AFFA                      | AIRS   |   |
|    | Receipt For:<br>Primary General   | Aggregate Year-to-Date 🔻                              |  |   |
|    | Other (specify) ▼   |   | 500.00   |   |
|    | SUBTOTAL of Receipts This Page (optional)   |   |  | 350.00  |
|    | TOTAL This Period (last page this line number o   | ıly)  |  |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | atomonts may  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 17 / 167           (check only one) |  |  |
|----|--|---|---|---|--|--|
|    | or for commercial purposes, other than using the i   | Any information copied from such Reports and Statements may not be sold or used by any person for for commercial purposes, other than using the name and address of any political committee to sol<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |   |   |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN BELL<br>Mailing Address 24 GLENWOOD ROAD | Date of Receipt   |   |   |  |  |
|    |  | Zin Codo  | 02 13 2010  |   |  |  |
|    | City<br>UPPER SADDLE RIVER   | State<br>NJ   | Zip Code<br>07458   | Transaction ID: INC.A.76722<br>Amount of Each Receipt this Period |  |  |
|    | FEC ID number of contributing federal political committee.                                     | C   |   | 50.00   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation  |   |   |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   |   | PYear-to-Date ▼<br>250.00   | ]   |  |  |
| В. | Full Name (Last, First, Middle Initial)<br>INDERPAL BHANDARI                                   |   |   | Date of Receipt   |  |  |
|    | Mailing Address 220 ARDSLEY ROAD   | M M / D D / Y Y Y Y<br>02 13 2010   |   |   |  |  |
|    | City<br>SCARSDALE  | State<br>NY   | Zip Code<br>10583   | Transaction ID: INC.A.76787                                       |  |  |
|    | FEC ID number of contributing federal political committee.                                     | C   |   | Amount of Each Receipt this Period                                |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:                                     | -   | ICAL SVCS   | _   |  |  |
|    | Primary General<br>Other (specify) ▼   | Aggregate   | e Year-to-Date<br>250.00  | ]   |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MS SUZANNE BLACKBURN                                |   |   | Date of Receipt   |  |  |
| 0. | Mailing Address 4520 LINWOOD LANE  |   |   | 0 2 1 3 2 0 1 0   |  |  |
|    | City   | State   | Zip Code  | Transaction ID: INC.A.76701                                       |  |  |
|    | DEEPHAVEN<br>FEC ID number of contributing<br>federal political committee.                     | MN<br>C   | 55331   | Amount of Each Receipt this Period                                |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP CLI   | n<br>ENT & MKT STRATEGIC DE   |   |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | e Year-to-Date V<br>250.00  | ]   |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  |   | ••••••  | 150.00  |  |  |
|    | TOTAL This Period (last page this line number c  | only)   | •   |   |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   | fe                        | Jse separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 167<br>(check only one)<br>X 11a 11b 11c 12 |
|---------|--|---------------------------|--|--|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements may not        | be sold or used by any perso   | 13 14 15 16 17   |
|         | NAME OF COMMITTEE (In Full)         MEDCO HEALTH SOLUTIONS INC. I                                  |                           |  |  |
| ۷<br>۹. | Full Name (Last, First, Middle Initial)<br>MR JONATHAN BLAUMAN                                     | D                         |  | Date of Receipt  |
|         | Mailing Address 50 NEW ENGLAND D   |                           | 0 2 / 1 3 / Y Y Y Y<br>2 0 1 0   |  |
|         |  | State                     | Zip Code   | Transaction ID: INC.A.76517  |
|         | RAMSEY<br>FEC ID number of contributing<br>federal political committee.                            | NJ<br>C                   | 07446  | Amount of Each Receipt this Period                                     |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP MKTING   | & PRODUCT DEV  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Yea             | ar-to-Date<br>250.00   | ]  |
| -       | Full Name (Last, First, Middle Initial)<br>MR STEVEN BLOOM<br>Mailing Address 17818 ARBOR GREE     |                           |  | Date of Receipt  |
|         |  | 02 13 2010                |  |  |
|         | City<br>TAMPA  | State<br>FL               | Zip Code   | Transaction ID: INC.A.76516  |
|         | FEC ID number of contributing federal political committee.   | C                         | 33647  | Amount of Each Receipt this Period                                     |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP FIELD HI | R  | ]  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Yea             | ar-to-Date <b>V</b><br>250.00  |  |
| -       | Full Name (Last, First, Middle Initial)<br>KEN BODMER  | I                         |  | Date of Receipt  |
|         | Mailing Address P.O. BOX 381947  |                           |  | M M / D D / Y Y Y Y<br>0 2 1 3 2 0 1 0                                 |
|         | City<br>GERMANTOWN   | State<br>TN               | Zip Code<br>38183  | Transaction ID: INC.A.76608<br>Amount of Each Receipt this Period      |
|         | FEC ID number of contributing federal political committee.   | C                         |  | 192.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation<br>COO - ACCF  | REDO HEALTH GROUP  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Yea             | ar-to-Date V<br>960.00   | ]  |
| Γ       | SUBTOTAL of Receipts This Page (optional)  | I                         |  | 292.00   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 19 / 167         (check only one)       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|--|---|--|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions                                 |  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| A.      | Full Name (Last, First, Middle Initial)<br>MR BARRY BOUDREAUX                                      |   | Date of Receipt  |
|         | Mailing Address 6527 SHORBURGH D   | RIVE  | 02 13 / Y Y Y Y<br>02 13 0 10  |
|         | City   | State Zip Code  | Transaction ID: INC.A.76260  |
|         | INDIANAPOLIS<br>FEC ID number of contributing  | IN 46278  | Amount of Each Receipt this Period   |
|         | federal political committee.   |   | 25.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |   |  |
|         | Receipt For:   | DIR PHARM PRACTICE  |  |
|         | Primary General<br>Other (specify) ▼   | 225.00  |  |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>MS SALLIE BOWDEN  |   | Date of Receipt  |
|         | Mailing Address 5259 FISHERCREST L   | 02 / D D / Y Y Y Y<br>02 / 13 / 2010  |  |
|         | City   | State Zip Code  | Transaction ID: INC.A.76653  |
|         | RICHMOND<br>FEC ID number of contributing<br>federal political committee.                          | VA 23231  | Amount of Each Receipt this Period   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP FORMULARY CONSULTING   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>1000.00   | ]  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MS HEIDI BOWMAN   |   | Date of Receipt  |
|         | Mailing Address 15 DAWN LANE   |   | M M / D D / Y Y Y Y<br>02 13 2010  |
|         | City   | State Zip Code  | Transaction ID: INC.A.76698  |
|         | RINGWOOD<br>FEC ID number of contributing<br>federal political committee.                          | NJ 07456  | Amount of Each Receipt this Period   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC DIR STRAT PRODUCT MGMT                                     | _  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00  |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)  | ······  | 275.00   |
| ľ       | TOTAL This Period (last page this line number  | only)   |  |

|         |  |   |   | FOR LINE NUMBER: PAGE 20 / 167       |  |  |  |
|---------|--|---|---|--------------------------------------|--|--|--|
|         | SCHEDULE A (FEC Form 3X)   |   | Use separate schedule(s)                          | (check only one)                     |  |  |  |
|         | ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                     |  |  |  |
| Г       | · · · · · · · · · · · · · · · · · · ·  |   |   | 13 14 15 16 17                       |  |  |  |
|         | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r | Any information copied from such Reports and Statements may not be sold or used by any person<br>or for commercial purposes, other than using the name and address of any political committee to so |   |                                      |  |  |  |
| ł       | NAME OF COMMITTEE (In Full)  |   |   |                                      |  |  |  |
|         | MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL  | ACTION COMMITTEE (a.k.a                           | . Medco Health PAC)                  |  |  |  |
| Α.      | Full Name (Last, First, Middle Initial)<br>MS PATRICIA BRANUM  |   |   | Date of Receipt                      |  |  |  |
|         | Mailing Address 210 FROG HOLLOW R  | ROAD  |   | M M / D D / Y Y Y Y<br>02 13 2010    |  |  |  |
|         | City   | State   | Zip Code  | Transaction ID: INC.A.76635          |  |  |  |
|         | COATESVILLE  | PA  | 19320   | Amount of Each Receipt this Period   |  |  |  |
|         | FEC ID number of contributing federal political committee.   | C   |   | 85.00                                |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio   | n<br>) & PROCESS ENGINEERIN                       | G                                    |  |  |  |
|         | Receipt For:   | Aggregate   | e Year-to-Date 🔻                                  |                                      |  |  |  |
|         | Primary General  |   | 425.00  |                                      |  |  |  |
|         | Other (specify)  | 0 0   |   |                                      |  |  |  |
| -<br>В. | Full Name (Last, First, Middle Initial)  |   |   | Date of Receipt                      |  |  |  |
|         | Mailing Address 2 CARMEN LANE  |   |   | 0 2 1 3 2 0 1 0                      |  |  |  |
|         | City   | State   | Zip Code  | Transaction ID: INC.A.76747          |  |  |  |
|         | FLEMINGTON   | NJ  | 08822   | Amount of Each Receipt this Period   |  |  |  |
|         | FEC ID number of contributing federal political committee.   | C   |   | 50.00                                |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP AUD   |   | _                                    |  |  |  |
|         | Receipt For:   | Aggregate   | e Year-to-Date 🔻                                  |                                      |  |  |  |
|         | Other (specify) ▼  |   | 250.00  |                                      |  |  |  |
| -       | Full Name (Last, First, Middle Initial)  |   |   |                                      |  |  |  |
| C.      | MR KENNETH BROWN<br>Mailing Address 540 GIORDANO DRIVE   | _   |   | Date of Receipt                      |  |  |  |
|         |  | =   |   | 0 2 1 3 Y Y Y Y Y<br>0 2 1 3 2 0 1 0 |  |  |  |
|         | City   | State   | Zip Code  | Transaction ID: INC.A.76347          |  |  |  |
|         | YORKTOWN HEIGHTS   | NY  | 10598   | Amount of Each Receipt this Period   |  |  |  |
|         | FEC ID number of contributing federal political committee.   | C   |   | 50.00                                |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP ENT   | n<br>ERPRISE BUS INTELLIGEN(                      |                                      |  |  |  |
|         | Receipt For:   | Aggregate   | e Year-to-Date 🔻                                  |                                      |  |  |  |
|         | Other (specify) ▼  |   | 250.00  |                                      |  |  |  |
| [       |  |   |   | 185.00                               |  |  |  |
|         | SUBTOTAL of Receipts This Page (optional)  |   | ••••••  |                                      |  |  |  |
|         | TOTAL This Period (last page this line number of   | only)   |   |                                      |  |  |  |

|         | CHEDULE A (FEC Form 3X)<br>FEMIZED RECEIPTS   | Use separate<br>for each categ<br>Detailed Sum | schedule(s)<br>jory of the | FOR LINE NUMBER:         PAGE 21 / 167           (check only one)         11a           X         11a           13         14           15         16           17 |
|---------|---|--|----------------------------|--|
| A<br>0  | Any information copied from such Reports and S<br>r for commercial purposes, other than using the | for the purpose of soliciting contributions    |                            |  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P                                      | OLITICAL ACTION COM                            | /ITTEE (a.k.a. N           | Medco Health PAC)  |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>AMANDA BUNDY   | Date of Receipt                                |                            |  |
|         | Mailing Address 5812 SEVEN POINTS   |  | 0 2 1 3 2 0 1 0            |  |
|         | City  | State Zip Code                                 |                            | Transaction ID: INC.A.76859  |
|         | HERMITAGE   | TN 37076                                       |                            | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.                                     | C  |                            | 50.00  |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation<br>VP REIMBURSEMENT                 |                            |  |
|         | Receipt For:  | Aggregate Year-to-Date V                       |                            |  |
|         | Other (specify) ▼   |  | 250.00                     |  |
| —<br>В. | Full Name (Last, First, Middle Initial)<br>MR KEVIN BURON   |  |                            | Date of Receipt  |
|         | Mailing Address 25 TIMBERLAND   | 02 13 Y Y Y Y<br>02 13 2010                    |                            |  |
|         | City  | State Zip Code                                 |                            | Transaction ID: INC.A.76491  |
|         | ALISO VIEJO   | CA 92656                                       |                            | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.  | C  |                            | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>GENERAL MGR GROU                 | IP                         |  |
|         | Receipt For:<br>Primary General<br>Other (specify) <b>v</b>                                       | Aggregate Year-to-Date                         | 250.00                     |  |
| —<br>c. | Full Name (Last, First, Middle Initial)<br>MR GABRIEL CAPPUCCI                                    |  |                            | Date of Receipt  |
|         | Mailing Address 119 WASHINGTON A  | 'ENUE  |                            | 0 2 1 3 2 0 1 0  |
|         | City  | State Zip Code                                 |                            | Transaction ID: INC.A.76587  |
|         | СНАТНАМ   | NJ 07928                                       |                            | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.                                     | C  |                            | 192.31   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP & CONTROLLER                 |                            |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ♥  | Aggregate Year-to-Date ▼                       | 961.55                     |  |
|         | SUBTOTAL of Receipts This Page (optional)   |  | <b>&gt;</b>                | 292.31   |
| -       | TOTAL This Period (last page this line number   | only)  | ····· •                    |  |

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|----|---|--|--|--|--|
|    | SCHEDULE A (FEC Form 3X)                                      | Use separate schedule(s)                     | FOR LINE NUMBER: PAGE 22 / 167                 |  |  |
|    | · · · · ·   | for each category of the                     | (check only one)                               |  |  |
|    | ITEMIZED RECEIPTS   | Detailed Summary Page                        | X 11a 11b 11c 12                               |  |  |
|    |   | Detailed Curriniary Page                     |  |  |  |
|    | Any information copied from such Reports and Stater           | nents may not be sold or used by any perso   | on for the purpose of soliciting contributions |  |  |
|    | or for commercial purposes, other than using the nam          | he and address of any political committee to | solicit contributions from such committee.     |  |  |
|    | NAME OF COMMITTEE (In Full)                                   |  |  |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. POL                               |  | Madaa Haalth BAC)                              |  |  |
|    | / WEDGO HEALTH SOLUTIONS INC. FOL                             | THCAL ACTION COMMITTEE (a.K.a                | . Meuco Health PAC)                            |  |  |
|    | /   |  |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MS BARBARA CARIGAN |  | Date of Receipt                                |  |  |
| А. |   |  |  |  |  |
|    | Mailing Address 3898 ERVA ST.                                 |  | 02 13 2010                                     |  |  |
|    | City.   | State Zin Code                               |  |  |  |
|    | City  | State Zip Code                               | Transaction ID: INC.A.76769                    |  |  |
|    | LAS VEGAS   | NV 89147                                     | Amount of Each Receipt this Period             |  |  |
|    | FEC ID number of contributing                                 |  | 25.00  |  |  |
|    | federal political committee.                                  | C  | 25.00  |  |  |
|    |   |  |  |  |  |
|    |   | Decupation                                   |  |  |  |
|    |   | DIR HR                                       |  |  |  |
|    | Receipt For:  |  |  |  |  |
|    | Primary General   | nary General 225.00                          |  |  |  |
|    | Other (specify)   |  |  |  |  |
|    |   |  | 1  |  |  |
|    | Full Name (Last, First, Middle Initial)                       |  |  |  |  |
| В. | MR RAYMOND CARLUCCI   |  | Date of Receipt                                |  |  |
| Ь. |   |  |  |  |  |
|    | Mailing Address 24 SHERI DRIVE                                |  | 02 13 2010                                     |  |  |
|    | City  | Ctata Zin Cada                               |  |  |  |
|    | City  | State Zip Code                               | Transaction ID: INC.A.76603                    |  |  |
|    | ALLENDALE   | NJ 07401                                     | Amount of Each Receipt this Period             |  |  |
|    | FEC ID number of contributing                                 |  | 52.50  |  |  |
|    | federal political committee.                                  | C  | 32.30  |  |  |
|    |   |  |  |  |  |
|    |   |  |  |  |  |
|    |   | BROUP VP MARKET STRATEGY &                   | DEV  |  |  |
|    |   | Aggregate Year-to-Date 🔻                     |  |  |  |
|    | Primary General   | 000 50                                       | 1  |  |  |
|    | Other (specify) 🔻   | 262.50                                       |  |  |  |
|    |   |  |  |  |  |
|    | Full Name (Last, First, Middle Initial)                       |  |  |  |  |
| C. | MR JASON COLE   |  | Date of Receipt                                |  |  |
|    | Mailing Address 14917 E BELLA VISTA                           |  | M M / D D / Y Y Y Y                            |  |  |
|    |   |  | 02 13 2010                                     |  |  |
|    | City  | State Zip Code                               | Transaction ID: INC.A.76473                    |  |  |
|    | VERADALE  | WA 99037                                     | Amount of Each Receipt this Period             |  |  |
|    |   |  |  |  |  |
|    | FEC ID number of contributing<br>federal political committee. | С  | 25.00  |  |  |
|    | rederal political committee.                                  |  |  |  |  |
|    | Name of Employer  | Decupation                                   | 7  |  |  |
|    |   | /P/GM  |  |  |  |
|    | i +   | Aggregate Year-to-Date V                     | -1   |  |  |
|    | Primary General   | Nygi vyale i cai lu-Dale 🔹                   | 1  |  |  |
|    | Other (specify)   | 225.00                                       |  |  |  |
|    |   | 0 0 0 0 0 0 0 0 0                            | 1  |  |  |
|    |   |  |  |  |  |
|    |   |  | 100 50   |  |  |
|    | SUBTOTAL of Receipts This Page (optional)                     | •••••••                                      | 102.50   |  |  |
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|    | TOTAL This Period (last page this line number only            | )  |  |  |  |
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|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS                                 |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 23 / 167           (check only one) |  |  |  |
|----|---|---|---|---|--|--|--|
|    | or for commercial purposes, other than using the n                            | Any information copied from such Reports and Statements may not be sold or used by any person<br>or for commercial purposes, other than using the name and address of any political committee to so |   |   |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PC                 |   | CTION COMMITTEE (a.k.a  | . Medco Health PAC)   |  |  |  |
| A. | Full Name (Last, First, Middle Initial)<br>JEFFREY COOLE                      |   |   |   |  |  |  |
|    | Mailing Address 155 ASTON HALL DRIV   | νE  |   | 02 13 / Y Y Y Y<br>02 13 0 10                                     |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.76857                                       |  |  |  |
|    | EADS  | TN  | 38028   | Amount of Each Receipt this Period                                |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.                 | C   |   | 50.00   |  |  |  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP                                      | Occupation  | ND REGULATORY REPOR   | 31  |  |  |  |
|    | Receipt For:  |   | Year-to-Date V  | 1   |  |  |  |
|    | Other (specify) ▼   | 0 0   | 250.00  |   |  |  |  |
| В. | Full Name (Last, First, Middle Initial)<br>ANTONIO CORREIA                    |   |   | Date of Receipt   |  |  |  |
|    | Mailing Address 19 WILLIAMS LANE  | M M / D D / Y Y Y Y<br>02 13 2010   |   |   |  |  |  |
|    | City State  |   | Zip Code  | Transaction ID: INC.A.76790                                       |  |  |  |
|    | CHAPPAQUA   | NY  | 10514   | Amount of Each Receipt this Period                                |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.                 | C   |   | 50.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                                    | Occupation<br>VP BUSI   | NESS DEV  |   |  |  |  |
|    | Receipt For:  | Aggregate   | Year-to-Date 🔻  | _   |  |  |  |
|    | Other (specify)   | 0 0   | 250.00  |   |  |  |  |
| с. | Full Name (Last, First, Middle Initial)<br>MRS BARBARA COSGRIFF               |   |   | Date of Receipt   |  |  |  |
|    | Mailing Address 2045 MAYFAIR MCLEA  | N COURT   |   | M M / D D / Y Y Y Y<br>02 13 2010                                 |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.76831                                       |  |  |  |
|    | FALLS CHURCH<br>FEC ID number of contributing<br>federal political committee. | C   | 22043   | Amount of Each Receipt this Period                                |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                                    | Occupation<br>SVP PUE   | LIC POL&EXTRNL AFFAIR   | s   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼                          | _   | Year-to-Date ▼<br>975.00  |   |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)                                     |   | ·····   | 295.00  |  |  |  |
|    | TOTAL This Period (last page this line number or                              | nly)  | ·····   |   |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 24 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |  |  |  |
|----|---|---|---|--|--|--|
|    | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)                    | MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. M              |   |  |  |  |
|    | /   |   |   |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN COURTMAN                                  |   | Date of Receipt   |  |  |  |
|    | Mailing Address 25 FAIRWAY TRAIL  |   | 0 2 / 1 3 / Y Y Y Y<br>0 2 0 1 0  |  |  |  |
|    | City<br>SPARTA  | State Zip Code<br>NJ 07871  | Transaction ID: INC.A.76460   |  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C   | Amount of Each Receipt this Period  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP PHARMACY NETWORK MGMT                                       |   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>961.55  |   |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR HART COVEN<br>Mailing Address 28 OAK LANE         |   | Date of Receipt   |  |  |  |
|    |   |   | 0 2 / 1 3 / Y Y Y Y<br>2 0 1 0  |  |  |  |
|    | City<br>MORRISTOWN  | State Zip Code<br>NJ 07960  | Transaction ID: INC.A.76572<br>Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.                                      |   | 50.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP BIAC   |   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |   |  |  |  |
| с. | Full Name (Last, First, Middle Initial)<br>MR ROBERT CRAIG<br>Mailing Address 7979 E SANTA CATA |   | Date of Receipt   |  |  |  |
|    |   |   | 02 13 2010  |  |  |  |
|    | City<br><u>SCOTTSDALE</u>   | State Zip Code<br>AZ 85255  | Transaction ID: INC.A.76442<br>Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C   | 60.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>EXEC DIR PRODUCT  |   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>300.00  |   |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional).  | ·<br>·····  | 302.31  |  |  |  |
|    | TOTAL This Period (last page this line number   | r only)   |   |  |  |  |

|         | SCHEDULE A (FEC Form 3X)  |  | Use separate schedule(s)      | FOR LINE NUMBER: PAGE 25 / 167   |  |  |
|---------|---|--|-------------------------------|--|--|--|
|         | ITEMIZED RECEIPTS   |  | for each category of the      | (check only one)   |  |  |
|         |   |  | Detailed Summary Page         | $\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |  |  |
| [       | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions |                               |  |  |  |
|         | NAME OF COMMITTEE (In Full)   | Solicit contributions from such committee.     |                               |  |  |  |
|         | MEDCO HEALTH SOLUTIONS INC. P   | a. Medco Health PAC)                           |                               |  |  |  |
| A.      | Full Name (Last, First, Middle Initial)<br>MR KENNETH DANIELS                                       |  |                               |  |  |  |
|         | Mailing Address 4156 DUNMORE DRIV   | 0 2 / D D / Y Y Y Y<br>0 2 / 1 3 2 0 1 0       |                               |  |  |  |
|         | City  | State  | Zip Code                      | Transaction ID: INC.A.76557  |  |  |
|         | LAKE WALES  | FL   | 33859                         | Amount of Each Receipt this Period   |  |  |
|         | FEC ID number of contributing federal political committee.  | C  |                               | 25.00  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM                             | pn                            |  |  |  |
|         | Receipt For:  |  | e Year-to-Date 🔻              | _  |  |  |
|         | Primary General   |  |                               | 1  |  |  |
| _       | Other (specify) <b>v</b>  | 0 0  | 225.00                        |  |  |  |
| в.      | Full Name (Last, First, Middle Initial)<br>MS MARY DASCHNER   |  |                               | Date of Receipt  |  |  |
|         | Mailing Address 2926 EWING AVE S  |  |                               | M M / D D / Y Y Y Y<br>02 13 2010  |  |  |
|         | City  | State  | Zip Code                      | Transaction ID: INC.A.76421  |  |  |
|         | MINNEAPOLIS   | MN   | 55416                         | Amount of Each Receipt this Period   |  |  |
|         | FEC ID number of contributing federal political committee.  | С  |                               | 192.30   |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>GROUP                             | PRES RETIREE SOLUTION         | IS   |  |  |
|         | Receipt For:  | Aggregate                                      | e Year-to-Date 🔻              |  |  |  |
|         | Other (specify) ▼   | 0 0  | 961.50                        | ]  |  |  |
| -<br>С. | Full Name (Last, First, Middle Initial)<br>MR ANDREW DAVIS  |  |                               | Date of Receipt  |  |  |
|         | Mailing Address 5616 BROOK DRIVE  |  |                               | M M / D D / Y Y Y Y<br>02 13 2010  |  |  |
|         | City  | State  | Zip Code                      | Transaction ID: INC.A.76439  |  |  |
|         | EDINA   | MN   | 55439                         | Amount of Each Receipt this Period   |  |  |
|         | FEC ID number of contributing federal political committee.  | C  |                               | 50.00  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP MED                            | on<br>NCARE CLIENT & SALES SI | 9  |  |  |
|         | Receipt For:  | Aggregate                                      | e Year-to-Date 🔻              |  |  |  |
|         | Other (specify) ▼   | 0 0  | 250.00                        | ]  |  |  |
| [       | SUBTOTAL of Receipts This Page (optional)   |  |                               | 267.30   |  |  |
| ŀ       | CODICIAL OF RECEIPTS THIS Fage (Optional)   |  |                               |  |  |  |
|         | TOTAL This Period (last page this line number of  | only)  |                               |  |  |  |

|            | SCHEDULE A (FEC Form 3X)                                      |                 |  | FOR LINE NUMBER: PAGE 26 / 167                 |  |  |  |
|------------|---|-----------------|--|--|--|--|--|
|            | ITEMIZED RECEIPTS   |                 | Use separate schedule(s)<br>for each category of the | (check only one)                               |  |  |  |
|            |   |                 | Detailed Summary Page                                | X 11a 11b 11c 12                               |  |  |  |
|            |   |                 | Detailed Summary Page                                |  |  |  |  |
| Γ          | Any information copied from such Reports and St               | tatements ma    | y not be sold or used by any pers                    | on for the purpose of soliciting contributions |  |  |  |
|            | or for commercial purposes, other than using the              | name and ad     | dress of any political committee to                  | o solicit contributions from such committee.   |  |  |  |
| 1          | NAME OF COMMITTEE (In Full)                                   |                 |  |  |  |  |  |
|            | MEDCO HEALTH SOLUTIONS INC. P                                 |                 |  | Medeo Health PAC)                              |  |  |  |
|            | MEDEO HEALTH SOLUTIONS INC. T                                 | OLITIOAL        |  | a. Medeo Health FAO                            |  |  |  |
| A.         | Full Name (Last, First, Middle Initial)<br>MR BARRY DAVIS     | Date of Receipt |  |  |  |  |  |
| <b>.</b> . | Mailing Address 11 WEISS DR                                   |                 |  |  |  |  |  |
|            | Walling Address TT WEISS DR                                   | 02 13 2010      |  |  |  |  |  |
|            | City  | State           | Zip Code   | Transaction ID: INC.A.76647                    |  |  |  |
|            | TOWACO  | NJ              | 07082  | Amount of Each Receipt this Period             |  |  |  |
|            |   |                 |  |  |  |  |  |
|            | FEC ID number of contributing<br>federal political committee. | C               |  | 192.00   |  |  |  |
|            |   |                 |  |  |  |  |  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupatio       | on   |  |  |  |  |
|            |   | SVP & C         | GENERAL MGR  |  |  |  |  |
|            | Receipt For:  | Aggregat        | e Year-to-Date 🔻                                     |  |  |  |  |
|            | Primary General   |                 | · · · · · · · ·                                      | 1  |  |  |  |
|            | Other (specify) 🔻   | 960.00          |  |  |  |  |  |
|            |   |                 |  | -  |  |  |  |
| -          | Full Name (Last, First, Middle Initial)                       |                 |  |  |  |  |  |
| В.         | MR DANIEL DAVISON   |                 |  | Date of Receipt                                |  |  |  |
|            | Mailing Address 908 STERLING DRIVE                            |                 |  | M M / D D / Y Y Y Y                            |  |  |  |
|            |   |                 |  | 02 13 2010                                     |  |  |  |
|            | City  | State           | Zip Code   | Transaction ID: INC.A.76604                    |  |  |  |
|            | FRANKLIN LAKES  | NJ              | 07417  | Amount of Each Receipt this Period             |  |  |  |
|            | FEC ID number of contributing                                 |                 | 0 0 0 0 0  | 50.00  |  |  |  |
|            | federal political committee.                                  | С               |  | 50.00  |  |  |  |
|            | <del></del>   |                 |  |  |  |  |  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupatio       |  |  |  |  |  |
|            |   |                 | IANCIAL PLANNING                                     |  |  |  |  |
|            | Receipt For:  | Aggregat        | e Year-to-Date 🔻                                     |  |  |  |  |
|            | Primary General   |                 | 250.00   |  |  |  |  |
|            | Other (specify)   | 0 0             |  |  |  |  |  |
| -          |   |                 |  |  |  |  |  |
| ~          | Full Name (Last, First, Middle Initial)                       |                 |  | Data of Descint                                |  |  |  |
| C.         |   |                 |  | Date of Receipt                                |  |  |  |
|            | Mailing Address 12 0AKLAND DR                                 |                 |  | 02 13 2010                                     |  |  |  |
|            | City  | State           | Zip Code   | Transaction ID: INC.A.76649                    |  |  |  |
|            | MONTVALE  | NJ              | 07645  | Amount of Each Receipt this Period             |  |  |  |
|            |   | INU             | 07843  | Amount of Each Receipt this Period             |  |  |  |
|            | FEC ID number of contributing<br>federal political committee. | C               |  | 55.00  |  |  |  |
|            | rederal political committee.                                  |                 |  |  |  |  |  |
|            | Name of Employer<br>ACCREDO HEALTH GROUP                      | Occupatio       | n  |  |  |  |  |
|            | ACCREDO HEALTH GROUP  | VP BUS          | INESS REQUIREMENTS                                   |  |  |  |  |
|            | Receipt For:  | · ·             | e Year-to-Date 🔻                                     |  |  |  |  |
|            | Primary General   | 39.594          |  |  |  |  |  |
|            | Other (specify)   |                 | 275.00   |  |  |  |  |
|            |   |                 |  | -  |  |  |  |
| Г          |   |                 |  |  |  |  |  |
|            | SUBTOTAL of Receipts This Page (optional)                     |                 |  | 297.00   |  |  |  |
| ŀ          | COLICIAL OF HOUSING THIS I AGE (Optional)                     |                 |  |  |  |  |  |
|            | TOTAL This Davied (last page this line worth or               | ophy            |  |  |  |  |  |
| L          | TOTAL This Period (last page this line number of              | uiliy)          |  |  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 27 / 167         (check only one)       11a         X       11a       11b         13       14       15       16       17  |
|----|---|----------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may        | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |
|    | NAME OF COMMITTEE (In Full)   |                      |   |   |
|    | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL            | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)   | Date of Receipt      |   |   |
|    | Mailing Address 41ELM ST APT 3P   |                      |   | 02 13 2010  |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.76725   |
|    | MORRISTOWN  | NJ                   | 07960   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C                    |   | 192.30  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP ENTE | n<br>ERPRISE BUS INTELLIGEN   | ICE   |
|    | Receipt For:  | Aggregate            | e Year-to-Date 🔻  |   |
|    | Primary     General       Other (specify) ▼   | 0 0                  | 961.50  |   |
| В. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN DUNLEAVY                                  | 1                    |   | Date of Receipt   |
|    | Mailing Address 14026 KNOX STREET   |                      |   | M         M         /         D         D         Y |
|    |   | State                | Zip Code  | Transaction ID: INC.A.76386   |
|    |   | KS                   | 66221   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.                                   | C                    |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | -                    | ES SEGMENT LEADER   | _   |
|    | Receipt For:<br>Primary General   | Aggregate            | e Year-to-Date 🔻  | -   |
|    | Other (specify) ▼   | 0 0                  | 250.00  | ]   |
| с. | Full Name (Last, First, Middle Initial)<br>MR MICHAEL EDWARDS                                   |                      |   | Date of Receipt   |
|    | Mailing Address 109 KAREN PLACE   |                      |   | M         M         /         D         D         /         Y |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.76346   |
|    | WYCKOFF   | NJ                   | 07481   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.                                   | C                    |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM   |   |   |
|    | Receipt For:<br>Primary General   | Aggregate            | e Year-to-Date 🔻  | _   |
|    | Other (specify) ▼   | 0.0                  | 250.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)   |                      |   | 292.30  |
|    | TOTAL This Period (last page this line number   | only)                |   |   |

|    | SCHEDULE A (FEC Form 3X)   |  | Use separate schedule(s)    | FOR LINE NUMBER: PAGE 28 / 167<br>(check only one)     |  |  |  |
|----|--|--|-----------------------------|--|--|--|--|
|    | ITEMIZED RECEIPTS  |  | for each category of the    |  |  |  |  |
|    |  |  | Detailed Summary Page       | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |  |  |  |
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r | n for the purpose of soliciting contributions                    |                             |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)  |  |                             |  |  |  |  |
|    | <b>\</b>   | MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |                             |  |  |  |  |
| A. | Full Name (Last, First, Middle Initial)<br>MR BRAD EPSTEIN   | Date of Receipt  |                             |  |  |  |  |
|    | Mailing Address 359 LONG HILL ROAD   | 02 / 13 / Y Y Y Y<br>02 10                                       |                             |  |  |  |  |
|    | City   | State  | Zip Code                    | Transaction ID: INC.A.76754                            |  |  |  |
|    | BRIARCLIFF MANOR   | NY   | 10510                       | Amount of Each Receipt this Period                     |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C  |                             | 50.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio  |                             | -  |  |  |  |
|    | Receipt For:   |  | P COMMUNICATIONS            | _  |  |  |  |
|    | Primary General  | Aggregate  | e Year-to-Date              |  |  |  |  |
|    | Other (specify)  | 0 0  | 250.00                      |  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>DR ROBERT EPSTEIN   |  |                             | Date of Receipt  |  |  |  |
|    | Mailing Address 75 TWEED BLVD  |  |                             | 0 2 1 3 2 0 1 0  |  |  |  |
|    | City   | State  | Zip Code                    | Transaction ID: INC.A.76249                            |  |  |  |
|    | UPPER GRANDVIEW  | NY   | 10960                       | Amount of Each Receipt this Period                     |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C  |                             | 192.31   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>CMO SV  | n<br>/P MEDICAL&ANLYTC AFFF | 15   |  |  |  |
|    | Receipt For:   | Aggregate  | e Year-to-Date 🔻            |  |  |  |  |
|    | Primary     General       Other (specify)     ▼  |  | 961.55                      |  |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR SCOTT ERHARDT  |  |                             | Date of Receipt  |  |  |  |
|    | Mailing Address 11540 39TH AVE N   |  |                             | 0 2 1 3 2 0 1 0  |  |  |  |
|    | City   | State  | Zip Code                    | Transaction ID: INC.A.76445                            |  |  |  |
|    | PLYMOUTH   | MN   | 55441                       | Amount of Each Receipt this Period                     |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C  |                             | 50.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>EXEC D  | n<br>IR ACCT MGMT           |  |  |  |  |
|    | Receipt For:   | Aggregate  | e Year-to-Date 🔻            |  |  |  |  |
|    | Other (specify) ▼  | 0 0  | 250.00                      |  |  |  |  |
| [  | SUBTOTAL of Possiste This Page (astists)   |  |                             | 292.31   |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  |  | ••••••                      |  |  |  |  |
|    | TOTAL This Period (last page this line number o  | nly)   |                             |  |  |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 29 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|---|---|---|
|         | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions                                 |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | POLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)   |
| ⊻<br>A. | Full Name (Last, First, Middle Initial)<br>MR STEVEN FANDETTI                                       | Date of Receipt   |   |
|         | Mailing Address 15804 SORAWATER [   | 0 2 / D D / Y Y Y Y<br>0 2 1 3 2 0 1 0  |   |
|         | City  | State Zip Code  | Transaction ID: INC.A.76368   |
|         | LITHIA  | FL 33547  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                       | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>NATL ACCT EXEC  |   |
|         | Receipt For:  | Aggregate Year-to-Date ▼  |   |
|         | Primary General<br>Other (specify) ▼  | 250.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>RICHARD FARIS  |   | Date of Receipt   |
|         | Mailing Address 2020 HEATHER COVE   | 0 2 1 3 Y Y Y Y<br>0 2 1 3 2 0 1 0  |   |
|         | City  | State Zip Code  | Transaction ID: INC.A.76880   |
|         | MEMPHIS   | TN 38119  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                       | C   | 50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation<br>VP HEALTH OUTCOME SOLUTIONS                                     |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>SUSAN FAUST  |   | Date of Receipt   |
|         | Mailing Address 6614 HERONSWOOD   | COVE  | M M / D D / Y Y Y Y<br>02 13 2010   |
|         | City  | State Zip Code  | Transaction ID: INC.A.76849   |
|         | MEMPHIS   | TN 38119  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                       | C   | 50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation<br>VP CLIENT SLS AND MGD CARE                                      | _   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |   | 150.00  |
| f       | TOTAL This Period (last page this line number   | only)   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 30 / 167           (check only one)                         |  |  |
|----|---|---|---|--|--|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | name and address of any political committee to                                | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL ACTION COMMITTEE (a.k.a  | . Medco Health PAC)   |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MRS KATHARINE FEDUSKA                                    |   | Date of Receipt   |  |  |
|    | Mailing Address 2354 DOLPHIN CT   | 02 13 Y Y Y Y<br>02 13 2010   |   |  |  |
|    | City  | State Zip Code  | Transaction ID: INC.A.76489   |  |  |
|    | HENDERSON   | NV 89074  | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing federal political committee.  | C   | 38.47   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>DIR PHARM PRACTICE  |   |  |  |
|    | Receipt For:<br>Primary General   | Aggregate Year-to-Date 🔻  |   |  |  |
|    | Other (specify) ▼   | 346.23  |   |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>DR RICHARD FEIFER  |   | Date of Receipt   |  |  |
|    | Mailing Address 32 EILEEN DR  |   | 02 13 Y Y Y Y<br>02 13 2010   |  |  |
|    | City  | State Zip Code  | Transaction ID: INC.A.76429   |  |  |
|    | MAHWAH  | NJ 07430  | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing federal political committee.  | C   | 50.00   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP CARE ENHANCING SOLUTIONS                                     | 6   |  |  |
|    | Receipt For:<br>Primary General   | Aggregate Year-to-Date  |   |  |  |
|    | Other (specify) ▼   | 250.00  |   |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR THOMAS FEITEL   |   | Date of Receipt   |  |  |
|    | Mailing Address 58 APPLE HILL DR  |   | 0 2 / 1 3 2 0 1 0   |  |  |
|    | City  | State Zip Code  | Transaction ID: INC.A.76492   |  |  |
|    | <u>GILLETTE</u>   | NJ 07933  | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing<br>federal political committee.                                       |   | 192.23  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP CORP MKTG & E-COMM  |   |  |  |
|    | Receipt For:<br>Primary General   | Aggregate Year-to-Date  | 1   |  |  |
|    | Other (specify)   | 961.15  |   |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   | •   | 280.70  |  |  |
|    | TOTAL This Period (last page this line number only)   |   |   |  |  |

| SCHEDULE A (FEC Form<br>ITEMIZED RECEIPTS                                  | <b>3X)</b><br>Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER:         PAGE 31 / 167           (check only one) |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| or for commercial purposes, other than u                                   | Any information copied from such Reports and Statements may not be sold or used by any person<br>or for commercial purposes, other than using the name and address of any political committee to |   |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS                      | INC. POLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>MR EDWARD FISCHER               | MR EDWARD FISCHER  |   |  |  |  |  |  |
| Mailing Address 465 OLD STON   | IE RD  | 0 2 1 3 Y Y Y Y<br>0 2 1 0 1 0                                    |  |  |  |  |  |
| City   | State Zip Code   | Transaction ID: INC.A.76415                                       |  |  |  |  |  |
| RIDGEWOOD<br>FEC ID number of contributing<br>federal political committee. | NJ 07450   | Amount of Each Receipt this Period 50.00                          |  |  |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                 | Occupation<br>VP CLINICAL PROD INTEGRATION   | _   |  |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date  250.00   |   |  |  |  |  |  |
| Ull Name (Last, First, Middle Initial)                                     |  |   |  |  |  |  |  |
| B. <u>MEGHAN FITZGERALD</u><br>Mailing Address 6 MORGAN AV                 | E  | Date of Receipt   |  |  |  |  |  |
| City   | State Zip Code   | Transaction ID: INC.A.76811                                       |  |  |  |  |  |
| NORWALK  | CT 06851   | Amount of Each Receipt this Period                                |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C  | 192.31  |  |  |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                 | Occupation<br>SVP BUSINESS DEVELOPMENT   | _   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date 961.55  |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>KEVIN FRANCO                    |  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 140 BELLAIR R<br>UNIT Q                                    | OAD  | 0 2 / D D / Y Y Y Y<br>0 2 / 1 3 2 0 1 0                          |  |  |  |  |  |
| City<br>RIDGEWOOD  | State Zip Code<br>NJ 07450   | Transaction ID: INC.A.76620                                       |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | NJ 07450   | Amount of Each Receipt this Period 50.00                          |  |  |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                 | Occupation<br>SR DIR FINANCE   | -   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date  250.00   |   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (opt  | tional)  | 292.31  |  |  |  |  |  |
| TOTAL This Period (last page this line                                     | number only)   |   |  |  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)  |  |   | -                          | LINE NUMBER: PAGE 32 / 167         |  |  |
|----|---|--|---|----------------------------|------------------------------------|--|--|
|    | ITEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the                        | (che                       | ck only one)                       |  |  |
|    |   |  | Detailed Summary Page   |                            | 11a 11b 11c 12                     |  |  |
|    |   |  |   |                            | 13 14 15 16 17                     |  |  |
|    | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the | erson for th   | e purpose of soliciting contributions<br>contributions from such committee. |                            |                                    |  |  |
| 1  | NAME OF COMMITTEE (In Full)   |  |   |                            |                                    |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. P   | $\rightarrow$ MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |   |                            |                                    |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR JOSEPH FRENDO   | C  | Date of Receipt   |                            |                                    |  |  |
|    | Mailing Address 9 GREEN HILL TRAIL  |  | M M / D D / Y Y Y Y<br>02 13 2010   |                            |                                    |  |  |
|    | City  | Zip Code   | Т   | ransaction ID: INC.A.76561 |                                    |  |  |
|    | TROPHY CLUB   | ТХ   | 76262   | A                          | Amount of Each Receipt this Period |  |  |
|    | FEC ID number of contributing federal political committee.  | C  |   |                            | 50.00                              |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation   | on<br>IONAL SERVICE CENTE   | R                          |                                    |  |  |
|    | Receipt For:  |  | e Year-to-Date V  |                            |                                    |  |  |
|    | Primary General   | , iggi ogut  |   | -                          |                                    |  |  |
|    | Other (specify)   | 0 0  | 450.00  |                            |                                    |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>FELIX FRUEH  |  |   | C                          | Date of Receipt                    |  |  |
|    | Mailing Address 14401 FALLING LEAF DRIVE  |  |   |                            | M M / D D / Y Y Y Y<br>02 13 2010  |  |  |
|    | City  | State  | Zip Code  | Т                          | ransaction ID: INC.A.76812         |  |  |
|    | DARNESTOWN MD   |  | 20878   | A                          | Amount of Each Receipt this Period |  |  |
|    | FEC ID number of contributing federal political committee.  | C  |   |                            | 50.00                              |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP RES  | on<br>EARCH & DEVELOPMEN  | іт                         |                                    |  |  |
|    | Receipt For:  | Aggregate  | e Year-to-Date 🔻  |                            |                                    |  |  |
|    | Primary     General       Other (specify) ▼   |  | 250.00  |                            |                                    |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR JOSEPH GALARDI  |  |   |                            | Date of Receipt                    |  |  |
|    | Mailing Address 24 MOREHOUSE PL   |  |   | Г                          | M M / D D / Y Y Y Y<br>0 2 13 2010 |  |  |
|    | City  | State  | Zip Code  | Т                          | ransaction ID: INC.A.76245         |  |  |
|    | NEW PROVIDENCE  | NJ   | 07974   |                            | Amount of Each Receipt this Period |  |  |
|    | FEC ID number of contributing federal political committee.  | C  |   |                            | 50.00                              |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP & CC   | on<br>DUNSEL  |                            |                                    |  |  |
|    | Receipt For:  | Aggregate  | e Year-to-Date 🔻  |                            |                                    |  |  |
|    | Primary General<br>Other (specify) ▼  |  | 250.00  |                            |                                    |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |  |   |                            | 150.00                             |  |  |
|    | TOTAL This Period (last page this line number of  |  |   | Ī                          |                                    |  |  |
| l  |   | , .  |   | -                          |                                    |  |  |

|         |  |   | 1   |
|---------|--|---|---|
| ę       | SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 33 / 167  |
| ļ       | ITEMIZED RECEIPTS  | for each category of the  | (check only one)  |
|         |  | Detailed Summary Page   | X 11a 11b 11c 12<br>13 14 15 16 17  |
| ſ       | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the n | tements may not be sold or used by any pers<br>ame and address of any political committee t | son for the purpose of soliciting contributions   |
| k       | NAME OF COMMITTEE (In Full)  |   |   |
|         | MEDCO HEALTH SOLUTIONS INC. PC   | DLITICAL ACTION COMMITTEE (a.k.   | a. Medco Health PAC)  |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>MS PAMELA GALASSINI   | Date of Receipt   |   |
|         | Mailing Address 720 N. LARRABEE<br>APT 1701  |   | M · M         /         D · D         /         Y · Y · Y · Y         Y |
|         | City   | State Zip Code  | Transaction ID: INC.A.76697   |
|         | CHICAGO  | IL 60654  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   | 192.31  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP & GENERAL MGR   |   |
|         | Receipt For:   | Aggregate Year-to-Date V  |   |
|         | Primary General  | 961.55  |   |
| _       | Other (specify)  | 66.106  |   |
| В.      | Full Name (Last, First, Middle Initial)<br>MR BARNEY GALLASSIO   |   | Date of Receipt   |
| υ.      | Mailing Address 69 LAKEVIEW DR   |   | 0 2 1 3 2 0 1 0   |
|         | City   | State Zip Code  | Transaction ID: INC.A.76537   |
|         | OLD TAPPAN   | NJ 07675  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP CLIENT RELATIONS   |   |
|         | Receipt For:   | Aggregate Year-to-Date 🔻  |   |
|         | Other (specify)  | 250.00  |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MICHAEL GALVIN  |   | Date of Receipt   |
|         | Mailing Address 25 BALLYMEADE ROA  | )   | M M / D D / Y Y Y Y<br>0 2 1 3 2 0 1 0  |
|         | City   | State Zip Code  | Transaction ID: INC.A.76730   |
|         | HOPEWELL JUNCTION  | NY 12533  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   | 192.31  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP/CHIEF INFRASTRUCTURE OF   |   |
|         | Receipt For:   | Aggregate Year-to-Date ▼  |   |
|         | Other (specify)  | 961.55  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)  |   | 434.62  |
| ŀ       | TOTAL This Period (last page this line number or   |   |   |

|    |  | <b>_</b>  |                                    |  |  |  |  |
|----|--|---|------------------------------------|--|--|--|--|
|    | SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 34 / 167     |  |  |  |  |
|    |  | for each category of the  | (check only one)                   |  |  |  |  |
|    | IT EMIZED RECEIPTS   | Detailed Summary Page   | X 11a 11b 11c 12<br>13 14 15 16 17 |  |  |  |  |
| I  |  |   |                                    |  |  |  |  |
|    | Any information copied from such Reports and State<br>or for commercial purposes, other than using the nar | for the purpose of soliciting contributions olicit contributions from such committee. |                                    |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)  |   |                                    |  |  |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. POL  | Medco Health PAC)   |                                    |  |  |  |  |
| A. | Full Name (Last, First, Middle Initial)<br>MR PETER GAYLORD  | Date of Receipt   |                                    |  |  |  |  |
|    | Mailing Address 1201 BRIDGE STREET   | M M / D D / Y Y Y Y<br>02 13 2010   |                                    |  |  |  |  |
|    | City   | State Zip Code  | Transaction ID: INC.A.76244        |  |  |  |  |
|    | ASBURY PARK  | NJ 07712  | Amount of Each Receipt this Period |  |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C   | 60.00                              |  |  |  |  |
|    |  | Occupation  |                                    |  |  |  |  |
|    |  | SVP TREASURY & FINANCIAL EVAL   | 3                                  |  |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date 🔻  |                                    |  |  |  |  |
|    | Primary General  | 300.00  |                                    |  |  |  |  |
|    | Other (specify) <b>v</b>   |   |                                    |  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR FRANK GENTILELLA   |   | Date of Receipt                    |  |  |  |  |
|    | Mailing Address 20 BROOKSHIRE DR   |   | 02 13 2010                         |  |  |  |  |
|    | City   | State Zip Code  | Transaction ID: INC.A.76392        |  |  |  |  |
|    | ROBBINSVILLE   | NJ 08691  | Amount of Each Receipt this Period |  |  |  |  |
|    | FEC ID number of contributing  | •   |                                    |  |  |  |  |
|    | federal political committee.   |   | 50.00                              |  |  |  |  |
|    |  | Occupation<br>GENERAL MGR GROUP   |                                    |  |  |  |  |
|    |  | Aggregate Year-to-Date V  |                                    |  |  |  |  |
|    | Primary General  |   |                                    |  |  |  |  |
|    | Other (specify)  | 250.00  |                                    |  |  |  |  |
| С. | Full Name (Last, First, Middle Initial)<br>MATTHEW GIBBS   |   | Date of Receipt                    |  |  |  |  |
|    | Mailing Address 27 N. WACKER DR.<br>SUITE 246  |   | 02 13 2010                         |  |  |  |  |
|    | City   | State Zip Code  | Transaction ID: INC.A.76799        |  |  |  |  |
|    | CHICAGO  | IL 60606  | Amount of Each Receipt this Period |  |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.  | C   | 75.00                              |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation  | -                                  |  |  |  |  |
|    |  |   | 4                                  |  |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date ▼  |                                    |  |  |  |  |
|    | Primary General<br>Other (specify) ▼   | 375.00  |                                    |  |  |  |  |
| I  | —  |   |                                    |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  | •   | 185.00                             |  |  |  |  |
|    |  |   |                                    |  |  |  |  |
|    | TOTAL This Period (last page this line number only   | /) 🕨  |                                    |  |  |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 35 / 167         (check only one)       11a         X       11a         13       14         15       16         17 |
|---------|--|-------------------------------|---|--|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements may<br>name and add | y not be sold or used by any pers<br>dress of any political committee to      | on for the purpose of soliciting contributions oslicit contributions from such committee.  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       |                               | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)   |
| ⊻<br>A. | Full Name (Last, First, Middle Initial)<br>MR THOMAS GILSON  | Date of Receipt               |   |  |
|         | Mailing Address 2 PELL FARM ROAD   |                               |   | 0 2 / D D / Y Y Y Y<br>0 2 / 1 3 2 0 1 0   |
|         |  | State                         | Zip Code  | Transaction ID: INC.A.76689  |
|         | SADDLE RIVER<br>FEC ID number of contributing  | NJ                            | 07458   | Amount of Each Receipt this Period   |
|         | federal political committee.   | C                             |   | 192.31   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation                    | n<br>ENERAL MGR   |  |
|         | Receipt For:   |                               | e Year-to-Date V  |  |
|         | Primary     General       Other (specify)  |                               | 961.55  | ]  |
| –<br>В. | Full Name (Last, First, Middle Initial)<br>MR SCOTT GILYARD  | 1                             |   | Date of Receipt  |
|         | Mailing Address 305 BERGAMOT DRIV  | /E                            |   | 02<br>13<br>2010   |
|         | City   | State                         | Zip Code  | Transaction ID: INC.A.76250  |
|         | MEDINA   | MN                            | 55340   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                             |   | 192.30   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>PRES UI         |   |  |
|         | Receipt For:   | Aggregate                     | e Year-to-Date 🔻  |  |
|         | Primary     General       Other (specify)  |                               | 961.50  | ]  |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>MR JONAH GITLITZ  | 1                             |   | Date of Receipt  |
|         | Mailing Address 43 OVERLOOK RIDGE  | E                             |   | M M / D D / Y Y Y Y<br>02 13 2010  |
|         |  | State                         | Zip Code  | Transaction ID: INC.A.76331  |
|         | OAKLAND<br>FEC ID number of contributing   | NJ                            | 07436   | Amount of Each Receipt this Period   |
|         | federal political committee.   | C                             |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR NATL         | n<br>_ ACCT EXEC  |  |
|         | Receipt For:<br>Primary General  | Aggregate                     | e Year-to-Date 🔻  | -  |
|         | Other (specify)  |                               | 250.00  |  |
| Γ       | SUBTOTAL of Receipts This Page (optional)  | I                             |   | 434.61   |
| F       | TOTAL This Period (last page this line number  |                               | •   |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 36 / 167         (check only one)       11a       11b       11c       12         X       11a       14       15       16       17 |
|----|--|--|---|--|
|    | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions<br>o solicit contributions from such committee. |   |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N    |  |   | a. Medco Health PAC)   |
| A. | Full Name (Last, First, Middle Initial)<br>MR PAUL GOERDT  |  |   | Date of Receipt  |
|    | Mailing Address 1700 SUNRISE COURT   |  |   | 0 2 / D D / Y Y Y Y<br>2 0 1 0   |
|    |  | State Zip Code<br>MN 55306   |   | Transaction ID: INC.A.76504  |
|    | BURNSVILLE<br>FEC ID number of contributing<br>federal political committee.                        | C  | 55306   | Amount of Each Receipt this Period 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP CLIN   | n<br>IICAL SVCS   |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00   |   | ]  |
| в. | Full Name (Last, First, Middle Initial)<br>MR JAMES GRANT, JR<br>Mailing Address 1928 BEVERLY LANE |  |   | Date of Receipt  |
|    | City State Zip Code  |  |   |  |
|    | BUFFALO GROVE  | IL   | 60089   | Transaction ID: INC.A.76406<br>Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   |  |   | 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |  | NCIAL INSIGHTS  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | e Year-to-Date<br>250.00  | ]  |
| С. | Full Name (Last, First, Middle Initial)<br>MS TRACY GRUNSFELD                                      |  |   | Date of Receipt  |
|    | Mailing Address 264 HARVEST AVE  |  |   | 02 / Y Y Y<br>13 2010  |
|    | City State Zip Code  |  |   | Transaction ID: INC.A.76325  |
|    | STATEN ISLAND<br>FEC ID number of contributing<br>federal political committee.                     | NY<br>C  | 10310   | Amount of Each Receipt this Period 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS VP CONS   |  | n<br>SUMER DRIVEN MKTS  | _  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | e Year-to-Date<br>250.00  | ]  |
|    | SUBTOTAL of Receipts This Page (optional)  |  |   | 150.00   |
|    | TOTAL This Period (last page this line number only)  |  |   |  |
|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Cietomonto mo        | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 37 / 167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |
|----|---|----------------------|---|--|
|    | Any information copied from such Reports and s<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | e name and ad        | dress of any political committee to   | o solicit contributions from such committee.   |
|    | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL /          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR RICHARD GUIOR   | Date of Receipt      |   |  |
|    | Mailing Address 50 BELLEVUE AVE   |                      |   | 0 2 / 1 3 / Y Y Y Y<br>0 2 0 1 0   |
|    | City<br>SUMMIT  | State<br>NJ          | Zip Code<br>07901   | Transaction ID: INC.A.76268  |
|    | FEC ID number of contributing federal political committee.  | C                    |   | Amount of Each Receipt this Period 90.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>GROUP   |   | -  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | e Year-to-Date ▼<br>450.00  | ]  |
| в. | Full Name (Last, First, Middle Initial)<br>MS VALERIE HAERTEL<br>Mailing Address 7 PARSLOE COURT                                  | -                    |   | Date of Receipt  |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.76784  |
|    | MAHWAH  | NJ                   | 07430   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing<br>federal political committee.   | С                    |   | 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP INVE | n<br>STOR RELATIONS   |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | e Year-to-Date ▼<br>250.00  | ]  |
| С. | Full Name (Last, First, Middle Initial)<br>MR GREGORY HANSEN  |                      |   | Date of Receipt  |
|    | Mailing Address 1659 ISABELLA PAR   | KWAY                 |   | 0 2 / D D / Y Y Y Y<br>1 3 2 0 1 0   |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.76696  |
|    | CHASKA<br>FEC ID number of contributing<br>federal political committee.   | MN C                 | 55318   | Amount of Each Receipt this Period   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP ACC  | n<br>T SVCS & ADMIN   |  |
|    | Receipt For:<br>Primary General<br>Other (specify) $\bigtriangledown$   | Aggregate            | e Year-to-Date<br>250.00  | ]  |
|    | SUBTOTAL of Receipts This Page (optional).  |                      |   | 190.00   |
|    | TOTAL This Period (last page this line number   | r only)              |   |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and St                 | atements ma                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>y not be sold or used by any perso | FOR LINE NUMBER:PAGE 38 / 167(check only one)11c12X11a11b11c121314151617on for the purpose of soliciting contributions |
|----|--|--------------------------------|---|--|
|    | or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P | name and ad                    | dress of any political committee to   | o solicit contributions from such committee.   |
| Α. | Full Name (Last, First, Middle Initial)<br>MS SHANA HART<br>Mailing Address 4120 JACKSBORO                       | Date of Receipt                |   |  |
|    |  |                                |   | 02 13 2010   |
|    | City<br>SNYDER   | State<br>TX                    | Zip Code<br>79549   | Transaction ID: INC.A.76475  |
|    | FEC ID number of contributing federal political committee.   | C                              | 79349   | Amount of Each Receipt this Period   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR NATI           | n<br>L ACCT EXEC  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>250.00  | ]  |
| в. | Full Name (Last, First, Middle Initial)<br>MR PETER HARTY  |                                |   | Date of Receipt  |
|    | Mailing Address 19520 YELLOW WING  | 0 2 / D D / Y Y Y Y<br>2 0 1 0 |   |  |
|    | City   | State                          | Zip Code  | Transaction ID: INC.A.76247  |
|    | COLORADO SPRINGS<br>FEC ID number of contributing<br>federal political committee.                                | CO                             | 80908   | Amount of Each Receipt this Period 192.31  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:   |                                | ERNMENT AFFAIRS   |  |
|    | Primary General<br>Other (specify) ▼   | Aggregate                      | e Year-to-Date ♥<br>961.55  | ]  |
| C. | Full Name (Last, First, Middle Initial)<br>MR SCOTT HELMUS   |                                |   | Date of Receipt  |
|    | Mailing Address 23 VALLEY RD   |                                |   | 0 2 1 3 Y Y Y Y<br>0 2 1 0   |
|    | City   | State                          | Zip Code  | Transaction ID: INC.A.76326  |
|    | SUCCASUNNA   | NJ                             | 07876   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing<br>federal political committee.  | C                              |   | 85.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | -                              | NT SOLUTIONS  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) $\blacksquare$  | Aggregate                      | e Year-to-Date ▼<br>425.00  | ]  |
|    | SUBTOTAL of Receipts This Page (optional)  |                                |   | 327.31   |
|    | TOTAL This Period (last page this line number of   | only)                          |   |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                  | FOR LINE NUMBER:         PAGE 39 / 167           (check only one)         11a           X         11a           13         14           15         16           17 |  |  |  |
|----|--|--|--|--|--|--|
|    | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions<br>o solicit contributions from such committee. |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | . Medco Health PAC)  |  |  |  |  |
| A. | Full Name (Last, First, Middle Initial)<br>MR ERIC HESS  | MR ERIC HESS   |  |  |  |  |
|    | Mailing Address 10 CARLTON RD  |  | 0 2 / 1 3 / Y Y Y Y<br>2 0 1 0   |  |  |  |
|    |  | State Zip Code   | Transaction ID: INC.A.76419  |  |  |  |
|    | FLANDERS<br>FEC ID number of contributing  | NJ 07836   | Amount of Each Receipt this Period 60.00   |  |  |  |
|    | federal political committee.   |  | 60.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP ENGINEERING & OPS   | _  |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date ▼   | -  |  |  |  |
|    | Primary     General       Other (specify) ▼  | 300.00   | ]  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN HOBSON                                       |  | Date of Receipt  |  |  |  |
|    | Mailing Address 16 LUTH TERRACE  | 02 / D D / Y Y Y Y<br>02 / 13 / 2010   |  |  |  |  |
|    | City   | State Zip Code   | Transaction ID: INC.A.76542  |  |  |  |
|    | WEST ORANGE<br>FEC ID number of contributing   | NJ 07052   | Amount of Each Receipt this Period   |  |  |  |
|    | federal political committee.   |  | 50.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>REGIONAL VP PHARMACIES   |  |  |  |  |
|    | Receipt For:<br>Primary General  | Aggregate Year-to-Date   |  |  |  |  |
|    | Other (specify) ▼  | 250.00   |  |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR GLENN HOFFMAN  |  | Date of Receipt  |  |  |  |
|    | Mailing Address 974 HILLCREST ROA  | D  | M M / D D / Y Y Y Y<br>02 13 2010  |  |  |  |
|    | City   | State Zip Code   | Transaction ID: INC.A.76623  |  |  |  |
|    | RIDGEWOOD<br>FEC ID number of contributing   | NJ 07450   | Amount of Each Receipt this Period   |  |  |  |
|    | federal political committee.   |  | 50.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP FACILITIES  |  |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date ▼   |  |  |  |  |
|    | Other (specify) ▼  | 250.00   |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  | ······   | 160.00   |  |  |  |
|    | TOTAL This Period (last page this line number  | only)  |  |  |  |  |

|         |   |  |                           | <b>1</b>  |  |  |  |  |
|---------|---|--|---------------------------|---|--|--|--|--|
|         | SCHEDULE A (FEC Form 3X)  |  | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 40 / 167  |  |  |  |  |
|         |   |  | for each category of the  |   |  |  |  |  |
|         |   |  | Detailed Summary Page     | X 11a 11b 11c 12  |  |  |  |  |
| Г       |   |  |                           | 13 14 15 16 17  |  |  |  |  |
|         | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions<br>o solicit contributions from such committee. |                           |   |  |  |  |  |
| 1       | NAME OF COMMITTEE (In Full)   | NAME OF COMMITTEE (In Full)  |                           |   |  |  |  |  |
|         | MEDCO HEALTH SOLUTIONS INC. P   | POLITICAL  | ACTION COMMITTEE (a.k.    | a. Medco Health PAC)  |  |  |  |  |
| A.      | Full Name (Last, First, Middle Initial)<br>MR ROGER HOLLAND   | Date of Receipt  |                           |   |  |  |  |  |
|         | Mailing Address 41 SAINT RAPHAEL  | M M / D D / Y Y Y Y<br>02 13 2010  |                           |   |  |  |  |  |
|         | City  | State  | Zip Code                  | Transaction ID: INC.A.76533   |  |  |  |  |
|         | LAGUNA NIGUEL   | CA   | 92677                     | Amount of Each Receipt this Period  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.  | C  |                           | 50.00   |  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP SALE   |                           |   |  |  |  |  |
|         | Receipt For:  | · · · · ·  | e Year-to-Date V          |   |  |  |  |  |
|         | Primary General   | Aggregat   |                           |   |  |  |  |  |
|         | Other (specify)   | 0 0  | 250.00                    |   |  |  |  |  |
| В.      | Full Name (Last, First, Middle Initial)<br>MR STEPHEN HOLODAK                                       |  |                           | Date of Receipt   |  |  |  |  |
|         | Mailing Address 49 S HILLSIDE AVE   |  |                           | M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y · Y · Y · Y · |  |  |  |  |
|         | City  | State  | Zip Code                  | Transaction ID: INC.A.76568   |  |  |  |  |
|         | ELMSFORD  | NY   | 10523                     | Amount of Each Receipt this Period  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.  | C  |                           | 80.00   |  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP INTE   | n<br>RVENTION DELIVERY SY | ST  |  |  |  |  |
|         | Receipt For:  | Aggregate  | e Year-to-Date 🔻          |   |  |  |  |  |
|         | Primary General   |  | 400.00                    |   |  |  |  |  |
|         | Other (specify) 🔻   |  | 400.00                    |   |  |  |  |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>RITA HOLT  | 1  |                           | Date of Receipt   |  |  |  |  |
| 0.      | Mailing Address 1558 N PISGAH ROAD  | <u>ר</u>   |                           |   |  |  |  |  |
|         | 1000 NT IOUAIT HOAL   | <i>.</i>   |                           |   |  |  |  |  |
|         | City  | State  | Zip Code                  | Transaction ID: INC.A.76853   |  |  |  |  |
|         | CORDOVA   | TN   | 38016                     | Amount of Each Receipt this Period  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.  | C  |                           | 50.00   |  |  |  |  |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio  | n<br>IBURSEMENT           |   |  |  |  |  |
|         | Receipt For:  | r •  | e Year-to-Date V          |   |  |  |  |  |
|         | Primary General   | , iggi egale   |                           |   |  |  |  |  |
|         | Other (specify) 🔻   | 0 0  | 250.00                    |   |  |  |  |  |
|         | SUBTOTAL of Receipts This Page (optional)   | I  |                           | 180.00  |  |  |  |  |
| ŀ       |   |  |                           |   |  |  |  |  |
|         | TOTAL This Period (last page this line number of  | only)  |                           |   |  |  |  |  |

| l       | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 41 / 167         (check only one)       11a         X       11a       11b         13       14       15       16       17  |
|---------|--|---|---|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements ma<br>name and ad             | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee.   |
|         |  |   |   |   |
|         | MEDCO HEALTH SOLUTIONS INC. F  | POLITICAL                               | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A.      | Full Name (Last, First, Middle Initial)<br>MS CYNTHIA HORN   | Date of Receipt                         |   |   |
|         | Mailing Address 9553 ANDREW DR   |   |   | 02 13 Y Y Y Y<br>02 13 2010   |
|         | City   | State                                   | Zip Code  | Transaction ID: INC.A.76841   |
|         | TWINSBURG  | OH                                      | 44087   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                                       |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP CUS                     |   |   |
|         |  |   | e Year-to-Date 🔻  | _   |
|         | Primary     General       Other (specify)  |   | 250.00  | ]   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MR STEVEN HOROWITZ                                      |   |   | Date of Receipt   |
|         | Mailing Address 4 MELISSA COURT  |   |   | M         M         /         D         D         Y |
|         | City State   |   | Zip Code  | Transaction ID: INC.A.76778   |
|         | MONTVILLE  | NJ                                      | 07045   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                                       |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | 1 · · · · · · · · · · · · · · · · · · · | NESS PLANNING   |   |
|         | Receipt For:<br>Primary General  | Aggregate                               | e Year-to-Date 🔻  | -   |
|         | Other (specify)  | 0 0                                     | 250.00  |   |
| с       | Full Name (Last, First, Middle Initial)<br>MR BERNARD HUKILL                                       |   |   | Date of Receipt   |
|         | Mailing Address 17219 CLOVIS   |   |   | 0 2 1 3 Y Y Y Y<br>0 2 1 0  |
|         | City   | State                                   | Zip Code  | Transaction ID: INC.A.76596   |
|         | HELOTES  | TX                                      | 78023   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                                       |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR PHA                    | n<br>ARM OPS  |   |
|         | Receipt For:   | Aggregate                               | e Year-to-Date 🔻  |   |
|         | Primary     General       Other (specify)  | 0.0                                     | 450.00  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)  |   |   | 150.00  |
| F       | TOTAL This Period (last page this line number  |   | •   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 42 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|----|--|--|---|---|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r | atements may<br>name and ado                               | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PO  |  | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)<br>MRS KIMBERLY HUMPHRIES                                      | Date of Receipt  |   |   |
|    | Mailing Address 10010 POINTE COVE  |  |   | 0 2 / 1 3 / Y Y Y Y<br>0 2 / 1 3 / 2 0 1 0  |
|    |  | State<br>TN  | Zip Code  | Transaction ID: INC.A.76876   |
|    | LAKELAND<br>FEC ID number of contributing<br>federal political committee.                              | C  | 38002   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>VP BUSI                                       | n<br>NESS PLANNING  | _   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | e Year-to-Date V<br>250.00  | ]   |
| в. | Full Name (Last, First, Middle Initial)<br>MR DAVID ISRAEL   |  |   | Date of Receipt   |
|    | Mailing Address 730 COLUMBUS AVEN  | 0 2 1 3 Y Y Y Y<br>0 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |   |   |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.76252   |
|    | NEW YORK<br>FEC ID number of contributing<br>federal political committee.                              | C  | 10025   | Amount of Each Receipt this Period 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP BUSI                                       | n<br>NESS DEV   |   |
|    | Receipt For:<br>Primary General  | Aggregate  | e Year-to-Date ▼<br>250.00  | 1   |
|    | Other (specify) 🔻  | 0 0  |   |   |
| С. | Full Name (Last, First, Middle Initial)<br>MS MARIANNE JACKS   |  |   | Date of Receipt   |
|    | Mailing Address 329 MORRIS AVENUE  |  |   | 0 2 1 3 Y Y Y Y<br>0 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.76302   |
|    | MOUNTAIN LAKES<br>FEC ID number of contributing<br>federal political committee.                        | NJ<br>C  | 07046   | Amount of Each Receipt this Period 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR NATI                                       | n<br>_ ACCT EXEC  | _   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | e Year-to-Date ▼<br>250.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)  |  |   | 150.00  |
|    | TOTAL This Period (last page this line number o  | only)  |   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and   | Statamanta ma               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 43 / 167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |  |  |
|----|---|-----------------------------|---|--|--|--|
|    | NAME OF COMMITTEE (In Full)           MEDCO HEALTH SOLUTIONS INC.                               | e name and ad               | dress of any political committee to   | solicit contributions from such committee.   |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR TODD JEFFREY<br>Mailing Address 15 ELIZABETH STRE | MR TODD JEFFREY             |   |  |  |  |
|    | City  | State                       | Zip Code  | Transaction ID: INC.A.76681  |  |  |
|    | DUMONT  | NJ                          | 07628   | Amount of Each Receipt this Period   |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C                           |   | 50.00  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio                   | <sup>n</sup><br>RM CONTRACT & CONSUL  | TING   |  |  |
|    | Receipt For:<br>Primary General   | Aggregate                   | e Year-to-Date 🔻  | _  |  |  |
|    | Primary     General       Other (specify) ▼   | 0 0                         | 250.00  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>ROBERT JINKS   | •                           |   | Date of Receipt  |  |  |
|    | Mailing Address 22 PAGE AVE   | 02 13 Y Y Y Y<br>02 13 2010 |   |  |  |  |
|    | City  | State                       | Zip Code  | Transaction ID: INC.A.76316  |  |  |
|    | LYNDHURST   | NJ                          | 07071   | Amount of Each Receipt this Period   |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C                           |   | 50.00  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | 1                           | INESS REQUIREMENTS  |  |  |  |
|    | Receipt For:<br>Primary General   | Aggregate                   | e Year-to-Date  |  |  |  |
|    | Other (specify) ▼   | 0 0                         | 250.00  |  |  |  |
| с. | Full Name (Last, First, Middle Initial)<br>MRS REGINA JONES                                     |                             |   | Date of Receipt  |  |  |
|    | Mailing Address POST OFFICE BOX   | 38342                       |   | 02 13 Y Y Y Y<br>02 13 010   |  |  |
|    | City  | State                       | Zip Code  | Transaction ID: INC.A.76418  |  |  |
|    | GERMANTOWN  | TN                          | 38183   | Amount of Each Receipt this Period   |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C                           |   | 75.00  |  |  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>VP CUS         | T SVC   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) <b>v</b>                                     | Aggregate                   | e Year-to-Date ▼<br>375.00  | ]  |  |  |
|    | SUBTOTAL of Receipts This Page (optional) .   |                             |   | 175.00   |  |  |
| Ī  | TOTAL This Period (last page this line numbe  | r only)                     |   |  |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                   | FOR LINE NUMBER:       PAGE 44 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17   |  |  |  |  |  |
|---------|--|---|---|--|--|--|--|--|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | for the purpose of soliciting contributions   |   |  |  |  |  |  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P                                       | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |   |  |  |  |  |  |
| ۷<br>A. | Full Name (Last, First, Middle Initial)<br>MR RICHARD JONES  | Date of Receipt   |   |  |  |  |  |  |
|         | Mailing Address 12224 MONTCALM ST  | REET  | M         M         /         D         D         Y |  |  |  |  |  |
|         | City   | State Zip Code  | Transaction ID: INC.A.76625   |  |  |  |  |  |
|         | CARMEL<br>FEC ID number of contributing<br>federal political committee.                            | IN 46032  | Amount of Each Receipt this Period  |  |  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM   |   |  |  |  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>225.00  |   |  |  |  |  |  |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>MR JOHN KAPIOSKI<br>Mailing Address 8202 MARSH GLEN C   | T   | Date of Receipt   |  |  |  |  |  |
|         | City   | State Zip Code  | 0 2 1 3 2 0 1 0<br>Transaction ID: INC.A.76602  |  |  |  |  |  |
|         | ТАМРА  | FL 33647  | Amount of Each Receipt this Period  |  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.   | C   | 50.00   |  |  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR PHARMACY COMPLIANCE  |   |  |  |  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ♥   | Aggregate Year-to-Date  250.00  |   |  |  |  |  |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MS DEEPTI KEHOE   |   | Date of Receipt   |  |  |  |  |  |
|         | Mailing Address 995 PINES TERR   |   | 02 / D D / Y Y Y Y<br>02 13 2010  |  |  |  |  |  |
|         | City<br>FRANKLIN LAKES   | State Zip Code<br>NJ 07417  | Transaction ID: INC.A.76364<br>Amount of Each Receipt this Period   |  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.   | C   | 50.00   |  |  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP FINANCIAL & ANALYTICAL SVC  |   |  |  |  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00  |   |  |  |  |  |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)  | ······  | 125.00  |  |  |  |  |  |
| ľ       | TOTAL This Period (last page this line number  | only)   |   |  |  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | atomonte mo  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 45 / 167           (check only one)     |  |  |  |
|----|--|--|---|---|--|--|--|
|    | or for commercial purposes, other than using the i   | Any information copied from such Reports and Statements may not be sold or used by any person for<br>or for commercial purposes, other than using the name and address of any political committee to soli<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. M |   |   |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR WILLIAM KELLEY, III<br>Mailing Address 1970 WOODLANDS PL<br>City | -<br>State   | Zip Code  | Date of Receipt<br>0 2 / 1 3 / 2 0 1 0<br>Transaction ID: INC.A.76538 |  |  |  |
|    | POWELL   | OH   | •   |   |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C  | 43065   | Amount of Each Receipt this Period                                    |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:<br>Primary General                                  | 0  | n<br>AL MGR GROUP<br>∋ Year-to-Date ▼   |   |  |  |  |
|    | Other (specify) ▼  | 0 0  | 250.00  |   |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MS KARIN KLEINEGGER   |  |   | Date of Receipt   |  |  |  |
|    | Mailing Address 121 CONKLING TOWN  | M M / D D / Y Y Y Y<br>02 / 13 / 2010  |   |   |  |  |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.76668   |  |  |  |
|    | CHESTER  | NY   | 10918   | Amount of Each Receipt this Period                                    |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.  | C  |   | 50.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:   | -  | ACCT MGMT   | _   |  |  |  |
|    | Primary General<br>Other (specify) ▼   | Aggregate  | e Year-to-Date ♥<br>250.00  | ]   |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>KENNETH KLEPPER   |  |   | Date of Receipt   |  |  |  |
|    | Mailing Address 295 GLEN PLACE   |  |   | 02 / 13 / Y Y Y Y<br>02 13 0 10                                       |  |  |  |
|    |  | State  | Zip Code  | Transaction ID: INC.A.76716   |  |  |  |
|    | FRANKLIN LAKES<br>FEC ID number of contributing<br>federal political committee.                                | NJ<br>C  | 07417   | Amount of Each Receipt this Period 192.30                             |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>PRES &  | n<br>CHIEF OPERATING OFFIC  |   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | e Year-to-Date<br>961.50  | ]   |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  |  |   | 292.30  |  |  |  |
|    | TOTAL This Period (last page this line number c  | only)  |   |   |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 46 / 167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |  |  |
|----|--|--|---|--|--|--|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r | on for the purpose of soliciting contributions |   |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PC  | . Medco Health PAC)                            |   |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MS KATHLEEN KORDUCKI  | MS KATHLEEN KORDUCKI                           |   |  |  |  |
|    | Mailing Address 920 CLARK STREET   |  |   | 0 2 / 1 3 / Y Y Y Y<br>0 2 / 1 3 / 2 0 1 0   |  |  |
|    |  | State  | Zip Code  | Transaction ID: INC.A.76332  |  |  |
|    | BOWLING GREEN  | OH   | 43402   | Amount of Each Receipt this Period   |  |  |
|    | FEC ID number of contributing federal political committee.   | C  |   | 50.00  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR NATI                           | n<br>_ ACCT EXEC  |  |  |  |
|    | Receipt For:   | Aggregate                                      | e Year-to-Date 🔻  | _  |  |  |
|    | Primary General<br>Other (specify) ▼   |  | 250.00  |  |  |  |
| В. | Full Name (Last, First, Middle Initial)<br>MS BARBARA KRZAK  |  |   | Date of Receipt  |  |  |
|    | Mailing Address 495 ISLAND WAY   |  |   | M M / D D / Y Y Y Y<br>02 13 2010  |  |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.76578  |  |  |
|    | FRANKLIN LAKES   | NJ   | 07417   | Amount of Each Receipt this Period   |  |  |
|    | FEC ID number of contributing federal political committee.   | C  |   | 55.00  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP INFO                           | n<br>) TECHNOLOGY   |  |  |  |
|    | Receipt For:   | Aggregate                                      | e Year-to-Date 🔻  | _  |  |  |
|    | Primary     General       Other (specify) ▼  | 0.0  | 275.00  |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR MICHAEL KRZAN  |  |   | Date of Receipt  |  |  |
| •  | Mailing Address 2735 YORK RD   |  |   | M M / D D / Y Y Y Y<br>02 13 2010  |  |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.76640  |  |  |
|    |  | OH   | 43221   | Amount of Each Receipt this Period   |  |  |
|    | FEC ID number of contributing federal political committee.   | C  |   | 50.00  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>REGION                            | <sup>n</sup><br>IAL VP PHARMACIES   |  |  |  |
|    | Receipt For:<br>Primary General  | Aggregate                                      | e Year-to-Date 🔻  |  |  |  |
|    | Other (specify) ▼  | 0 0  | 250.00  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  |  |   | 155.00   |  |  |
|    | TOTAL This Period (last page this line number o  | nly)   |   |  |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |                        | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 47 / 167           (check only one)   |
|---------|--|------------------------|---|---|
|         | Any information copied from such Reports and St<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | name and add           | dress of any political committee to   | solicit contributions from such committee.  |
|         | MEDCO HEALTH SOLUTIONS INC. P  | POLITICAL A            | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α.      | Full Name (Last, First, Middle Initial)<br>MR MARK LANDY   | Date of Receipt        |   |   |
|         | Mailing Address 18 LADIK PL  |                        |   | M         M         /         D         D         /         Y |
|         |  | State                  | Zip Code  | Transaction ID: INC.A.76573   |
|         | MONTVALE   | NJ 07645               |   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                      |   | 75.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP SVC   | n<br>DELIVERY SYSTEM  |   |
|         | Receipt For:   | Aggregate              | e Year-to-Date 🔻  |   |
|         | Other (specify) ▼  | 0 0                    | 375.00  | ]   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>JAMES LANGLEY   |                        |   | Date of Receipt   |
|         | Mailing Address 10921 MAIN RANGE T   | 02 13 2010             |   |   |
|         | City   | State                  | Zip Code  | Transaction ID: INC.A.76869   |
|         | LITTLETON  | CO                     | 80127   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                      |   | 50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation             | n<br>IBURSEMENT   |   |
|         | Receipt For:   | Aggregate              | e Year-to-Date 🔻  |   |
|         | Primary     General       Other (specify) ▼  | 0 0                    | 250.00  | ]   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MS CYNTHIA LAUBACHER  | I                      |   | Date of Receipt   |
|         | Mailing Address 1100 KIMBERLY COU  | RT                     |   | 0 2 1 3 2 0 1 0   |
|         | City   | State                  | Zip Code  | Transaction ID: INC.A.76525   |
|         | ROSEVILLE  | CA                     | 95661   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                      |   | 100.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR ( | n<br>GOVERNMENT AFFAIRS   |   |
|         | Receipt For:   | Aggregate              | e Year-to-Date 🔻  |   |
|         | <ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>   |                        | 500.00  |   |
|         | SUBTOTAL of Receipts This Page (optional)  |                        |   | 225.00  |
|         | TOTAL This Period (last page this line number of   | only)                  |   |   |

|         | SCHEDULE A (FEC Form 3X)   | Use separate schedule(s) for each category of the  | FOR LINE NUMBER: PAGE 48 / 167<br>(check only one) |
|---------|--|--|--|
|         |  | Detailed Summary Page  | X 11a 11b 11c 12<br>13 14 15 16 17                 |
|         | Any information copied from such Reports and Stater<br>or for commercial purposes, other than using the name | nents may not be sold or used by any person<br>e and address of any political committee to | n for the purpose of soliciting contributions      |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POL   | ITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)                                  |
| ۷<br>A. | Full Name (Last, First, Middle Initial)<br>JOSEPH LENZ   | Date of Receipt  |  |
|         | Mailing Address 1735 LINKENHOLT COVE   | 0 2 1 3 2 0 1 0  |  |
|         | City   | State Zip Code   | Transaction ID: INC.A.76755                        |
|         | COLLIERVILLE   | TN 38017   | Amount of Each Receipt this Period                 |
|         | FEC ID number of contributing federal political committee.   | C  | 50.00  |
|         |  | Occupation<br>/P FINANCE   |  |
|         |  | Aggregate Year-to-Date 🔻   |  |
|         | Primary   General     Other (specify) ▼  | 250.00   |  |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>MR DORIAN LO  |  | Date of Receipt                                    |
|         | Mailing Address 6 CLUBHOUSE ROAD   | 0 2 1 3 Y Y Y Y<br>0 2 1 3 2 0 1 0   |  |
|         | City   | State Zip Code   | Transaction ID: INC.A.76529                        |
|         | BLOOMINGDALE   | NJ 07403   | Amount of Each Receipt this Period                 |
|         | FEC ID number of contributing<br>federal political committee.  | C  | 50.00  |
|         |  | Decupation<br>/P CLINICAL SVCS   |  |
|         |  | Aggregate Year-to-Date 🔻   |  |
|         | Primary   General     Other (specify) ▼  | 250.00   |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MR ROBERT LONG  |  | Date of Receipt                                    |
|         | Mailing Address 18 HARLIND TERRACE   |  | 0 2 / D D / Y Y Y Y<br>0 2 / 1 3 2 0 1 0           |
|         | City   | State Zip Code   | Transaction ID: INC.A.76514                        |
|         |  | NJ 07446   | _ Amount of Each Receipt this Period               |
|         |  | C  | 50.00  |
|         | MEDCO HEALTH SOLUTIONS   | Decupation<br>SR NATL ACCT EXEC  |  |
|         | Receipt For:   | Aggregate Year-to-Date 🔻   |  |
|         | Other (specify) ▼  | 250.00   |  |
|         | SUBTOTAL of Receipts This Page (optional)  | ······   | 150.00   |
|         | TOTAL This Period (last page this line number only)  | · ►  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS                                | atomonto mo  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 49 / 167           (check only one) |  |  |
|----|--|--|---|---|--|--|
|    | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | $\mathbf{N}$   |   |   |  |  |
|    | /  | MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |   |   |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>DAVID LOSCHINSKEY                 | Date of Receipt  |   |   |  |  |
|    | Mailing Address 4500 MT GILLESPIE D  |  | 0 2 / 1 3 / Y Y Y Y<br>2 0 1 0  |   |  |  |
|    | City<br>LAKELAND   | State<br>TN  | Zip Code<br>38002   | Transaction ID: INC.A.76873<br>Amount of Each Receipt this Period |  |  |
|    | FEC ID number of contributing federal political committee.                   | C  |   | 50.00   |  |  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP                                     | Occupatio<br>VP BIAC   |   |   |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼                         |  | e Year-to-Date ▼<br>250.00  | ]   |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR ROSS LUCE                      |  |   | Date of Receipt   |  |  |
|    | Mailing Address 1066 WEST GROVE C  | 02 / 13 / Y Y Y Y<br>02 / 13                                     |   |   |  |  |
|    | City<br>GIBSONIA   | State<br>PA  | Zip Code<br>15044   | Transaction ID: INC.A.76384                                       |  |  |
|    | FEC ID number of contributing federal political committee.                   | C  |   | Amount of Each Receipt this Period 30.00                          |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                                   | Occupatio<br>VP/GM   | n   |   |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate  | e Year-to-Date ▼<br>270.00  | ]   |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR KENNETH MALLEY                 |  |   | Date of Receipt   |  |  |
| 0. | Mailing Address 764 W. SADDLE RIVE   | R ROAD   |   | 0 2 1 3 2 0 1 0   |  |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.76420                                       |  |  |
|    | HO HO KUS<br>FEC ID number of contributing<br>federal political committee.   | C  | 07423   | Amount of Each Receipt this Period                                |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                                   | Occupatio<br>VP PRO  | n<br>DUCT & CHANNEL MKTING  | <br>à   |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate  | e Year-to-Date<br>250.00  | ]   |  |  |
|    | SUBTOTAL of Receipts This Page (optional)                                    |  |   | 130.00  |  |  |
|    | TOTAL This Period (last page this line number of                             | only)  |   |   |  |  |

|    | SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)                       | FOR LINE NUMBER: PAGE 50 / 167             |
|----|---|--|--|
|    | ITEMIZED RECEIPTS   | for each category of the                       | (check only one)                           |
|    |   | Detailed Summary Page                          | X 11a 11b 11c 12                           |
|    | Anniation conied from such Departs and C  |  |  |
|    | Any information copied from such Reports and S 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)   |  |  |
|    |   | POLITICAL ACTION COMMITTEE (a.k.a.             | Modeo Health BAC)                          |
|    | / MIEDOO HEALTH SOLUTIONS INC. P  | CELLICAE ACTION COMMITTEE (a.K.a.              | . Wedco Health FAG                         |
|    | Full Name (Last, First, Middle Initial)   |  |  |
| Α. | MR MICHAEL MANDAGLIO  | Date of Receipt                                |  |
|    | Mailing Address 33 HICKORY TAVERN   | M M / D D / Y Y Y Y                            |  |
|    |   |  | 02 13 2010                                 |
|    | City  | State Zip Code                                 | Transaction ID: INC.A.76265                |
|    | GILLETTE  | NJ 07933                                       | Amount of Each Receipt this Period         |
|    | FEC ID number of contributing   | C  | 50.00                                      |
|    | federal political committee.  |  |  |
|    | Name of Employer  | Occupation                                     | -1   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | VP FINANCE                                     |  |
|    | Receipt For:  | Aggregate Year-to-Date ▼                       |  |
|    | Primary General   |  |  |
|    | Other (specify)   | 250.00   |  |
|    |   |  |  |
|    | Full Name (Last, First, Middle Initial)   |  |  |
| В. | LORI MARINO   |  | Date of Receipt                            |
|    | Mailing Address 31 UNDERWOOD DR   | IVE  | M M / D D / Y Y Y Y                        |
|    |   |  | 02 13 2010                                 |
|    | City  | State Zip Code                                 | Transaction ID: INC.A.76798                |
|    | WEST ORANGE   | NJ 07052                                       | Amount of Each Receipt this Period         |
|    | FEC ID number of contributing   | C  | 50.00                                      |
|    | federal political committee.  |  |  |
|    | Name of Employer  | Occupation                                     | -  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | ASST GENERAL COUNSEL                           |  |
|    | Receipt For:  | Aggregate Year-to-Date ▼                       | _  |
|    | Primary General   |  |  |
|    | Other (specify)   | 250.00   |  |
|    |   |  |  |
|    | Full Name (Last, First, Middle Initial)   |  |  |
| C. | MS TAMARA MARSHALL  |  | Date of Receipt                            |
|    | Mailing Address W144 N7150 TERRAC   | E DRIVE  |  |
|    | <u></u>   |  |  |
|    |   | State Zip Code                                 | Transaction ID: INC.A.76451                |
|    | MENOMONEE FALLS   | WI 53051                                       | Amount of Each Receipt this Period         |
|    | FEC ID number of contributing   | C  | 50.00                                      |
|    | federal political committee.  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation                                     | 7  |
|    | MEDGO HEALTH SOLUTIONS  | VP/GM  |  |
|    | Receipt For:  | Aggregate Year-to-Date ▼                       |  |
|    | Primary General   | 250.00   |  |
|    | Other (specify)   | 250.00   |  |
|    |   |  |  |
|    |   |  | 150.00                                     |
|    | SUBTOTAL of Receipts This Page (optional)   | ······   |  |
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|    | TOTAL This Period (last page this line number   |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 51 / 167           (check only one)         11a         11b         11c         12           13         14         15         16         17 |
|---------|--|---|---|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the    | son for the purpose of soliciting contributions                               |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | OLITICAL ACTION COMMITTEE (a.k.   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial)<br>MR TODD MARTIN  | Date of Receipt   |   |
|         | Mailing Address 11825 SHEPPARDS C  | ROSSING   | 0 2 / 1 3 / Y Y Y Y<br>0 2 / 1 3 / 2 0 1 0  |
|         | City   | State Zip Code  | Transaction ID: INC.A.76400   |
|         | CLARKSVILLE<br>FEC ID number of contributing<br>federal political committee.                       | MD 21029  | Amount of Each Receipt this Period 192.30   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP & GENERAL MGR   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>961.50  |   |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>MR WILLIAM MARTIN<br>Mailing Address 2601 FOX HLL CIRCL | = FAST  | Date of Receipt   |
|         |  | -   | 02 13 2010  |
|         | City<br>GERMANTOWN   | State Zip Code<br>TN 38139  | Transaction ID: INC.A.76806<br>Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C   |   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation<br>GROUP VP BUS DEV  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00  |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MR JEFFREY MAY  |   | Date of Receipt   |
|         | Mailing Address 137 WASHINGTON A   | /E  | M M / D D / Y Y Y Y<br>02 13 2010   |
|         | City<br>HILLSDALE  | State Zip Code<br>NJ 07642  | Transaction ID: INC.A.76627<br>Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C   | 192.30  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP DRUG DISTRIB & CONTROL                                      |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date  961.50  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)  |   | 434.60  |
| Ī       | TOTAL This Period (last page this line number  | only)   | •   |

|    | SCHEDULE A (FEC Form 3X)  |  |   | FOR LINE NUMBER: PAGE 52 / 167   |
|----|---|--|---|--|
|    |   |  | Use separate schedule(s) for each category of the | (check only one)<br>X 11a 11b 11c 12   |
|    |   |  | Detailed Summary Page                             | $\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | n for the purpose of soliciting contributions solicit contributions from such committee. |   |  |
|    |   |  |   |  |
|    | > MEDCO HEALTH SOLUTIONS INC. P   | POLITICAL  | ACTION COMMITTEE (a.k.a                           | . Medco Health PAC)  |
| A. | Full Name (Last, First, Middle Initial)<br>MR SHAMUS MC GUIRE                                   |  |   | Date of Receipt  |
|    | Mailing Address 57 MOUNTAINSIDE D   | M M / D D / Y Y Y Y<br>02 13 2010  |   |  |
|    | City  | State  | Zip Code  | Transaction ID: INC.A.76430  |
|    | POMPTON LAKES   | NJ   | 07442   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.                                      | C  |   | 50.00  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation   | on<br>ES AND MARKETING                            |  |
|    | Receipt For:  | Aggregate  | e Year-to-Date 🔻                                  |  |
|    | Primary General<br>Other (specify) ▼  |  | 250.00  | 1  |
|    |   | 0 0  | 0 0 0 0 0 0 0                                     | 1  |
| в. | Full Name (Last, First, Middle Initial)<br>THOMAS MCCANN  |  |   | Date of Receipt  |
|    | Mailing Address 9600 DOVE SPRING (  | CV   |   | 02 13 2010   |
|    | City  | State  | Zip Code  | Transaction ID: INC.A.76881  |
|    | GERMANTOWN  | TN   | 38139   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing<br>federal political committee.                                   | C  |   | 50.00  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation   |   |  |
|    | Receipt For:  |  | e Year-to-Date 🔻                                  |  |
|    | Primary General<br>Other (specify) ▼  | 0 0  | 250.00  | ]  |
| -  | Full Name (Last, First, Middle Initial)   |  |   |  |
| C. | MS COLLEEN MCINTOSH<br>Mailing Address 87 ROSELAWN RD   |  |   | Date of Receipt  |
|    | City  | State  | Zip Code  | 0 2 1 3 2 0 1 0<br>Transaction ID: INC.A.76524   |
|    | HIGHLAND MILLS  | NY   | 10930   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.                                      | C  |   | 192.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>ASST G   | on<br>ENERAL COUNSEL                              |  |
|    | Receipt For:<br>Primary General   | Aggregate  | e Year-to-Date 🔻                                  |  |
|    | Other (specify) ▼   | 0 0  | 960.00  |  |
|    | SUBTOTAL of Receipts This Page (optional)   | I  |   | 292.00   |
| ŀ  |   |  | •   |  |
|    | TOTAL This Period (last page this line number   | only)  |   |  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 53 / 167         (check only one) |
|---------|--|--|---|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions |   |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. I                                       |  | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| ⊻<br>۹. | Full Name (Last, First, Middle Initial)<br>MR STEVEN MCNAMARA                                      | Date of Receipt                                |   |   |
|         | Mailing Address 112 GREEN TERRAC   | 0 2 / 1 3 / Y Y Y Y<br>0 2 0 1 0               |   |   |
|         | City   | State  | Zip Code  | Transaction ID: INC.A.76675                                   |
|         | WEST MILFORD   | NJ   | 07480   | Amount of Each Receipt this Period                            |
|         | FEC ID number of contributing federal political committee.   | C  |   | 192.31  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP BUS                           | n<br>SINESS OPS   |   |
|         | Receipt For:   | Aggregate                                      | Year-to-Date V  |   |
|         | Primary     General       Other (specify) ▼  | 0 0  | 961.55  | ]   |
| -       | Full Name (Last, First, Middle Initial)<br>DAVID MILLER  | 1  |   | Date of Receipt   |
|         | Mailing Address 7 CLOVER LANE  |  |   | M M / D D / Y Y Y Y<br>02 13 2010                             |
|         | City   | State  | Zip Code  | Transaction ID: INC.A.76274                                   |
|         | RANDOLPH   | NJ   | 07869   | Amount of Each Receipt this Period                            |
|         | FEC ID number of contributing<br>federal political committee.                                      | C  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP LABC                           | n<br>DR RELATIONS   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                      | Year-to-Date<br>250.00  | ]   |
| -       | Full Name (Last, First, Middle Initial)<br>MRS KAREN MILLER  |  |   | Date of Receipt   |
| -       | Mailing Address 34 MACKENZIE LANE  | E NORTH  |   | 02 13 2010  |
|         | City   | State  | Zip Code  | Transaction ID: INC.A.76264                                   |
|         | DENVILLE   | NJ   | 07834   | Amount of Each Receipt this Period                            |
|         | FEC ID number of contributing<br>federal political committee.                                      | C  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>EXEC DI                           | n<br>R INTERNAL AUDIT   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                      | Year-to-Date<br>250.00  | ]   |
| Γ       |  | 1  |   | 292.31  |

| SCHEDULE A (FEC Form 3)<br>ITEMIZED RECEIPTS   | X)<br>Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | FOR LINE NUMBER:       PAGE 54 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17   |  |  |  |  |
|--|---|---|--|--|--|--|
| Any information copied from such Reports a<br>or for commercial purposes, other than using | Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s |   |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS IN                                   | C. POLITICAL ACTION COMMITTEE (a.k.a.   | Medco Health PAC)   |  |  |  |  |
| Full Name (Last, First, Middle Initial) A. PAMELA MILLER                                   |   |   |  |  |  |  |
| Mailing Address 158 SUMMIT AVE   | NUE   | M         M         /         D         D         /         Y |  |  |  |  |
| City   | State Zip Code  | Transaction ID: INC.A.76726   |  |  |  |  |
| HACKENSACK   | NJ 07601  | Amount of Each Receipt this Period  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.                              |   | 55.00   |  |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP POLICIES-STRAT-SOLUTIONS   | -   |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |  |  |  |  |
| Primary     General       Other (specify) ▼  | 275.00  |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>B. MR DAVID MITCHELL                            |   | Date of Receipt   |  |  |  |  |
| Mailing Address 222 WEST 14TH S<br>APT. 4B   |   | M         M         /         D         D         /         Y |  |  |  |  |
| City   | State Zip Code  | Transaction ID: INC.A.76753   |  |  |  |  |
| NEW YORK<br>FEC ID number of contributing<br>federal political committee.                  | NY 10011  | Amount of Each Receipt this Period  |  |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP MKTING & PRODUCT DEV   | 1   |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate Year-to-Date ▼<br>250.00  |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>MS JULIANA MOLEK                                |   | Date of Receipt   |  |  |  |  |
| Mailing Address 8620 LAKE RILEY  | DRIVE   |   |  |  |  |  |
| City<br>CHANHASSEN   | State Zip Code<br>MN 55317  | Transaction ID: INC.A.76408<br>Amount of Each Receipt this Period   |  |  |  |  |
| FEC ID number of contributing federal political committee.                                 |   | 50.00   |  |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR SPECIAL MARKETS  |   |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate Year-to-Date ▼<br>250.00  |   |  |  |  |  |
| SUBTOTAL of Receipts This Page (option)  | al)   | 155.00  |  |  |  |  |
| TOTAL This Period (last page this line nun   | nber only)  |   |  |  |  |  |

|          | CHEDULE A (FEC Form 3X)<br>FEMIZED RECEIPTS  |  | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 55 / 167<br>(check only one) |
|----------|--|--|---|--|
| _        |  | tatomonto                                  | Detailed Summary Page                             | 13 14 15 16 17                                     |
| 0        | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | solicit contributions from such committee. |   |  |
|          | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                     | POLITICAL                                  | ACTION COMMITTEE (a.k.a                           | . Medco Health PAC)                                |
| لا<br>م. | Full Name (Last, First, Middle Initial)<br>MR THOMAS MORIARTY                                    | Date of Receipt                            |   |  |
|          | Mailing Address 86 WELLINGTON AVE  | 0 2 / D D / Y Y Y Y<br>0 2 1 3 2 0 1 0     |   |  |
|          | City   | State                                      | Zip Code  | Transaction ID: INC.A.76253                        |
|          | SHORT HILLS  | NJ   | 07078   | Amount of Each Receipt this Period                 |
|          | FEC ID number of contributing<br>federal political committee.                                    | C  |   | 192.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>GENL C                        | n<br>-SEC-SVP PHARM STRAT S                       | SOL  |
|          | Receipt For:<br>Primary General  | Aggregate                                  | e Year-to-Date 🔻                                  |  |
|          | Other (specify)  |  | 960.00  |  |
|          | Full Name (Last, First, Middle Initial)<br>MS THERESA MORMILE                                    |  |   | Date of Receipt                                    |
|          | Mailing Address 59 VALLEY VIEW TEF   | 2  |   | 0 2 1 3 2 0 1 0                                    |
|          | City   | State                                      | Zip Code  | Transaction ID: INC.A.76628                        |
|          | MONTVALE   | NJ   | 07645   | Amount of Each Receipt this Period                 |
|          | FEC ID number of contributing federal political committee.                                       | C  |   | 50.00  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation                                 |   |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                  | e Year-to-Date<br>250.00                          | ]  |
| ;.       | Full Name (Last, First, Middle Initial)<br>MR CRAIG MORRIS                                       |  |   | Date of Receipt                                    |
| -        | Mailing Address N 49 W 25648 MCKEF   | ROW DR                                     |   | M M / D D / Y Y Y Y<br>02 13 2010                  |
|          | City<br>PEWAUKEE   | State<br>WI                                | Zip Code  | Transaction ID: INC.A.76450                        |
|          | FEC ID number of contributing federal political committee.                                       | C  | 53072   | Amount of Each Receipt this Period 50.00           |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>EXEC D                        | n<br>IR CLINICAL SVCS                             | -  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                  | e Year-to-Date V<br>250.00                        | ]  |
|          | SUBTOTAL of Receipts This Page (optional)  | I  | ·····   | 292.00   |
| .        | TOTAL This Period (last page this line number  | only)                                      |   |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                    | FOR LINE NUMBER:       PAGE 56 / 167         (check only one)       11a         X       11a       11b       11c       12         I3       14       15       16       17 |
|----|---|--|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the   | tatements may not be sold or used by any perso<br>name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee.  |
|    | NAME OF COMMITTEE (In Full)   |  |   |
|    | AMEDCO HEALTH SOLUTIONS INC. P  | OLITICAL ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)   |  | Date of Receipt   |
|    | Mailing Address 69 FERN PLACE   |  | M M / D D / Y Y Y Y<br>02 13 2010   |
|    | City  | State Zip Code   | Transaction ID: INC.A.76644   |
|    | PARAMUS   | NJ 07652   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.   | C  | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP HLTH BUS CLIENT ENROLLMNT   | -   |
|    | Receipt For:  | Aggregate Year-to-Date   |   |
|    | Primary     General       Other (specify)     Image: Content of the specify of the specify of the specify of the specify of the specific of the speci | 250.00   |   |
| в. | Full Name (Last, First, Middle Initial)<br>MS BECKY NAGLE   |  | Date of Receipt   |
|    | Mailing Address 64 WALTER AVE   |  | 0 2 / D D / Y Y Y Y<br>0 2 / 1 3 2 0 1 0  |
|    | City  | State Zip Code   | Transaction ID: INC.A.76330   |
|    | HASBROUCK HEIGHTS   | NJ 07604   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C  | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP CLINICAL SVCS   |   |
|    | Receipt For:<br>Primary General   | Aggregate Year-to-Date 🔻   |   |
|    | Other (specify) ▼   | 250.00   |   |
| с. | Full Name (Last, First, Middle Initial)<br>MS ARLENE NOLAN  |  | Date of Receipt   |
|    | Mailing Address 319 BOGERT AVENU  | Ē  | 0 2 / D D / Y Y Y Y<br>0 2 / 1 3 2 0 1 0  |
|    | City  | State Zip Code   | Transaction ID: INC.A.76371   |
|    | RIDGEWOOD   | NJ 07450   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.   | C  | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP FINANCE   |   |
|    |   | Aggregate Year-to-Date 🔻   |   |
|    | Primary     General       Other (specify) ▼   | 250.00   |   |
|    | SUBTOTAL of Receipts This Page (optional)   |  | 150.00  |
|    | TOTAL This Period (last page this line number   | only)  |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 57 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17   |
|---------|--|--|---|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements may<br>e name and add   | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. I                                       | POLITICAL A  | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial)<br>DENISE O'CALLAGHAN                                      | Date of Receipt  |   |   |
|         | Mailing Address 4 HIGHLAND AVE<br>P.O. BOX 408   |  |   | 0 2 / D D / Y Y Y Y<br>1 3 2 0 1 0  |
|         | City   | State  | Zip Code  | Transaction ID: INC.A.76803   |
|         | PEAPACK  | NJ   | 07977   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP OPS   | n   |   |
|         | Receipt For:   | Aggregate  | e Year-to-Date 🔻  |   |
|         | <ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>                                     | 0 0  | 250.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MR CHARLES OESTREICHER                                  |  |   | Date of Receipt   |
|         | Mailing Address 6 PARK DR SOUTH  |  |   | M         M         /         D         D         Y |
|         | City   | State  | Zip Code  | Transaction ID: INC.A.76658   |
|         | <u>RYE</u>   | NY   | 10580   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>GROUP  |   |   |
|         | Receipt For:<br>Primary General  | Aggregate  | e Year-to-Date 🔻  | _   |
|         | Other (specify) ▼  |  | 250.00  |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MR MELVIN OHL   | I  |   | Date of Receipt   |
|         | Mailing Address 274 E FRANKLIN TP  | <e< td=""><td></td><td>M         M         /         D         D         /         Y</td></e<> |   | M         M         /         D         D         /         Y |
|         | City   | State  | Zip Code  | Transaction ID: INC.A.76599   |
|         | <u>RIDGEWOOD</u>   | NJ   | 07450   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | - I - I  | CUREMENT & INVENTORY  | ,   |
|         | Receipt For:<br>Primary General  | Aggregate  | e Year-to-Date 🔻  | _   |
|         | Other (specify) ▼  |  | 250.00  | 1   |
| ſ       | SUBTOTAL of Receipts This Page (optional)  |  | ······  | 150.00  |
| ŀ       | TOTAL This Period (last page this line number  | r only)  |   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 58 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|----|--|-----------------------------------|---|---|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the n | atements ma<br>name and ad        | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee.   |
|    | NAME OF COMMITTEE (In Full)  |                                   |   |   |
|    | MEDCO HEALTH SOLUTIONS INC. PC   | OLITICAL                          | ACTION COMMITTEE (a.k.a   | I. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)<br>MS LUDIVINA PACAMARRA                                       | Date of Receipt                   |   |   |
|    | Mailing Address 4 TEAK COURT   | M M / D D / Y Y Y Y<br>02 13 2010 |   |   |
|    | City   | State                             | Zip Code  | Transaction ID: INC.A.76586   |
|    | RINGWOOD   | NJ                                | 07456   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C                                 |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC D              | n<br>IR TECHNOLOGY  |   |
|    | Receipt For:   | Aggregate                         | e Year-to-Date 🔻  |   |
|    | Primary General  |                                   | 250.00  | 1   |
|    | Other (specify)  | 0 0                               |   | 1   |
| В. | Full Name (Last, First, Middle Initial)  |                                   |   | Date of Receipt   |
|    | Mailing Address 12 MILLBROOK COUR  | Т                                 |   | M M / D D / Y Y Y Y<br>02 13 2010   |
|    | City   | State                             | Zip Code  | Transaction ID: INC.A.76476   |
|    | LIVINGSTON   | NJ                                | 07039   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C                                 |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP RET                 | n<br>IREE SOLUTIONS MKTG  |   |
|    |  | Aggregate                         | e Year-to-Date 🔻  | _   |
|    | Primary General<br>Other (specify) ▼   | 0 0                               | 250.00  |   |
| C. | Full Name (Last, First, Middle Initial)  |                                   |   | Date of Receipt   |
|    | Mailing Address 30 TAM O SHANTER D   | RIVE                              |   | M M / D D / Y Y Y Y<br>02 13 2010   |
|    | City   | State                             | Zip Code  | Transaction ID: INC.A.76310   |
|    | MAHWAH   | NJ                                | 07430   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C                                 |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | -                                 | L ACCT EXEC   |   |
|    | Receipt For:<br>Primary General  | Aggregate                         | e Year-to-Date 🔻  |   |
|    | Other (specify) ▼  | 0.0                               | 250.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)  |                                   |   | 150.00  |
|    | TOTAL This Period (last page this line number of   | nly)                              |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 59 / 167           (check only one) |
|---------|--|------------------------------------|---|---|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the    | tatements ma<br>name and ad        | y not be sold or used by any pe<br>dress of any political committee           | rson for the purpose of soliciting contributions                  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL                          | ACTION COMMITTEE (a.k   | .a. Medco Health PAC)   |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>MRS CATHY PATTEN  | Date of Receipt                    |   |   |
|         | Mailing Address 2001 MEADOWS AVE   | 0 2 / D D / Y Y Y Y<br>1 3 2 0 1 0 |   |   |
|         | City   | State                              | Zip Code  | Transaction ID: INC.A.76541                                       |
|         | LANTANA<br>FEC ID number of contributing<br>federal political committee.                           | TX C                               | 76226   | Amount of Each Receipt this Period                                |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP/GM                 | n   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                          | e Year-to-Date<br>225.00  |   |
| в.      | Full Name (Last, First, Middle Initial)<br>MR PAVLOS PAVLIDIS<br>Mailing Address 2780 FOLKSTONE RC | DAD                                |   | Date of Receipt   |
|         |  |                                    | Zin Code  | 02 13 2010  |
|         | City<br>COLUMBUS   | State<br>OH                        | Zip Code<br>43220   | Transaction ID: INC.A.76343<br>Amount of Each Receipt this Period |
|         | FEC ID number of contributing federal political committee.   | C                                  |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP/GM                 | n   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                          | e Year-to-Date<br>225.00  |   |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>MERRI PENDERGRASS, MD                                   |                                    |   | Date of Receipt   |
| -       | Mailing Address 3201 QUEENSBURY V  | WAY WEST                           | -   | 0 2 1 3 2 0 1 0   |
|         | City<br>COLLEYVILLE  | State<br>TX                        | Zip Code<br>76034   | Transaction ID: INC.A.76822<br>Amount of Each Receipt this Period |
|         | FEC ID number of contributing federal political committee.   | C                                  |   |   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP NAT                | n<br>ONAL PRACTICE LEADE  | R   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                          | e Year-to-Date 🔻<br>250.00  |   |
|         | SUBTOTAL of Receipts This Page (optional)  | •                                  |   | ▶ 100.00  |
|         | TOTAL This Period (last page this line number  | only)                              |   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 60 / 167           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12 |
|----|--|--|---|---|
|    | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | 13     14     15     16     17       on for the purpose of soliciting contributions o solicit contributions from such committee. |   |   |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | a. Medco Health PAC)   |   |   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR VICTOR PERINI  | Date of Receipt  |   |   |
|    | Mailing Address 9304 GROVE PARK C  | 0 2 / 1 3 / Y Y Y Y<br>1 3 2 0 1 0   |   |   |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.76826   |
|    | GERMANTOWN<br>FEC ID number of contributing<br>federal political committee.                        | TN<br>C  | 38139   | Amount of Each Receipt this Period 50.00  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation<br>VP TRC   | n   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date<br>250.00  | 1   |
| B. | Full Name (Last, First, Middle Initial)<br>JIMMY PERREN  |  |   | Date of Receipt   |
|    | Mailing Address 1250 BRAY PARK DR  | EAST   |   | 0 2 1 3 2 0 1 0   |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.76847   |
|    | COLLIERVILLE   | TN   | 38017   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C  |   | 75.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP<br>   | 1 .  | JLATORY COMPLIANCE  | _   |
|    | Primary General<br>Other (specify)   | Aggregate  | Year-to-Date<br>375.00  | ]   |
| с. | Full Name (Last, First, Middle Initial)<br>MR THOMAS PETTYES<br>Mailing Address 8522 UPLAND LN NO  | PRTH   |   | Date of Receipt   |
|    | City   | State  | Zip Code  | 0 2 1 3 2 0 1 0<br>Transaction ID: INC.A.76394  |
|    | MAPLE GROVE  | MN   | 55311   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C  |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>GENERA   | n<br>NL MGR GROUP   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date  250.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)  |  |   | 175.00  |
|    | TOTAL This Period (last page this line number  | · only)  |   |   |

|    |  |   | FOR LINE NUMBER: PAGE 61 / 167  |  |  |  |  |
|----|--|---|---|--|--|--|--|
|    | SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)<br>for each category of the  | (check only one)  |  |  |  |  |
|    | ITEMIZED RECEIPTS  | Detailed Summary Page   | X 11a 11b 11c 12  |  |  |  |  |
|    | [  |   | 13 14 15 16 17  |  |  |  |  |
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions solicit contributions from such committee.  |   |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)  | NAME OF COMMITTEE (In Full)   |   |  |  |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. P  | . Medco Health PAC)   |   |  |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR THOMAS PIERCE  | Date of Receipt   |   |  |  |  |  |
|    | Mailing Address 10297 E. LAKE DR.  | M         M         /         D         D         Y |   |  |  |  |  |
|    | City   | State Zip Code  | Transaction ID: INC.A.76781   |  |  |  |  |
|    | ENGLEWOOD  | CO 80111  | Amount of Each Receipt this Period  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C   | 50.00   |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP LABOR RELATIONS  | -   |  |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date ▼  | 1   |  |  |  |  |
|    | Primary General  | 250.00  |   |  |  |  |  |
|    | Other (specify)  | 230.00  |   |  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MS JUDITH PLATKIN   |   | Date of Receipt   |  |  |  |  |
|    | Mailing Address 29 BLACKWELL AVE   | M = M         /         D = D         /         Y = Y = Y         Y           0 2         1 3         2 0 1 0   |   |  |  |  |  |
|    | City   | State Zip Code  | Transaction ID: INC.A.76267   |  |  |  |  |
|    | MORRISTOWN   | NJ 07960  | Amount of Each Receipt this Period  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C   | 192.30  |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP & GENERAL MGR   |   |  |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date 🔻  |   |  |  |  |  |
|    | Primary General  | 961.50  |   |  |  |  |  |
|    | Other (specify) ▼  |   |   |  |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR NEIL PREZIOSO  |   | Date of Receipt   |  |  |  |  |
|    | Mailing Address 10258 WINDSOR WAY  | ,   | M · M         /         D · D         /         Y · Y · Y · Y         Y           0 2         1 3         2 0 1 0 |  |  |  |  |
|    | City   | State Zip Code  | Transaction ID: INC.A.76550   |  |  |  |  |
|    | POWELL   | OH 43065  | Amount of Each Receipt this Period  |  |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.  | С   | 50.00   |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP HLTH CARE OPS/FORMULARY/   | CDP   |  |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date 🔻  |   |  |  |  |  |
|    | Other (specify) ▼  | 250.00  |   |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  |   | 292.30  |  |  |  |  |
|    | TOTAL This Period (last page this line number c  | only)   |   |  |  |  |  |
|    |  | ••  |   |  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 62 / 167         (check only one)       11a         X       11a       11b       11c       12         I       13       14       15       16       17 |
|----|--|--|---|---|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | solicit contributions from such committee. |   |   |
|    | MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL                                   | ACTION COMMITTEE (a.k.a   | I. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)<br>MS KARIN PRINCIVALLE  | Date of Receipt                            |   |   |
|    | Mailing Address 875 ALEXANDRIA CT  |  |   | 0 2 / 1 3 / Y Y Y Y<br>0 2 0 1 0  |
|    | City<br>RAMSEY   | State<br>NJ                                | Zip Code<br>07446   | Transaction ID: INC.A.76499<br>Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | C  |   | 192.30  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP HR                        | n   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   |  | e Year-to-Date ▼<br>961.50  | ]   |
| В. | Full Name (Last, First, Middle Initial)<br>MR JASON PROULX   |  |   | Date of Receipt   |
|    | Mailing Address 3601 LEANNE DRIVE  | 0 2 / D D / Y Y Y Y<br>0 2 1 3 2 0 1 0     |   |   |
|    |  | State<br>TX                                | Zip Code  | Transaction ID: INC.A.76706   |
|    | FLOWER MOUND<br>FEC ID number of contributing<br>federal political committee.  | C  | 75022   | Amount of Each Receipt this Period 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP OPS                        | n<br>PLANNING   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                  | e Year-to-Date ▼<br>250.00  | ]   |
| с. | Full Name (Last, First, Middle Initial)<br>MR MARK PROULX  |  |   | Date of Receipt   |
|    | Mailing Address 20 BRANDY RIDGE RO   | DAD  |   | M M / D D / Y Y Y Y<br>02 13 2010   |
|    | City<br>SPARTA   | State<br>NJ                                | Zip Code<br>07871   | Transaction ID: INC.A.76699<br>Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | C  |   | 192.31  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP PH                        | n<br>ARMACY & CUST SVC OPS  |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                  | e Year-to-Date ▼<br>961.55  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)  |  |   | 434.61  |
|    | TOTAL This Period (last page this line number of   | only)                                      |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | _                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 63 / 167           (check only one)   |
|---------|--|--------------------------------|---|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |
|         | NAME OF COMMITTEE (In Full)  |                                |   |   |
|         | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL                      | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A.      | Full Name (Last, First, Middle Initial)<br>MR GILBERT RAINES                                       | Date of Receipt                |   |   |
|         | Mailing Address 800 SANDY TRAIL  |                                |   | 0 2 / D D / Y Y Y Y<br>1 3 2 0 1 0  |
|         | City   | State                          | Zip Code  | Transaction ID: INC.A.76724   |
|         | KELLER   | TX                             | 76248   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                              |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR HR            | n   |   |
|         | Receipt For:   | Aggregate                      | e Year-to-Date 🔻  | _   |
|         | <ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>                                     | 0 0                            | 225.00  | ]   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MS FRANCES RAO  |                                |   | Date of Receipt   |
|         | Mailing Address 19 ROSS ROAD   |                                |   | M + M         /         D + D         /         Y + Y + Y         Y |
|         | City   | State                          | Zip Code  | Transaction ID: INC.A.76303   |
|         | SCARSDALE  | NY                             | 10583   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                              |   | 75.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>EXEC D            | n<br>IR REGULATORY  |   |
|         | Receipt For:   | Aggregate                      | e Year-to-Date 🔻  |   |
|         | Primary     General       Other (specify) ▼  | 0 0                            | 375.00  |   |
| -<br>c. | Full Name (Last, First, Middle Initial)<br>MRS MONICA REED   |                                |   | Date of Receipt   |
|         | Mailing Address 8475 DUNHAM STAT   | ION DRIVE                      |   | M M / D D / Y Y Y Y<br>0 2 1 3 2 0 1 0  |
|         | City   | State                          | Zip Code  | Transaction ID: INC.A.76493   |
|         | TAMPA  | <u> </u>                       | 33647   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                              |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP PRO            |   |   |
|         | Receipt For:   | Aggregate                      | e Year-to-Date 🔻  | _   |
|         | Primary     General       Other (specify) ▼  | 0 0                            | 250.00  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)  |                                |   | 150.00  |
| ŀ       | TOTAL This Period (last page this line number  |                                | •   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 64 / 167           (check only one)         11a           X         11a           13         14           15         16           17  |
|----|---|--|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | on for the purpose of soliciting contributions<br>o solicit contributions from such committee. |   |   |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                    | POLITICAL  | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR THOMAS REINCKENS                                  | Date of Receipt  |   |   |
|    | Mailing Address 204 TOKENEKE RD   |  |   | M         M         /         D         D         /         Y |
|    | City<br>DARIEN  | State<br>CT  | Zip Code<br>06820   | Transaction ID: INC.A.76413   |
|    | FEC ID number of contributing federal political committee.                                      | C  |   | Amount of Each Receipt this Period 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP BIAC   |   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | e Year-to-Date ▼<br>250.00  | ]   |
| В. | Full Name (Last, First, Middle Initial)<br>MR VICTOR RENNA                                      |  |   | Date of Receipt   |
|    | Mailing Address 8 CARLA ANN CT  |  |   | 0 2 / 1 3 / Y Y Y Y<br>0 2 1 0 1 0  |
|    | City<br>FLANDERS  | State<br>NJ  | Zip Code<br>07836   | Transaction ID: INC.A.76662   |
|    | FEC ID number of contributing federal political committee.                                      | C  |   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | 1  | CUREMENT & INVENTORY  | ,   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  |  | e Year-to-Date<br>250.00  | ]   |
| C. | Full Name (Last, First, Middle Initial)<br>MR JOSEPH REYNOLDS                                   |  |   | Date of Receipt   |
|    | Mailing Address 412 RIVER MEWS LA   | NE   |   | 0 2 1 3 Y Y Y Y<br>0 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |
|    | City  | State  | Zip Code  | Transaction ID: INC.A.76721   |
|    | EDGEWATER<br>FEC ID number of contributing<br>federal political committee.                      | NJ<br>C  | 07020   | Amount of Each Receipt this Period 70.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>EXEC DI   | n<br>IR TECHNOLOGY  |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | e Year-to-Date ▼<br>350.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)   |  |   | 170.00  |
|    | TOTAL This Period (last page this line number   | only)  |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                        | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 65 / 167           (check only one)         11a         11b         11c         12           13         14         15         16         17   |
|---------|---|------------------------|---|---|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the | name and add           | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |
| Į.      | NAME OF COMMITTEE (In Full)   |                        |   |   |
|         | > MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL              | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial)<br>ELIZABETH RITCHIE                                    | Date of Receipt        |   |   |
|         | Mailing Address 27 DAY RD   |                        |   | 02 13 Y Y Y Y<br>02 13 2010   |
|         | City  | State                  | Zip Code  | Transaction ID: INC.A.76785   |
|         | PLEASANT VALLEY   | CT 06063               |   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                   | C                      |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR E | n<br>BUSINESS DEVELOPMENT   | -   |
|         | Receipt For:  | Aggregate              | e Year-to-Date 🔻  |   |
|         | Primary     General       Other (specify)     ▼   | 0 0                    | 250.00  | ]   |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>MR MICHAEL ROMANZO                                   |                        |   | Date of Receipt   |
|         | Mailing Address 855 CLUB MOSS CT.   |                        |   | M         M         /         D         D         Y |
|         | City  | State                  | Zip Code  | Transaction ID: INC.A.76411   |
|         | MARIETTA  | GA                     | 30068   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                   | C                      |   | 192.30  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | 1 -                    | ENT SYSTEMED  |   |
|         | Receipt For:<br>Primary General   | Aggregate              | e Year-to-Date 🔻  | -   |
|         | Other (specify)   |                        | 961.50  | ]   |
| с.      | Full Name (Last, First, Middle Initial)<br>MS DONNA ROSEN                                       |                        |   | Date of Receipt   |
|         | Mailing Address 7 RED OAK LANE  |                        |   | 0 2 1 3 2 0 1 0   |
|         | City  | State                  | Zip Code  | Transaction ID: INC.A.76617   |
|         | KINNELON  | NJ                     | 07405   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                   | C                      |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | 1 4                    | CLINICAL TECH   |   |
|         | Receipt For:<br>Primary General   | Aggregate              | e Year-to-Date 🔻  | -   |
|         | Other (specify) ▼   |                        | 250.00  | ]   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |                        |   | 292.30  |
| ŀ       | TOTAL This Period (last page this line number   |                        |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 66 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|---|---|---|
|         | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions                                 |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL ACTION COMMITTEE (a.k.a.   | Medco Health PAC)   |
| ⊻<br>A. | Full Name (Last, First, Middle Initial)<br>DR CHRISTINE ROTTAS                                      | Date of Receipt   |   |
|         | Mailing Address 7227 RAMOTH DRIVE   | 0 2 / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 1 0                                    |   |
|         | City  | State Zip Code  | Transaction ID: INC.A.76373   |
|         | JACKSONVILLE  | FL 32226  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>EXEC DIR CLINICAL SVCS  |   |
|         | Receipt For:<br>Primary General   | Aggregate Year-to-Date 🔻  |   |
|         | Other (specify) ▼   | 250.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MR RICHARD RUBINO  |   | Date of Receipt   |
|         | Mailing Address 3 APACHE DRIVE  | 02 / D D / Y Y Y Y<br>02 13 2010  |   |
|         | City  | State Zip Code  | Transaction ID: INC.A.76613   |
|         | OAKLAND   | NJ 07436  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   | 193.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP FINANCE & CHIEF FIN OFFCR                                   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date  965.00  |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MR STEVEN RUSSEK   |   | Date of Receipt   |
|         | Mailing Address 21 SKY TOP RIDGE  |   | 0 2 1 3 2 0 1 0   |
|         | City  | State Zip Code  | Transaction ID: INC.A.76436   |
|         | OAKLAND   | NJ 07436  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   | 50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation<br>VP CLINICAL MGMT & SVCS   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |   | 293.00  |
| f       | TOTAL This Period (last page this line number of  | only)   |   |

|         | SCHEDULE A (FEC Form 3X)   |   | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 67 / 167                         |
|---------|--|---|---|--|
|         | ITEMIZED RECEIPTS  |   | for each category of the  | (check only one)                                       |
|         |  |   | Detailed Summary Page   | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
| [       | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the n | n for the purpose of soliciting contributions |   |  |
|         | NAME OF COMMITTEE (In Full)  |   |   |  |
|         | MEDCO HEALTH SOLUTIONS INC. PC   | . Medco Health PAC)                           |   |  |
| A.      | Full Name (Last, First, Middle Initial)<br>MS KATHERYN RUSSI   | Date of Receipt                               |   |  |
|         | Mailing Address 5965 VILLAGE CIRCLE  |   | 0 2 / D D / Y Y Y Y<br>1 3 2 0 1 0  |  |
|         | City   | State   | Zip Code  | Transaction ID: INC.A.76318                            |
|         | JOHNSTON   | IA  | 50131   | Amount of Each Receipt this Period                     |
|         | FEC ID number of contributing federal political committee.   | C   |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>EXEC D                           | n<br>IR CLINICAL SVCS   | -  |
|         | Receipt For:   | Aggregate                                     | e Year-to-Date 🔻  |  |
|         | Primary General  |   | 250.00  |  |
| _       | Other (specify) <b>v</b>   | 0 0   | 200.00  |  |
| В.      | Full Name (Last, First, Middle Initial)<br>MR ANTHONY RUSSO  |   |   | Date of Receipt  |
|         | Mailing Address 66 FINCH RD  |   | M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y · Y · Y · Y · |  |
|         | City   | State   | Zip Code  | Transaction ID: INC.A.76558                            |
|         | RINGWOOD   | NJ  | 07456   | Amount of Each Receipt this Period                     |
|         | FEC ID number of contributing federal political committee.   | C   |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP PRO                           |   |  |
|         | Receipt For:   | Aggregate                                     | e Year-to-Date 🔻  |  |
|         | Primary     General       Other (specify) ▼  | 0 0   | 250.00  |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>JULIANA RUTH  |   |   | Date of Receipt  |
|         | Mailing Address 1 UNDERCLIFF TERRA   | ACE   |   | 0 2 1 3 2 0 1 0  |
|         | City   | State   | Zip Code  | Transaction ID: INC.A.76832                            |
|         | KINNELON   | NJ  | 07405   | Amount of Each Receipt this Period                     |
|         | FEC ID number of contributing federal political committee.   | C   |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR I                         | n<br>BUSINESS DEVELOPMENT   | _  |
|         | Receipt For:   | Aggregate                                     | e Year-to-Date 🔻  |  |
|         | Other (specify) ▼  |   | 250.00  |  |
| [       | SUBTOTAL of Descripto This Dass (anticard)   |   |   | 150.00   |
| ļ       | SUBTOTAL of Receipts This Page (optional)  |   | •   |  |
|         | TOTAL This Period (last page this line number or   | nly)  |   |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 68 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |  |  |  |
|----|--|---|---|---|--|--|--|
|    | Any information copied from such Reports and St or for commercial purposes, other than using the | on for the purpose of soliciting contributions solicit contributions from such committee.   |   |   |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P                                     | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N   |   |   |  |  |  |
| Α. | Full Name (Last, First, Middle Initial) MS MARY RYAN   | Date of Receipt   |   |   |  |  |  |
|    | Mailing Address 456 RICHMOND AVEN  | M         M         /         D         D         /         Y |   |   |  |  |  |
|    |  | State   | Zip Code  | Transaction ID: INC.A.76606   |  |  |  |
|    | MAPLEWOOD<br>FEC ID number of contributing<br>federal political committee.                       | NJ<br>C   | 07040   | Amount of Each Receipt this Period 78.34  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio   | n<br>RMACY REGULATORY   |   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | e Year-to-Date ▼<br>313.36  | ]   |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR MATTHEW SARDY                                      |   |   | Date of Receipt   |  |  |  |
|    | Mailing Address 230 FAIRFIELD AVE.   |   |   | M M / D D / Y Y Y Y<br>02 13 2010   |  |  |  |
|    | City   | State   | Zip Code  | Transaction ID: INC.A.76353   |  |  |  |
|    | RIDGEWOOD<br>FEC ID number of contributing<br>federal political committee.                       | C   | 07450   | Amount of Each Receipt this Period  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP FINA  |   |   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | e Year-to-Date<br>250.00  | ]   |  |  |  |
| С. | Full Name (Last, First, Middle Initial)<br>MR DAVID SCHLETT                                      |   |   | Date of Receipt   |  |  |  |
|    | Mailing Address 339 GRAMERCY PL  |   |   | 0 2 1 3 Y Y Y Y<br>0 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |  |  |  |
|    | City   | State   | Zip Code  | Transaction ID: INC.A.76612   |  |  |  |
|    | GLEN ROCK<br>FEC ID number of contributing<br>federal political committee.                       | NJ<br>C   | 07452   | Amount of Each Receipt this Period 50.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP FIN  | n<br>ANCIAL & ANALYTICAL SV   | c   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | e Year-to-Date ▼<br>250.00  | ]   |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  |   |   | 178.34  |  |  |  |
|    | TOTAL This Period (last page this line number of   | only)   |   |   |  |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 69 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|--|---|---|
|         | Any information copied from such Reports and St<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | solicit contributions from such committee.                                    |   |
|         | Full Name (Last, First, Middle Initial)  | OLITICAL ACTION COMMITTEE (a.k.a.   | Medco Health PAC)   |
| Α.      | MR ALLEN SCHWARTZ<br>Mailing Address 9111 N KARLOV   | Date of Receipt   |   |
|         | City   | State Zip Code  | Transaction ID: INC.A.76344   |
|         | SKOKIE   | IL 60076  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC DIR CLINICAL SVCS  |   |
|         | Receipt For:   | Aggregate Year-to-Date V  |   |
|         | Other (specify) ▼  | 250.00  |   |
| в.      | Full Name (Last, First, Middle Initial)<br>BRUCE SCOTT   |   | Date of Receipt   |
|         | Mailing Address 18650 BEARPATH TRA   | 0 2 / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 1 0                                    |   |
|         | City   | State Zip Code  | Transaction ID: INC.A.76821   |
|         | EDEN PRAIRIE   | MN 55347  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.  | C   | 192.31  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP & CHIEF PHARMACIST  |   |
|         | Receipt For:   | Aggregate Year-to-Date V  |   |
|         | Other (specify) ▼  | 961.55  |   |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>MS CYNTHIA SCOTT  |   | Date of Receipt   |
|         | Mailing Address 18650 BEARPATH TRA   | AIL   | M M / D D / Y Y Y Y<br>02 13 2010   |
|         | City<br>EDEN PRAIRIE   | State Zip Code<br>MN 55437  | Transaction ID: INC.A.76271<br>Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C   |   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP CLINICAL PROG DEV  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00  |   |
| Γ       | SUBTOTAL of Receipts This Page (optional)  |   | 292.31  |
|         | TOTAL This Period (last page this line number of   | <b>-</b>  |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 70 / 167           (check only one)         11a         11b         11c         12           13         14         15         16         17 |
|----|--|---|---|---|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | on for the purpose of soliciting contributions solicit contributions from such committee. |   |   |
|    | MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL  | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR JEFFREY SCOTT  | Date of Receipt   |   |   |
|    | Mailing Address 7330 EVEREST LANE  | - NORTH   |   | 0 2 / 1 3 / Y Y Y Y<br>2 0 1 0  |
|    |  | State   | Zip Code  | Transaction ID: INC.A.76664   |
|    | MAPLE GROVE  | MN  | 55311   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C   |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR NATI  | n<br>L ACCT EXEC  |   |
|    | Receipt For:<br>Primary General  | Aggregate   | e Year-to-Date 🔻  |   |
|    | Other (specify) ▼  | 0 0   | 250.00  |   |
| В. | Full Name (Last, First, Middle Initial)<br>MS MONICA SCOZZARE  |   |   | Date of Receipt   |
|    | Mailing Address 3021 E MILLCREEK R   | M M / D D / Y Y Y Y<br>02 13 2010   |   |   |
|    | City   | State   | Zip Code  | Transaction ID: INC.A.76261   |
|    | SALT LAKE CITY   | UT  | 84109   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C   |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |   | IR CLINICAL SVCS  |   |
|    | Receipt For:<br>Primary General  | Aggregate   | e Year-to-Date  | 1   |
|    | Other (specify) 🔻  | 0 0   | 250.00  |   |
| C. | Full Name (Last, First, Middle Initial)<br>MR GEORGE SERPIKOV  |   |   | Date of Receipt   |
|    | Mailing Address 66 PROSPECT AVE  |   |   | M M / D D / Y Y Y Y<br>0 2 1 3 2 0 1 0  |
|    | City   | State   | Zip Code  | Transaction ID: INC.A.76687   |
|    | WESTWOOD   | NJ  | 07675   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C   |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP BUSI  | n<br>NESS DEV   |   |
|    | Receipt For:<br>Primary General  | Aggregate   | e Year-to-Date 🔻  |   |
|    | Other (specify) ▼  | 0 0   | 250.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)  |   |   | 150.00  |
|    | TOTAL This Period (last page this line number of   | only)   |   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 71 / 167           (check only one)         11a         11b         11c         12           13         14         15         16         17 |
|----|---|---|---|---|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions solicit contributions from such committee. |   |   |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  |   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR THOMAS SHANAHAN, III                                  | Date of Receipt   |   |   |
|    | Mailing Address 266 BRUSHY CREEK  | 02 / D D / Y Y Y Y<br>02 / 13 / 2010  |   |   |
|    | City<br>LAS VEGAS   | State<br>NV   | Zip Code  | Transaction ID: INC.A.76522   |
|    | FEC ID number of contributing federal political committee.  | C   | 89148   | Amount of Each Receipt this Period 60.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM   | n   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date <b>V</b><br>540.00   | ]   |
| в. | Full Name (Last, First, Middle Initial)<br>MR FRANK SHEEHY  |   |   | Date of Receipt   |
|    | Mailing Address 119 HAMILTON RD   |   |   | 02 13 Y Y Y Y<br>02 13 2010   |
|    | City<br>RIDGEWOOD   | State<br>NJ   | Zip Code<br>07450   | Transaction ID: INC.A.76363   |
|    | FEC ID number of contributing federal political committee.  | C   |   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:  |   | ENERAL MGR  |   |
|    | Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ♥<br>960.00  | ]   |
| C. | Full Name (Last, First, Middle Initial)<br>DAWN SHERMAN   |   |   | Date of Receipt   |
|    | Mailing Address 63 BRAMSHILL DRIVE  | 1   |   | M M / D D / Y Y Y Y<br>02 13 2010   |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.76792   |
|    | MAHWAH<br>FEC ID number of contributing<br>federal political committee.                             | C   | 07430   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation  | n<br>O INTL STRATEGY & OPS  |   |
|    | Receipt For:<br>Primary General<br>Other (specify) $\blacksquare$                                   | Aggregate   | Year-to-Date  250.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)   |   |   | 302.00  |
|    | TOTAL This Period (last page this line number of  | only)   | •   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 72 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|---|---|---|
|         | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions                                 |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | Medco Health PAC)   |   |
| A.      | Full Name (Last, First, Middle Initial)<br>MR PETER SHERMAN   | Date of Receipt   |   |
|         | Mailing Address 139 GATES AVENUE  |   | 0 2 / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 1 0  |
|         |   | State Zip Code  | Transaction ID: INC.A.76254   |
|         | MONTCLAIR<br>FEC ID number of contributing<br>federal political committee.                          | NJ 07042  | Amount of Each Receipt this Period 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>MANAGING COUNSEL  | -   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date<br>250.00  |   |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>JEFFREY SIMEK<br>Mailing Address 704 SAW PALMETTO        | COUBT   | Date of Receipt   |
|         |   | 02 13 2010  |   |
|         | City<br>PORT ORANGE   | State Zip Code<br>FL 32128  | Transaction ID: INC.A.76490   |
|         | FEC ID number of contributing federal political committee.  | C   | Amount of Each Receipt this Period  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP CORP COMMUNICATIONS  | _   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>961.55  |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MR LEE SIMON   |   | Date of Receipt   |
|         | Mailing Address 2390 GREENVIEW RC   |   | 0 2 / D D / Y Y Y Y<br>1 3 / 2 0 1 0  |
|         | City<br>NORTHBROOK  | State Zip Code<br>IL 60062  | Transaction ID: INC.A.76670<br>Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>GENERAL MGR GROUP   | -   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date  250.00  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   | ······  | 292.31  |
| Ī       | TOTAL This Period (last page this line number of  | only)   |   |
|            | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |                            | Use separate schedule(s) for each category of the                       | FOR LINE NUMBER: PAGE 73 / 167<br>(check only one)  |
|------------|--|----------------------------|---|---|
| -          |  |                            | Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |
|            | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r | atements ma<br>name and ad | ay not be sold or used by any persoldress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee.               |
|            | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PO  | OLITICAL                   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| <b>A</b> . | Full Name (Last, First, Middle Initial)<br>MR BRADLEY SKATTER  |                            |   | Date of Receipt   |
|            | Mailing Address 6433 FRANKLIN HILLS  | RD                         |   | 0 2 / 1 3 / Y Y Y Y<br>0 2 / 1 3 / 2 0 1 0  |
|            | City<br>INDEPENDENCE   | State<br>MN                | Zip Code  | Transaction ID: INC.A.76289   |
|            | FEC ID number of contributing federal political committee.   | C                          | 55359   | Amount of Each Receipt this Period  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC D       | on<br>IR CLINICAL SVCS  |   |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | e Year-to-Date<br>250.00  | ]   |
| -<br>B.    | Full Name (Last, First, Middle Initial)<br>MR ROBERT SMITH<br>Mailing Address 40 JOSHUA DR T           |                            |   | Date of Receipt   |
|            |  |                            |   | 02 13 2010  |
|            | City<br>RAMSEY   | State<br>NJ                | Zip Code<br>07446   | Transaction ID: INC.A.76638 Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.   | C                          |   | 50.00   |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP OPS          |   |   |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼<br>250.00  | ]   |
| -<br>C.    | Full Name (Last, First, Middle Initial)<br>MR DAVID SNOW, JR<br>Mailing Address 23 CEDAR GATE ROA      | D                          |   | Date of Receipt   |
|            | City   | State                      | Zip Code  | Transaction ID: INC.A.76708   |
|            | DARIEN   | СТ                         | 06820   | Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.   | C                          |   | 192.31  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>CHAIRM       | on<br>IAN & CEO   |   |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼<br>961.55  |   |
|            | SUBTOTAL of Receipts This Page (optional)  |                            | ······  | 292.31  |
| ľ          | TOTAL This Period (last page this line number o  | only)                      |   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 74 / 167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17  |
|----|---|-------------------------------|---|---|
|    | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the | tatements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |
|    | NAME OF COMMITTEE (In Full)   |                               |   |   |
|    | MEDCO HEALTH SOLUTIONS INC. P   |                               | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR ALAN SOKALER  | Date of Receipt               |   |   |
|    | Mailing Address 30 MICHELLE WAY   |                               |   | 02 13 2010  |
|    | City  | State                         | Zip Code  | Transaction ID: INC.A.76744   |
|    | PINE BROOK  | NJ                            | 07058   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                             |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP FINA         |   |   |
|    |   |                               | e Year-to-Date 🔻  | _   |
|    | Primary     General       Other (specify) ▼   | 0 0                           | 250.00  |   |
| в. | Full Name (Last, First, Middle Initial)<br>MS JENNIFER SPIDLE                                       | I                             |   | Date of Receipt   |
|    | Mailing Address 6108 HUNTER LANE  |                               |   | M         M         /         D         D         Y |
|    | City  | State                         | Zip Code  | Transaction ID: INC.A.76552   |
|    | COLLEYVILLE   | TX                            | 76034   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.                                       | C                             |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM           | _   |   |
|    | Receipt For:<br>Primary General   | Aggregate                     | e Year-to-Date  | _   |
|    | Other (specify) ▼   | 0 0                           | 225.00  |   |
| C. | Full Name (Last, First, Middle Initial)<br>PETER STARK  | -                             |   | Date of Receipt   |
|    | Mailing Address 4840 COLE ROAD  |                               |   | 02 13 Y Y Y Y<br>02 13 2010   |
|    | City  | State                         | Zip Code  | Transaction ID: INC.A.76874   |
|    | MEMPHIS   | TN                            | 38117   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                             |   | 50.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation<br>GROUP           | n<br>VP MANUF SVCS  |   |
|    | Receipt For:  | Aggregate                     | e Year-to-Date 🔻  |   |
|    | Primary     General       Other (specify) ▼   | 0 0                           | 250.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)   |                               |   | 125.00  |
|    | TOTAL This Period (last page this line number   | only)                         |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page               | FOR LINE NUMBER:         PAGE 75 / 167           (check only one)         X           X         11a           11b         11c           12           13         14           15         16 |
|---------|--|---|--|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. I                                       | a. Medco Health PAC)  |  |
| ∠<br>4. | Full Name (Last, First, Middle Initial)<br>MR CHRISTOPHER STATEN                                   | Date of Receipt   |  |
|         | Mailing Address 7 FOREST LAKE DR   | M M / D D / Y Y Y Y Y<br>02 13 2010   |  |
|         | City   | State Zip Code  | Transaction ID: INC.A.76614  |
|         | WEST HARRISON<br>FEC ID number of contributing<br>federal political committee.                     | NY 10604  | Amount of Each Receipt this Period 192.31  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP FINANCIAL & ANALYTICAL SV   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date  961.55  |  |
|         | Full Name (Last, First, Middle Initial)<br>MS JILL STEARNS<br>Mailing Address 13130 HALSELL DR     | 1   | Date of Receipt  |
|         |  |   | 02 13 2010   |
|         | City<br>AUSTIN   | State Zip Code<br>TX 78732  | Transaction ID: INC.A.76673<br>Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR NATL ACCT EXEC   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date  250.00  |  |
| _       | Full Name (Last, First, Middle Initial)<br>MR CRAIG STEEL  |   | Date of Receipt  |
|         | Mailing Address 122 DEMAREST AVE   | NUE   | 0 2 / 1 3 / Y Y Y Y<br>0 2 / 1 3 / 2 0 1 0   |
|         | City<br>EMERSON  | State Zip Code<br>NJ 07630  | Transaction ID: INC.A.76401<br>Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR NATL ACCT EXEC   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00  |  |
| Γ       | SUBTOTAL of Receipts This Page (optional)  |   | 292.31   |

|     | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 76 / 167           (check only one)         X           X         11a           11b         11c           12 |
|-----|--|--------------------------------|---|--|
|     | Any information copied from such Reports and or for commercial purposes, other than using th | Statements ma<br>e name and ad | y not be sold or used by any pers<br>dress of any political committee to      | 13     14     15     16     1       on for the purpose of soliciting contributions o solicit contributions from such committee.            |
|     | NAME OF COMMITTEE (In Full)           MEDCO HEALTH SOLUTIONS INC.                            | POLITICAL                      | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)   |
| . Z | Full Name (Last, First, Middle Initial)<br>MS AMY STEINKELLNER                               |                                |   | Date of Receipt  |
|     | Mailing Address 728 GULF BOULEVA   | RD                             |   | 02 13 Y Y Y Y<br>02 13 2010  |
|     | City   | State                          | Zip Code  | Transaction ID: INC.A.76452  |
|     | INDIAN ROCKS BEACH   | FL                             | 33785   | Amount of Each Receipt this Period   |
|     | FEC ID number of contributing federal political committee.                                   | C                              |   | 50.00  |
|     | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP NATI           | <sup>n</sup><br>ONAL PRACTICE LEADER  |  |
|     | Receipt For:<br>Primary General  | Aggregate                      | e Year-to-Date 🔻  | _  |
|     | Primary     General       Other (specify) ▼  |                                | 250.00  |  |
| -   | Full Name (Last, First, Middle Initial)<br>DR GLEN STETTIN                                   |                                |   | Date of Receipt  |
|     | Mailing Address 8 MILL GLEN CT   |                                |   | M M / D D / Y Y Y Y<br>02 13 2010  |
|     | City   | State                          | Zip Code  | Transaction ID: INC.A.76692  |
|     | UPPER SADDLE RIVER   | NJ                             | 07458   | Amount of Each Receipt this Period   |
|     | FEC ID number of contributing federal political committee.                                   | C                              |   | 192.31   |
|     | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP/GM            | n<br>ADVANCED CLINICAL SL <sup>-</sup>  | TNS  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>961.55  | ]  |
| _   | Full Name (Last, First, Middle Initial)<br>MR GERARD STOCKER, JR                             |                                |   | Date of Receipt  |
|     | Mailing Address 80 ALGONQUIN TRL   |                                |   | 0 2 1 3 2 0 1 0  |
|     | City<br>OAKLAND  | State<br>NJ                    | Zip Code<br>07436   | Transaction ID: INC.A.76402  |
|     | FEC ID number of contributing federal political committee.                                   | C                              |   | Amount of Each Receipt this Period   |
|     | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR NATI           | n<br>_ ACCT EXEC  |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                      | e Year-to-Date<br>250.00  |  |
| Γ   | SUBTOTAL of Receipts This Page (optional) .  | 1                              |   | 292.31   |

|         | SCHEDULE A (FEC Form 3X)   |                            | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 77 / 167   |
|---------|--|----------------------------|---|--|
|         | ITEMIZED RECEIPTS  |                            | for each category of the  | (check only one)   |
| _       |  |                            | Detailed Summary Page   |  |
|         | Any information copied from such Reports and St or for commercial purposes, other than using the | atements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| ľ       |  |                            |   |  |
|         | MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL                   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| ,<br>А. | Full Name (Last, First, Middle Initial)<br>MR SCOTT STRATTON                                     |                            |   | Date of Receipt  |
|         | Mailing Address 351 TIMBERLANE DRI   | 0 2 1 3 2 0 1 0            |   |  |
|         | City   | State                      | Zip Code  | Transaction ID: INC.A.76752  |
|         | ORANGE   | СТ                         | 06477   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.                                       | C                          |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio                  | n<br>DUCT DEVELOPMENT   | -  |
|         | Receipt For:   |                            | e Year-to-Date V  | -  |
|         | Primary General  |                            | 250.00  |  |
|         | Other (specify)  | 0 0                        |   | 1  |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MS SUZANNE STREDNAK                                   |                            |   | Date of Receipt  |
| 2.      | Mailing Address 157 WATCHUNG DR  |                            |   |  |
|         | City   | State                      | Zip Code  | Transaction ID: INC.A.76349  |
|         | HAWTHORNE  | NJ                         | 07506   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.                                       | C                          |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio                  | on<br>CLINICAL SVCS   | _  |
|         | Receipt For:   |                            | e Year-to-Date 🔻  | -  |
|         | Primary General  |                            | 250.00  |  |
|         | Other (specify) <b>▼</b>   | 0 0                        |   | 1  |
| -<br>С. | Full Name (Last, First, Middle Initial)<br>MR MARK SULLIVAN                                      |                            |   | Date of Receipt  |
| 0.      | Mailing Address 16025 PINE VALE PL.  |                            |   | M M / D D / Y Y Y Y  |
|         | City   | State                      | Zip Code  | 0 2 1 3 2 0 1 0<br>Transaction ID: INC.A.76280   |
|         | MIDLOTHIAN   | VA                         | 23113   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.                                       | C                          |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>BUSINE       | on<br>SS PROCESS SPECIALIST   |  |
|         | Receipt For:   | Aggregate                  | e Year-to-Date 🔻  |  |
|         | Other (specify) ▼  |                            | 250.00  |  |
| [       | SUBTOTAL of Receipts This Page (optional)  |                            | <b>_</b>  | 150.00   |
|         |  |                            | •   |  |
|         | TOTAL This Period (last page this line number of   | only)                      |   |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 78 / 167           (check only one)         11a           X         11a           13         14           15         16           17 |
|---------|---|---|--|
|         | Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | o solicit contributions from such committee.                                  |  |
|         | /   | POLITICAL ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)   |
| Α.      | Full Name (Last, First, Middle Initial)<br>MR TIMOTHY SWETT   | Date of Receipt   |  |
|         | Mailing Address 8362 GOLDEN PRAI  | 0 2 / 1 3 / Y Y Y Y<br>0 2 / 1 3 / 2 0 1 0                                    |  |
|         | City<br>TAMPA   | State Zip Code<br>FL 33647  | Transaction ID: INC.A.76410  |
|         | FEC ID number of contributing federal political committee.  |   | Amount of Each Receipt this Period   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>450.00  | ]  |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>NICOLETTE TAPAY<br>Mailing Address 1338 KENYON ST. N                                 | I   | Date of Receipt  |
|         | -   |   |  |
|         | City<br>WASHINGTON  | State Zip Code<br>DC 20010  | Transaction ID: INC.A.76835<br>Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   | 60.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>DIR GOV AFFAIRS   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date  300.00  |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MS MARY THORSBY<br>Mailing Address 17326 ELLEN DR                                    |   | Date of Receipt  |
|         | City  | State Zip Code  | 0 2 1 3 2 0 1 0<br>Transaction ID: INC.A.76431   |
|         |   | MI 48152  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.  |   | 75.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR NATL ACCT EXEC   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>375.00  |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)   | -1  | 185.00   |
| ľ       | TOTAL This Period (last page this line number   | er only)  |  |

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|    | SCHEDULE A (FEC Form 3X)  |   |   | FOR LINE NUMBER: PAGE 79 / 167  |  |  |  |
|    | · · ·   |   | Use separate schedule(s) for each category of the | (check only one)  |  |  |  |
|    | ITEMIZED RECEIPTS   |   | Detailed Summary Page                             | X 11a 11b 11c 12  |  |  |  |
| _  |   | 13 14 15 16 17  |   |   |  |  |  |
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions solicit contributions from such committee. |   |   |  |  |  |
| 1  |   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           |   |  |  |  |
|    |   | Modee Health BAC)   |   |   |  |  |  |
|    | INEDCO TIEAETTI SOLUTIONS INC. P  | MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N                          |   |   |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR WILLIAM TOBIN   | Date of Receipt   |   |   |  |  |  |
|    | Mailing Address 838 COLONIAL RD   |   |   | M         M         /         D         D         /         Y |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.76295   |  |  |  |
|    | FRANKLIN LAKES  | NJ  | 07417   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing   |   |   |   |  |  |  |
|    | federal political committee.  | C   |   | 50.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio   | n<br>EFIT SYSTEMS SUPPORT                         | _   |  |  |  |
|    | Receipt For:  |   | e Year-to-Date V                                  | -1  |  |  |  |
|    | Primary General   | Aggregate   |   | -   |  |  |  |
|    | Other (specify)   |   | 250.00  |   |  |  |  |
|    |   | 0 0   |   | 1   |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MS CLAUDIA TUCKER  |   |   | Date of Receipt   |  |  |  |
|    | Mailing Address 713 INDIAN CREEK RI   | D   |   |   |  |  |  |
|    |   | 02 13 2010  |   |   |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.76528   |  |  |  |
|    | AMHERST   | VA  | 24521   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing   |   |   | 60.00   |  |  |  |
|    | federal political committee.  |   |   | 60.00   |  |  |  |
|    | Name of Employer  | Occupatio   | 20  | -   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation  |   |   |  |  |  |
|    | Receipt For:  |   | e Year-to-Date V                                  | _   |  |  |  |
|    | Primary General   | Aggregate   |   | -   |  |  |  |
|    | Other (specify)   |   | 300.00  |   |  |  |  |
|    |   | 0.0   |   |   |  |  |  |
| -  | Full Name (Last, First, Middle Initial)   |   |   |   |  |  |  |
| C. | MS DENISE TULP  |   |   | Date of Receipt   |  |  |  |
|    | Mailing Address 273 STEVES LN   |   |   | 02 13 Y Y Y Y<br>02 10 0  |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.76482   |  |  |  |
|    | FRANKLIN LAKES  | NJ  | 07417   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing   |   |   |   |  |  |  |
|    | federal political committee.  | C   |   | 50.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio   | n   | 1   |  |  |  |
|    |   | VP SAF  | ETY   |   |  |  |  |
|    | Receipt For:  | Aggregate   | e Year-to-Date 🔻                                  |   |  |  |  |
|    | Primary General   |   | 250.00  | 1   |  |  |  |
|    | Other (specify)   |   |   | 1   |  |  |  |
| I  |   |   |   |   |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |   |   | 160.00  |  |  |  |
|    | · · · · · · · · · · · · · · · · · · ·   |   |   | -   |  |  |  |
|    | TOTAL This Period (last page this line number of  | only)   | D   |   |  |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 80 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|--|---|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions                                 |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | OLITICAL ACTION COMMITTEE (a.k.a  | . Medco Health PAC)   |
| A.      | Full Name (Last, First, Middle Initial)<br>MRS JENNIFER UTTERDYKE                                  | Date of Receipt   |   |
|         | Mailing Address 1881 GREENTREE RC  | 02 13 Y Y Y Y<br>02 13 2010   |   |
|         | City   | State Zip Code  | Transaction ID: INC.A.76381   |
|         | LEBANON<br>FEC ID number of contributing<br>federal political committee.                           | OH 45036  | Amount of Each Receipt this Period 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>DIR PROFESSIONAL PRACTICES                                      | _   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>450.00  |   |
| _<br>В. | Full Name (Last, First, Middle Initial)<br>MS CARA VAN ZILE<br>Mailing Address 31 LINCOLN RD       |   | Date of Receipt   |
|         | City   | State Zip Code  | 0 2 1 3 2 0 1 0<br>Transaction ID: INC.A.76423  |
|         | KINNELON   | NJ 07405  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC DIR ANALYTICAL SVCS  |   |
|         | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Year-to-Date  250.00  |   |
| –<br>c. | Full Name (Last, First, Middle Initial)<br>MRS MICHELLE VANCURA                                    |   | Date of Receipt   |
|         | Mailing Address W328 S4230 SPRING  | RIDGE   | M M / D D / Y Y Y Y<br>02 13 2010   |
|         | City<br>WAUKESHA   | State Zip Code<br>WI 53189  | Transaction ID: INC.A.76842<br>Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C   | 192.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP & GENERAL MGR   | _   |
|         | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Year-to-Date ▼<br>960.00  |   |
| Γ       | SUBTOTAL of Receipts This Page (optional)  | ······  | 292.00  |
| F       | TOTAL This Period (last page this line number  | only)   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                 | FOR LINE NUMBER:       PAGE 81 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|----|--|---|---|
|    | Any information copied from such Reports and Stat<br>or for commercial purposes, other than using the na | ements may not be sold or used by any person<br>ame and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee.  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PO  | LITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR NICHOLAS VASILOPOULOS                                      | Date of Receipt   |   |
|    | Mailing Address 105 ARRANDALE RD   | 0 2 / 1 3 / Y Y Y Y<br>0 2 / 1 3 / 2 0 1 0  |   |
|    |  | State Zip Code<br>NY 11570  | Transaction ID: INC.A.76520   |
|    | ROCKVILLE CENTRE<br>FEC ID number of contributing<br>federal political committee.                        | NY 11570  | Amount of Each Receipt this Period 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP MKTING   | -   |
|    | Receipt For:<br>Primary General  | Aggregate Year-to-Date ▼  |   |
|    | Other (specify) <b>v</b>   | 250.00  |   |
| В. | Full Name (Last, First, Middle Initial)<br>MR DANIEL WALDEN  |   | Date of Receipt   |
|    | Mailing Address 450 BEECHMONT DR   |   | 0 2 / 1 3 / Y Y Y Y<br>2 0 1 0  |
|    |  | State Zip Code  | Transaction ID: INC.A.76588   |
|    | NEW ROCHELLE<br>FEC ID number of contributing<br>federal political committee.                            | NY 10804  | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP REGULATORY & MC PROGRAM   | –<br>MS   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date  961.55  |   |
| C. | Full Name (Last, First, Middle Initial)<br>MR WILLIAM WALLACE<br>Mailing Address 5445 GOODWIN AVENU      | IF  | Date of Receipt   |
|    |  |   | 02 13 2010  |
|    | City<br>DALLAS   | State Zip Code<br>TX 75206  | Transaction ID: INC.A.76734<br>Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | C   | 192.31  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP SALES SEGMENT LEADER   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>961.55  |   |
|    | SUBTOTAL of Receipts This Page (optional)  | ·····   | 434.62  |
|    | TOTAL This Period (last page this line number on   | ly) 🕨   |   |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 82 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|--|---|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions                                 |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL ACTION COMMITTEE (a.k.a.  | . Medco Health PAC)   |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>MR CALVIN WASDYKE                                       | Date of Receipt   |   |
|         | Mailing Address 5 APPLE ORCHARD F  | RD  | M M / D D / Y Y Y Y<br>02 13 2010   |
|         | City   | State Zip Code  | Transaction ID: INC.A.76536   |
|         | MOORESTOWN   | NJ 08057  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM   |   |
|         | Receipt For:<br>Primary General  | Aggregate Year-to-Date 🔻  |   |
|         | Other (specify) ▼  | 450.00  |   |
| –<br>В. | Full Name (Last, First, Middle Initial)<br>MS CATHERINE WASSON                                     |   | Date of Receipt   |
|         | Mailing Address 3912 CALLE ANDALU  | M M / D D / Y Y Y Y<br>02 13 2010   |   |
|         | City   | State Zip Code  | Transaction ID: INC.A.76298   |
|         | SAN CLEMENTE   | CA 92673  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP NATL ACCTS   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00  |   |
| –<br>c. | Full Name (Last, First, Middle Initial)<br>MRS KELLY WEBBER  |   | Date of Receipt   |
| -       | Mailing Address 107 UPPER SADDLE   | RIVER ROAD  | 0 2 1 3 2 0 1 0   |
|         | City   | State Zip Code  | Transaction ID: INC.A.76509   |
|         | MONTVALE   | NJ 07645  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      |   | 100.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP CORP HR  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>500.00  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)  | · · · · · · · · · · · · · · · · · · ·   | 200.00  |
| ľ       | TOTAL This Period (last page this line number  | only)   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 83 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|----|--|--|---|---|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r | on for the purpose of soliciting contributions<br>o solicit contributions from such committee. |   |   |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PO  | OLITICAL A   | CTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)  | Date of Receipt  |   |   |
|    | Mailing Address 1 BURGESS COURT  | 0 2 / 1 3 / Y Y Y Y<br>0 2 / 1 3 / 2 0 1 0   |   |   |
|    | City<br>WESTFIELD  | State<br>NJ  | Zip Code<br>07090   | Transaction ID: INC.A.76793   |
|    | FEC ID number of contributing federal political committee.   | C  |   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP CORF  | P COMMUNICATIONS  |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date<br>250.00  | ]   |
| В. | Full Name (Last, First, Middle Initial)<br>MR TIMOTHY WENTWORTH<br>Mailing Address 309 WATERVIEW DR    |  |   | Date of Receipt   |
|    | City   | State  | Zip Code  | 0 2 1 3 2 0 1 0<br>Transaction ID: INC.A.76391  |
|    | FRANKLIN LAKES   | NJ   | 07417   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C  |   | 192.31  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | -1   |   | ,   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date<br>961.55  | ]   |
| C. | Full Name (Last, First, Middle Initial)<br>MR KENNETH WERMES   |  |   | Date of Receipt   |
|    | Mailing Address 26037 N WRANGLER F   | RD   |   | 0 2 / D D / Y Y Y Y<br>0 2 1 3 2 0 1 0  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.76496   |
|    | SCOTTSDALE<br>FEC ID number of contributing<br>federal political committee.                            | AZ   | 85255   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM  | 1   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date ¥<br>400.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)  |  | ······  | 342.31  |
|    | TOTAL This Period (last page this line number o  | only)  |   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 84 / 167           (check only one)         11a         11b         11c         12           13         14         15         16         17   |
|----|---|--|---|---|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | atements ma<br>name and ad                                 | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee.   |
|    |   |  |   |   |
|    | MEDCO HEALTH SOLUTIONS INC. P   | OLITICAL   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR CHRISTOPHER WILSON                                    | Date of Receipt  |   |   |
|    | Mailing Address 2 TIFFANY ROAD  | 02 13 2010   |   |   |
|    | City  | State  | Zip Code  | Transaction ID: INC.A.76465   |
|    | MORRISTOWN  | NJ   | 07960   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C  |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP MKT  |   |   |
|    | Receipt For:  | Aggregate  | e Year-to-Date 🔻  |   |
|    | Primary General<br>Other (specify) ▼  | 0 0  | 250.00  | ]   |
| в. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN WOGEN   |  |   | Date of Receipt   |
|    | Mailing Address 145 WAUGHAW ROAL  | 0 2 1 3 Y Y Y Y<br>0 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |   |   |
|    | City  | State  | Zip Code  | Transaction ID: INC.A.76404   |
|    | TOWACO  | NJ   | 07082   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C  |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP FIN                                      | on<br>IANCIAL & ANALYTICAL SV   | c   |
|    | Receipt For:  | Aggregate  | e Year-to-Date 🔻  | _   |
|    | Primary General<br>Other (specify) ▼  | 0 0  | 250.00  |   |
| C. | Full Name (Last, First, Middle Initial)<br>BRENDA WRIGHT  |  |   | Date of Receipt   |
|    | Mailing Address 1834 HUNTERS CREE   | K DRIVE  |   | M         M         /         D         D         /         Y |
|    | City  | State  | Zip Code  | Transaction ID: INC.A.76860   |
|    | GERMANTOWN  | TN   | 38138   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.                                       | C  |   | 50.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | -  | LITY INTEGRITY HEALTH   |   |
|    | Receipt For:<br>Primary General   | Aggregate  | e Year-to-Date 🔻  |   |
|    | Other (specify) ▼   | 0 0  | 250.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)   |  | ······ <b>)</b>   | 150.00  |
|    | TOTAL This Period (last page this line number of  | only)  |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                  | FOR LINE NUMBER:       PAGE 85 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|--|--|---|
|         | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r | atements may not be sold or used by any pers<br>name and address of any political committee to | on for the purpose of soliciting contributions  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PO  | OLITICAL ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial)<br>MR DANIEL ZELEM, JR   |  | Date of Receipt   |
|         | Mailing Address 219 SPOOK ROCK RD  |  | 0 2 / D D / Y Y Y Y<br>0 2 / 1 3 2 0 1 0  |
|         | City<br>SUFFERN  | State Zip Code<br>NY 10901   | Transaction ID: INC.A.76567   |
|         | SUFFERN<br>FEC ID number of contributing<br>federal political committee.                               | NY 10901   | Amount of Each Receipt this Period  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP & CHIEF INFO OFFICER   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00   |   |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>MR JAMES ZIRPOLI<br>Mailing Address 6691 DEERVIEW DRIV      | 'F   | Date of Receipt   |
|         |  |  | 02 13 2010  |
|         | City<br>LOVELAND   | State Zip Code<br>OH 45140   | Transaction ID: INC.A.76449<br>Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C  | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date  225.00   |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MR BARRY BOUDREAUX<br>Mailing Address 6527 SHORBURGH DF     | RIVE   | Date of Receipt   |
|         | City   | State Zip Code   | Transaction ID: INC.A.76937   |
|         | INDIANAPOLIS<br>FEC ID number of contributing<br>federal political committee.                          | IN 46278   | Amount of Each Receipt this Period  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>DIR PHARM PRACTICE   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>225.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)  |  | 100.00  |
| ŀ       | TOTAL This Period (last page this line number o  | nly) l   |   |

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|         | SCHEDULE A (FEC Form 3X)  | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 86 / 167  |
|         | · · ·   | for each category of the   | (check only one)  |
|         | ITEMIZED RECEIPTS   | Detailed Summary Page  | X 11a 11b 11c 12  |
| _       |   |  | 13 14 15 16 17  |
|         | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any person name and address of any political committee to | n for the purpose of soliciting contributions<br>solicit contributions from such committee.   |
|         | NAME OF COMMITTEE (In Full)   |  |   |
|         | MEDCO HEALTH SOLUTIONS INC. F   | OLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)   |
| ,<br>A. | Full Name (Last, First, Middle Initial)<br>MS BARBARA CARIGAN                                   |  | Date of Receipt   |
|         | Mailing Address 3898 ERVA ST.   |  | M         M         /         D         D         Y                             |
|         | City  | State Zip Code   | Transaction ID: INC.A.77437   |
|         | LAS VEGAS   | NV 89147   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                      | C  | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>DIR HR   | -   |
|         | Receipt For:  | Aggregate Year-to-Date ▼   | 1   |
|         | Primary General   |  |   |
|         | Other (specify)   | 225.00   |   |
| в.      | Full Name (Last, First, Middle Initial)<br>MR JASON COLE  |  | Date of Receipt   |
|         | Mailing Address 14917 E BELLA VISTA   |  | M         M         /         D         D         /         Y                             |
|         | City  | State Zip Code   | Transaction ID: INC.A.77148   |
|         | VERADALE  | WA 99037   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                      | C  | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM  |   |
|         | Receipt For:  | Aggregate Year-to-Date ▼   |   |
|         | Primary General   |  |   |
|         | Other (specify)   | 225.00   |   |
| с.      | Full Name (Last, First, Middle Initial)<br>MR KENNETH DANIELS                                   |  | Date of Receipt   |
|         | Mailing Address 4156 DUNMORE DRIV   | Έ  | M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y         Y <thy< th=""></thy<> |
|         | City  | State Zip Code   | Transaction ID: INC.A.77230   |
|         | LAKE WALES  | FL 33859   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                      | C  | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM  |   |
|         | Receipt For:  | Aggregate Year-to-Date V   | 7   |
|         | Primary General<br>Other (specify) ▼  | 225.00   |   |
| [       |   |  |   |
|         | SUBTOTAL of Receipts This Page (optional)   | •  | 75.00   |
|         | TOTAL This Period (last page this line number   | only)  |   |

| Mailing Address       17219 CLOVIS         City       State       Zip Code         HELOTES       TX       78023         FEC ID number of contributing<br>federal political committee.       C       Transaction ID: INC.A.77268         Name of Employer<br>MEDCO HEALTH SOLUTIONS       Occupation<br>DIR PHARM OPS       Aggregate Year-to-Date ▼         Primary       General<br>Other (specify) ▼       Aggregate Year-to-Date ▼         SUBTOTAL of Receipts This Page (optional)       138.47  |    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                           | FOR LINE NUMBER:       PAGE 87 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17   |
|---|----|--|---|---|
| A.       Full Name (Last, First, Middle Initial)<br>Making Address 2954 DOLPHIN CT       Date of Receipt         City       State       Zp Code         FEC ID number of contributing<br>referse policial committee       C       Transaction ID: INCA.77164         Maing Address       2354 DOLPHIN CT       Transaction ID: INCA.77164         Maing Address       C       Transaction ID: INCA.77164         Metbody IEAC       Occupation<br>DIR PHARM PRACTICE       Transaction ID: INCA.77164         Receipt For:       Aggregate Year-to-Date ▼       Occupation         Other (specify) ▼       Occupation       Date of Receipt         Maing Address       9 GREEN HILL TRAIL       Date of Receipt         Maing Address       9 GREEN HILL TRAIL       Transaction ID: INCA.77234         Maing Address       9 GREEN HILL TRAIL       Transaction ID: INCA.77234         Maing Address       9 GREEN HILL TRAIL       Transaction ID: INCA.77234         Maing Address       9 GREEN HILL TRAIL       Transaction ID: INCA.77234         Maing Address       9 GREEN HILL TRAIL       Transaction ID: INCA.77234         Maing Address       10 Countrobuting       C       Transaction ID: INCA.77234         Maing Address       10 Countrobuting       C       Transaction ID: INCA.77288         Maing Address       121  |    | or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)   | name and address of any political committee to  | solicit contributions from such committee.  |
| Other (specify)       346.23         B.       Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       9 GREEN HILL TRAIL       Date of Receipt         City       State       Zip Code         TROPHY CLUB       TX       76262         FEC. ID number of contributing<br>federal political committee.       C       TX         Mare of Employer<br>MEDCO HEALTH SOLUTIONS       Occupation<br>VP NATIONAL SERVICE CENTER       Aggregate Year-to-Date         Receipt For:       Primary       General       450.00         Other (specify) ▼       State       Zip Code         Mailing Address       17219 CLOVIS       Transaction ID: INC.A.77283         City       State       Zip Code       Transaction ID: INC.A.77283         Mailing Address       17219 CLOVIS       Transaction ID: INC.A.77283         City       State       Zip Code         HELOTES       TX       78023         FEC ID number of contributing<br>federal political committee.       C       Aggregate Year-to-Date       Amount of Each Receipt this Period         Menumer of Employer       Occupation<br>DIR PHARM OPS       Aggregate Year-to-Date       Transaction ID: INC.A.77283         Amount of Each Receipt this Period       50.00       50.00       50.00 <th>Α.</th> <th>MRS KATHARINE FEDUSKA<br/>Mailing Address 2354 DOLPHIN CT<br/>City<br/>HENDERSON<br/>FEC ID number of contributing<br/>federal political committee.<br/>Name of Employer<br/>MEDCO HEALTH SOLUTIONS<br/>Receipt For:</th> <th>NV 89074 C Occupation DIR PHARM PRACTICE</th> <th>M       M       M       D       D       Y</th> | Α. | MRS KATHARINE FEDUSKA<br>Mailing Address 2354 DOLPHIN CT<br>City<br>HENDERSON<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:   | NV 89074 C Occupation DIR PHARM PRACTICE  | M       M       M       D       D       Y   |
| C.       MR BERNARD HUKILL       Date of Receipt         Mailing Address       17219 CLOVIS         City       State       Zip Code         HELOTES       TX       78023         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer MEDCO HEALTH SOLUTIONS       Occupation DIR PHARM OPS       50.00         Receipt For:       Aggregate Year-to-Date ▼       450.00         SUBTOTAL of Receipts This Page (optional)       138.47   | B. | Other (specify)         Full Name (Last, First, Middle Initial)         MR JOSEPH FRENDO         Mailing Address       9 GREEN HILL TRAIL         City         TROPHY CLUB         FEC ID number of contributing federal political committee.         Name of Employer MEDCO HEALTH SOLUTIONS         Receipt For:         Primary       General | State Zip Code<br>TX 76262<br>C<br>Occupation<br>VP NATIONAL SERVICE CENTER<br>Aggregate Year-to-Date ▼ | M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z   |
|   | C. | MR BERNARD HUKILL Mailing Address 17219 CLOVIS City HELOTES FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General  | TX     78023       C     Occupation       DIR PHARM OPS       Aggregate Year-to-Date                    | M M       /       D       D       /       Y |
| TOTAL This Period (last page this line number only)   |    |  |   | 138.47  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   | Use separate<br>for each cate<br>Detailed Sum   | schedule(s)<br>gory of the | FOR LINE NUMBER:     PAGE 88 / 167       (check only one)     11a     11b     11c     12       13     14     15     16     17 |
|---------|--|---|----------------------------|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F | name and address of any politi                  | ical committee to so       | licit contributions from such committee.  |
| A.      | Full Name (Last, First, Middle Initial)<br>MR RICHARD JONES<br>Mailing Address 12224 MONTCALM ST   | REET  |                            | Date of Receipt<br>0 2 / 2 0 / 2 0 1 0  |
|         | City   | State Zip Code                                  |                            | Transaction ID: INC.A.77295   |
|         | CARMEL<br>FEC ID number of contributing<br>federal political committee.  | IN 46032  |                            | Amount of Each Receipt this Period 25.00  |
|         | Name of Employer         MEDCO HEALTH SOLUTIONS         Receipt For:         Primary       General         Other (specify)   | Occupation<br>VP/GM<br>Aggregate Year-to-Date ▼ | 225.00                     |   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MR ROSS LUCE<br>Mailing Address 1066 WEST GROVE C   | Т   |                            | Date of Receipt<br>0 2 2 0 2 2 0 1 0  |
|         | City   | State Zip Code                                  |                            | Transaction ID: INC.A.77059   |
|         | GIBSONIA<br>FEC ID number of contributing<br>federal political committee.  | PA 15044  |                            | Amount of Each Receipt this Period 30.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM                             |                            |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date                          | 270.00                     |   |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>MRS CATHY PATTEN<br>Mailing Address 2001 MEADOWS AVE  | NUE   |                            | Date of Receipt<br>0 2 2 0 2 2 0 1 0  |
|         | City   | State Zip Code                                  |                            | Transaction ID: INC.A.77214   |
|         | LANTANA  | TX 76226  |                            | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   |                            | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM                             |                            |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date                          | 225.00                     |   |
| Γ       | SUBTOTAL of Receipts This Page (optional)  |   |                            | 80.00   |
|         | TOTAL This Period (last page this line number  | only)   | ····· •                    |   |

|            | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 89 / 167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17  |
|------------|---|---------------------|---|---|
|            | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | tatements may       | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee.   |
|            | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | POLITICAL           | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| <b>A</b> . | Full Name (Last, First, Middle Initial)<br>MR PAVLOS PAVLIDIS                                       | Date of Receipt     |   |   |
|            | Mailing Address 2780 FOLKSTONE RC   | DAD                 |   | M         M         /         D         D         /         Y |
|            | City  | State               | Zip Code  | Transaction ID: INC.A.77017   |
|            | COLUMBUS<br>FEC ID number of contributing<br>federal political committee.                           | OH<br>C             | 43220   | Amount of Each Receipt this Period  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM  | n   |   |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate           | e Year-to-Date<br>225.00  | ]   |
| в.         | Full Name (Last, First, Middle Initial)<br>MR GILBERT RAINES<br>Mailing Address 800 SANDY TRAIL     |                     |   | Date of Receipt   |
|            |   |                     |   | 02 20 2010  |
|            | City<br>KELLER  | State<br>TX         | Zip Code<br>76248   | Transaction ID: INC.A.77393<br>Amount of Each Receipt this Period   |
|            | FEC ID number of contributing federal political committee.  | C                   |   | 25.00   |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR HR |   |   |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate           | e Year-to-Date ♥<br>225.00  | ]   |
| С.         | Full Name (Last, First, Middle Initial)<br>MR THOMAS SHANAHAN, III                                  |                     |   | Date of Receipt   |
|            | Mailing Address 266 BRUSHY CREEK  | AVE                 |   | 02 / 20 / Y Y Y Y<br>02 20 20 10  |
|            |   | State               | Zip Code  | Transaction ID: INC.A.77196   |
|            | LAS VEGAS<br>FEC ID number of contributing<br>federal political committee.                          | C                   | 89148   | Amount of Each Receipt this Period 60.00  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM  | n   |   |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate           | e Year-to-Date<br>540.00  | ]   |
|            | SUBTOTAL of Receipts This Page (optional)   |                     |   | 110.00  |
|            | TOTAL This Period (last page this line number of  | only)               |   |   |

|    | SCHEDULE A (FEC Form 3X)                                      |             |  | FOR LINE NUMBER: PAGE 90 / 167                 |
|----|---|-------------|--|--|
|    | · · ·   |             | Use separate schedule(s)<br>for each category of the | (check only one)                               |
|    | ITEMIZED RECEIPTS   |             | Detailed Summary Page                                | X 11a 11b 11c 12                               |
|    |   |             | Detailed Guillinary Laye                             | 13 14 15 16 17                                 |
| [  | Any information copied from such Reports and St               | atements ma | ay not be sold or used by any perso                  | on for the purpose of soliciting contributions |
|    | or for commercial purposes, other than using the              | name and ad | Idress of any political committee to                 | solicit contributions from such committee.     |
|    | NAME OF COMMITTEE (In Full)                                   |             |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. P                                 | OLITICAL    | ACTION COMMITTEE (a.k.a                              | . Medco Health PAC)                            |
|    | /   |             | ·  | -  |
| •  | Full Name (Last, First, Middle Initial)                       |             |  | Data of Descript                               |
| Α. | MS JENNIFER SPIDLE  |             |  | Date of Receipt                                |
|    | Mailing Address 6108 HUNTER LANE                              |             |  | 02 20 Y Y Y Y<br>02 20 2010                    |
|    | City  | State       | Zip Code   | Transaction ID: INC.A.77225                    |
|    | COLLEYVILLE   | TX          | 76034  | Amount of Each Receipt this Period             |
|    |   |             | TUUUT  |  |
|    | FEC ID number of contributing<br>federal political committee. | C           | *  | 25.00  |
|    |   |             |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupatio   | n  |  |
|    |   | VP/GM       |  |  |
|    | Receipt For:  | Aggregat    | e Year-to-Date 🔻                                     |  |
|    | Primary General   |             | 225.00   | 1  |
|    | Other (specify)   |             | 225.00   | ] ]  |
| -  |   |             |  |  |
| _  | Full Name (Last, First, Middle Initial)                       |             |  |  |
| В. | MR TIMOTHY SWETT  |             |  | Date of Receipt                                |
|    | Mailing Address 8362 GOLDEN PRAIRI                            | E DRIVE     |  | 02 / 20 / Y Y Y Y<br>02 / 20 / 2010            |
|    | City  | Stata       | Zip Code   |  |
|    |   | State       |  | Transaction ID: INC.A.77085                    |
|    | TAMPA   | FL          | 33647  | Amount of Each Receipt this Period             |
|    | FEC ID number of contributing<br>federal political committee. | С           |  | 50.00  |
|    |   |             |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupatio   | วท   |  |
|    |   | VP/GM       |  |  |
|    | Receipt For:  | Aggregat    | e Year-to-Date 🔻                                     |  |
|    | Primary General   |             | 450.00   | 11   |
|    | Other (specify)   |             | 450.00   | ]]   |
| -  |   |             |  | -  |
| •  | Full Name (Last, First, Middle Initial)                       |             |  |  |
| C. |   |             |  | Date of Receipt                                |
|    | Mailing Address 1881 GREENTREE RC                             | DAD         |  | 02 20 Y Y Y Y<br>2010                          |
|    | City  | State       | Zip Code   | Transaction ID: INC.A.77056                    |
|    | LEBANON   | OH          | 45036  |  |
|    |   | UT          | 40000  | Amount of Each Receipt this Period             |
|    | FEC ID number of contributing<br>federal political committee. | C           |  | 50.00  |
|    |   |             |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupatio   | วท   |  |
|    |   | DIR PRO     | OFESSIONAL PRACTICES                                 |  |
|    | Receipt For:  | Aggregat    | e Year-to-Date 🔻                                     |  |
|    | Primary General   |             | 450.00   | 1  |
|    | Other (specify)   | 0 0         | 450.00   | ] ]  |
|    |   |             |  |  |
|    |   |             |  |  |
|    | SUBTOTAL of Receipts This Page (optional)                     |             |  | 125.00   |
| ľ  |   |             |  |  |
|    | TOTAL This Period (last page this line number of              | only)       |  |  |
|    |   |             |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                     | FOR LINE NUMBER:       PAGE 91 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|---|---|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | tatements may not be sold or used by any person<br>name and address of any political committee to | n for the purpose of soliciting contributions   |
|         |   | POLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)   |
| Α.      | Full Name (Last, First, Middle Initial)<br>MR CALVIN WASDYKE  |   | Date of Receipt   |
|         | Mailing Address 5 APPLE ORCHARD F   | {D  | 0 2 / 2 0 / Y Y Y Y<br>2 0 1 0  |
|         | City  | State Zip Code  | Transaction ID: INC.A.77209   |
|         | MOORESTOWN  | NJ 08057  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM   |   |
|         | Receipt For:  | Aggregate Year-to-Date  |   |
|         | Primary     General       Other (specify) ▼   | 450.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MR JAMES ZIRPOLI   |   | Date of Receipt   |
|         | Mailing Address 6691 DEERVIEW DRI   | VE  | M · M         /         D · D         /         Y · Y · Y · Y         Y           0 2         2 0         2 0 1 0         2 0 1 0                                       |
|         | City  | State Zip Code  | Transaction ID: INC.A.77124   |
|         |   | OH 45140  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.   |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM   |   |
|         | Receipt For:  | Aggregate Year-to-Date 🔻  |   |
|         | Other (specify) ▼   | 225.00  |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MS LESLIE ACHTER   | I   | Date of Receipt   |
|         | Mailing Address 821 ALBEMARLE STF   | REET  | 0 2 2 7 Y Y Y Y<br>0 2 2 7 2 0 1 0  |
|         | City<br>WYCKOFF   | State Zip Code<br>NJ 07481  | Transaction ID: INC.A.77058<br>Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.  | C   |   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>EXEC DIR ANALYTICAL SVCS  | -   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   | · · · · · · · · · · · · · · · · · · ·   | 125.00  |
| ŀ       | TOTAL This Period (last page this line number   | only)   |   |

|    | SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 92 / 167  |  |  |  |
|----|--|--|---|--|--|--|
|    | ITEMIZED RECEIPTS  | for each category of the   | (check only one)  |  |  |  |
|    |  | Detailed Summary Page  | X 11a 11b 11c 12  |  |  |  |
|    | Г  |  | 13 14 15 16 17  |  |  |  |
|    | Any information copied from such Reports and S   | Statements may not be sold or used by any person   | for the purpose of soliciting contributions   |  |  |  |
|    |  | e name and address of any political committee to s   | olicit contributions from such committee.   |  |  |  |
|    |  |  |   |  |  |  |
|    | > MEDCO HEALTH SOLUTIONS INC.  | POLITICAL ACTION COMMITTEE (a.k.a.   | Medco Health PAC)   |  |  |  |
|    | /  |  |   |  |  |  |
|    | Full Name (Last, First, Middle Initial)  | Date of Receipt  |   |  |  |  |
| Α. |  |  |   |  |  |  |
|    | Mailing Address 1021 SUNSET RIDGE  | <u>-</u>   | 02<br>27<br>2010  |  |  |  |
|    | <u></u>  |  |   |  |  |  |
|    | City   | State Zip Code   | Transaction ID: INC.A.76968   |  |  |  |
|    | BRIDGEWATER  | NJ 08807   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing  | С  | 50.00   |  |  |  |
|    | federal political committee.   |  |   |  |  |  |
|    | Name of Employer   | Occupation   | 4   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | VP PHARM CONTRACT & CONSULTI   |   |  |  |  |
|    |  |  |   |  |  |  |
|    | Receipt For:<br>Primary General  | Aggregate Year-to-Date   |   |  |  |  |
|    |  | 250.00   |   |  |  |  |
|    | Other (specify)  |  |   |  |  |  |
|    |  |  |   |  |  |  |
| -  | Full Name (Last, First, Middle Initial)  |  | Data of Data int  |  |  |  |
| В. | MR STEPHEN ADLER   |  | Date of Receipt   |  |  |  |
|    | Mailing Address 139 BELLVALE LAKE  | 02<br>27<br>2010   |   |  |  |  |
|    | <u></u>  |  |   |  |  |  |
|    | City   | State Zip Code   | Transaction ID: INC.A.77055   |  |  |  |
|    | WARWICK  | NY 10990   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing  | С  | 50.00   |  |  |  |
|    | federal political committee.   |  |   |  |  |  |
|    |  | Occurretion  | 4   |  |  |  |
|    | Name of Employer   | LUCCUDATION  |   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |  |   |  |  |  |
|    |  | VP INFO TECHNOLOGY   |   |  |  |  |
|    | Receipt For:   |  |   |  |  |  |
|    | Receipt For:<br>Primary General  | VP INFO TECHNOLOGY   |   |  |  |  |
|    | Receipt For:   | VP INFO TECHNOLOGY       Aggregate Year-to-Date  |   |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | VP INFO TECHNOLOGY       Aggregate Year-to-Date  |   |  |  |  |
| C  | Receipt For:<br>Primary General<br>Other (specify) ▼<br>Full Name (Last, First, Middle Initial)  | VP INFO TECHNOLOGY       Aggregate Year-to-Date  | Date of Receipt   |  |  |  |
| C. | Receipt For:<br>Primary General<br>Other (specify) ▼<br>Full Name (Last, First, Middle Initial)<br>DR JODY ALLEN   | VP INFO TECHNOLOGY<br>Aggregate Year-to-Date ▼<br>250.00   | Date of Receipt   |  |  |  |
| C. | Receipt For:<br>Primary General<br>Other (specify) ▼<br>Full Name (Last, First, Middle Initial)  | VP INFO TECHNOLOGY<br>Aggregate Year-to-Date ▼<br>250.00   | Date of Receipt   |  |  |  |
| C. | Receipt For:<br>Primary General<br>Other (specify) ▼<br>Full Name (Last, First, Middle Initial)<br>DR JODY ALLEN<br>Mailing Address 3031 MOUNT HILL D  | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00   | M M / D D / Y Y Y Y<br>02 27 2010   |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       City   | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code  | M M         /         D         /         Y |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN   | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00   | M M / D D / Y Y Y Y<br>02 27 2010   |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN         FEC ID number of contributing   | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code  | M         M         /         D         /         Y   |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN   | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code         VA       23113   | M M / D D / Y Y Y Y<br>0 2 2 7 2 0 1 0<br>Transaction ID: INC.A.77054<br>Amount of Each Receipt this Period   |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN         FEC ID number of contributing federal political committee.  | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code         VA       23113         C         Occupation  | M M M       /       D       D       /       Y   |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN         FEC ID number of contributing   | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code         VA       23113   | M M M       /       D       D       /       Y   |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN         FEC ID number of contributing federal political committee.  | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code         VA       23113         C         Occupation         VP CLINICAL POLICY-GOV AFFAIRS   | M M M       /       D       D       /       Y   |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN         FEC ID number of contributing federal political committee.         Name of Employer         MEDCO HEALTH SOLUTIONS  | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code         VA       23113         C         Occupation         VP CLINICAL POLICY-GOV AFFAIRS         Aggregate Year-to-Date                | M M M       /       D       D       /       Y   |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN         FEC ID number of contributing federal political committee.         Name of Employer MEDCO HEALTH SOLUTIONS         Receipt For:   | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code         VA       23113         C         Occupation         VP CLINICAL POLICY-GOV AFFAIRS   | M M M       /       D       D       /       Y   |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN         FEC ID number of contributing federal political committee.         Name of Employer MEDCO HEALTH SOLUTIONS         Receipt For:       Primary         General                                 | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code         VA       23113         C         Occupation         VP CLINICAL POLICY-GOV AFFAIRS         Aggregate Year-to-Date                | M M M       /       D       D       /       Y   |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN         FEC ID number of contributing federal political committee.         Name of Employer MEDCO HEALTH SOLUTIONS         Receipt For:       Primary         General                                 | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code         VA       23113         C         Occupation         VP CLINICAL POLICY-GOV AFFAIRS         Aggregate Year-to-Date                | M M / D D / Y Y Y Y<br>2 7 2 0 1 0<br>Transaction ID: INC.A.77054<br>Amount of Each Receipt this Period<br>50.00  |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN         FEC ID number of contributing federal political committee.         Name of Employer MEDCO HEALTH SOLUTIONS         Receipt For:       Primary         General                                 | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code         VA       23113         C         Occupation         VP CLINICAL POLICY-GOV AFFAIRS         Aggregate Year-to-Date         250.00 | M M M       /       D D       /       Y Y Y Y       Y         0 2       2 7       2 0 1 0         Transaction ID: INC.A.77054         Amount of Each Receipt this Period         50.00  |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN         FEC ID number of contributing federal political committee.         Name of Employer         MEDCO HEALTH SOLUTIONS         Receipt For:         Primary       General         Other (specify) | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code         VA       23113         C         Occupation         VP CLINICAL POLICY-GOV AFFAIRS         Aggregate Year-to-Date         250.00 | M M / D D / Y Y Y Y<br>2 7 2 0 1 0<br>Transaction ID: INC.A.77054<br>Amount of Each Receipt this Period<br>50.00  |  |  |  |
| C. | Receipt For:       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       DR JODY ALLEN         Mailing Address       3031 MOUNT HILL D         City       MIDLOTHIAN         FEC ID number of contributing federal political committee.         Name of Employer         MEDCO HEALTH SOLUTIONS         Receipt For:         Primary       General         Other (specify) | VP INFO TECHNOLOGY         Aggregate Year-to-Date         250.00         R         State       Zip Code         VA       23113         C         Occupation         VP CLINICAL POLICY-GOV AFFAIRS         Aggregate Year-to-Date         250.00 | M M / D D / Y Y Y Y<br>2 7 2 0 1 0<br>Transaction ID: INC.A.77054<br>Amount of Each Receipt this Period<br>50.00  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS               | totomonto mo         | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 93 / 167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17  |
|----|---|----------------------|---|---|
|    | or for commercial purposes, other than using the            | e name and ad        | ldress of any political committee to  | o solicit contributions from such committee.  |
|    | NAME OF COMMITTEE (In Full)                                 |                      |   |   |
|    | MEDCO HEALTH SOLUTIONS INC. F                               | POLITICAL            | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)                     | Date of Receipt      |   |   |
|    | Mailing Address 4405 WISMER ROAD                            |                      |   | 02 27 Y Y Y<br>02 27 2010   |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.77428   |
|    | DOYLESTOWN  | PA                   | 18901   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                    |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                  | Occupatio<br>VP SEC  | on<br>URITY & ASSET PROTECT   | ION   |
|    | Receipt For:  | Aggregate            | e Year-to-Date 🔻  |   |
|    | Primary     General       Other (specify) ▼                 | 0 0                  | 250.00  | ]   |
| в. | Full Name (Last, First, Middle Initial)<br>MR JAMES ALLOCCO |                      |   | Date of Receipt   |
|    | Mailing Address 19 ROSS ROAD                                |                      |   | M         M         /         D         D         /         Y |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.77135   |
|    | SCARSDALE   | NY                   | 10583   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | С                    |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                  | Occupatio<br>VP INFC | on<br>) TECHNOLOGY  |   |
|    | Receipt For:<br>Primary General                             | Aggregate            | e Year-to-Date 🔻  | _   |
|    | Other (specify) ▼   | 0 0                  | 250.00  |   |
| C. | Full Name (Last, First, Middle Initial)<br>TEJWANSH ANAND   | •                    |   | Date of Receipt   |
|    | Mailing Address 10 WHIPPOORWILL I                           | LAKE ROAD            | )   | 0 2 / 2 7 Y Y Y<br>0 2 0 1 0  |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.77389   |
|    | CHAPPAQUA   | NY                   | 10514   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                    |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                  | Occupatio<br>VP INFC | on<br>D TECHNOLOGY  |   |
|    | Receipt For:  | Aggregate            | e Year-to-Date 🔻  | _   |
|    | Primary     General       Other (specify) ▼                 | 0.0                  | 250.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)                   | •                    |   | 150.00  |
|    | TOTAL This Period (last page this line number               | only)                |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | for each  | parate schedule(s)<br>n category of the<br>d Summary Page | FOR LINE NUMBER:       PAGE 94 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|---|---|---|---|
|         | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | atements may not be sol<br>name and address of an | d or used by any person<br>y political committee to       | n for the purpose of soliciting contributions   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL ACTION (                                 | COMMITTEE (a.k.a.   | Medco Health PAC)   |
| Α.      | Full Name (Last, First, Middle Initial)<br>DENNIS AUCH  |   |   | Date of Receipt   |
|         | Mailing Address 1981 E. COVEY VIEW  | COURT   |   | 0 2 / 2 7 / Y Y Y Y<br>0 2 / 2 7 / 2 0 1 0  |
|         | City  | State Zip Co                                      |   | Transaction ID: INC.A.77532   |
|         | SALT LAKE CITY<br>FEC ID number of contributing<br>federal political committee.                     | UT 8410   | 6   | Amount of Each Receipt this Period 50.00  |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation<br>VP OPS                              |   |   |
|         | Receipt For:<br>Primary General   | Aggregate Year-to-Da                              | ate ▼<br>250.00   |   |
| -       | Other (specify) ▼   | 0 0 0 0   | 230.00  |   |
| В.      | Full Name (Last, First, Middle Initial)<br>ERIK BAGIN<br>Mailing Address 73 HIGHLAND AVENU          | E   |   | Date of Receipt   |
|         | City  | State Zip C                                       | ode   | 0 2 2 7 2 0 1 0<br>Transaction ID: INC.A.77433  |
|         | GLEN RIDGE  | NJ 07028  |   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>GENERAL MGR C                       |   | _   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-D                               | 250.00  |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MS BECKIE BARATKO<br>Mailing Address 80 N. WOODLAND ST   | REET  |   | Date of Receipt   |
|         | City<br>ENGLEWOOD   | State Zip Co<br>NJ 0763                           |   | Transaction ID: INC.A.77316<br>Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.  | C   |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP PROPOSAL U                       | NIT   | -   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Da                              | ate ▼<br>250.00   |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |   |   | 150.00  |
| ŀ       | TOTAL This Period (last page this line number of  | only)   | ·····   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 95 / 167         (check only one)       11a       11b       11c       12         X       11a       14       15       16       17 |
|----|---|-------------------------------|---|--|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | tatements may<br>name and add | y not be sold or used by any pers<br>dress of any political committee to      | on for the purpose of soliciting contributions of solicit contributions from such committee.   |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  |                               | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR THOMAS BARATTA  |                               |   | Date of Receipt  |
|    | Mailing Address 69 SKYLINE DR   | 0 2 / 2 7 2 0 1 0             |   |  |
|    |   | State                         | Zip Code  | Transaction ID: INC.A.77239  |
|    | UPPER SADDLE RIVER<br>FEC ID number of contributing<br>federal political committee.                 | NJ<br>C                       | 07458   | Amount of Each Receipt this Period   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP INFO         |   | _  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼<br>250.00  | ]  |
| в. | Full Name (Last, First, Middle Initial)<br>JANE BARLOW  |                               |   | Date of Receipt  |
|    | Mailing Address 3 AVALON COURT  |                               |   | 02 / 27 / 2010   |
|    |   | State                         | Zip Code  | Transaction ID: INC.A.77473  |
|    | HOPEWELL JUNCTION<br>FEC ID number of contributing<br>federal political committee.                  | C                             | 12533   | Amount of Each Receipt this Period   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP MED          | n<br>ICAL POLICIES  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼<br>250.00  | ]  |
| с. | Full Name (Last, First, Middle Initial)<br>MR MICHAEL BARONE  |                               |   | Date of Receipt  |
|    | Mailing Address 452 MEDWAY ROAD   |                               |   | 02 27 Y Y Y<br>02 27 2010  |
|    | City  | State                         | Zip Code  | Transaction ID: INC.A.77507  |
|    | HIGHLAND HEIGHTS<br>FEC ID number of contributing<br>federal political committee.                   | ОН                            | 44143   | Amount of Each Receipt this Period   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP & G         | n<br>ENERAL MGR   |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                     | 960.00  | ]  |
|    | SUBTOTAL of Receipts This Page (optional)   |                               |   | 292.00   |
|    | TOTAL This Period (last page this line number of  | only)                         |   |  |

|    |  | <b>.</b>   |  |
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|    | SCHEDULE A (FEC Form 3X)   |  | FOR LINE NUMBER: PAGE 96 / 167   |
|    | · · · ·  | Use separate schedule(s)<br>for each category of the   | (check only one)   |
|    | ITEMIZED RECEIPTS  | Detailed Summary Page  | X 11a 11b 11c 12   |
|    |  | , ,  | 13 14 15 16 17   |
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r | atements may not be sold or used by any person<br>name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. PO   | OLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR DAVID BAUGH  | Date of Receipt  |  |
|    | Mailing Address 1813 ADONIS AVE  | 0 2 / D D / Y Y Y Y<br>0 2 / 2 7 / 2 0 1 0   |  |
|    | City   | State Zip Code   | Transaction ID: INC.A.77372  |
|    | HENDERSON  | NV 89074   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | C  | 58.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>MGR BENEFIT DELIVERY SYSTEMS   |  |
|    | Receipt For:   | Aggregate Year-to-Date ▼   | 1  |
|    | Primary General  |  |  |
|    | Other (specify)  | 290.00   |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR PETER BEGANS   |  | Date of Receipt  |
|    | Mailing Address 1605 CHARNITA CT   |  | M M / D D / Y Y Y Y<br>02 27 2010  |
|    | City   | State Zip Code   | Transaction ID: INC.A.77201  |
|    | VIENNA   | VA 22182   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | <b>C</b>   | 100.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP GOVERNMENT AFFAIRS  |  |
|    | Receipt For:   | Aggregate Year-to-Date 🔻   |  |
|    | Primary General  | E00.00   |  |
|    | Other (specify) 🔻  | 500.00   |  |
| с. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN BELL   |  | Date of Receipt  |
|    | Mailing Address 24 GLENWOOD ROAD   |  | 0 2 / D D / Y Y Y Y<br>0 2 / 2 7 / 2 0 1 0   |
|    | City   | State Zip Code   | Transaction ID: INC.A.77392  |
|    | UPPER SADDLE RIVER   | NJ 07458   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | <b>C</b>   | 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP FINANCE   | ]  |
|    | Receipt For:   | Aggregate Year-to-Date 🔻   |  |
|    | Primary General<br>Other (specify) ▼   | 250.00   |  |
|    | SUBTOTAL of Receipts This Page (optional)  |  | 208.00   |
|    |  |  |  |
|    | TOTAL This Period (last page this line number o  | nly) 🕨   |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER:         PAGE 97 / 167           (check only one) |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the  | 13     14     15     16     17       for the purpose of soliciting contributions olicit contributions from such committee. |   |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |
| А. | Full Name (Last, First, Middle Initial)<br>INDERPAL BHANDARI   | Date of Receipt  |   |  |  |  |  |  |
|    | Mailing Address 220 ARDSLEY ROAD   | M M / D D / Y Y Y Y<br>02 27 2010  |   |  |  |  |  |  |
|    |  | State Zip Code   | Transaction ID: INC.A.77456                                       |  |  |  |  |  |
|    | SCARSDALE<br>FEC ID number of contributing<br>federal political committee.                           | NY 10583   | Amount of Each Receipt this Period 50.00                          |  |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP CLINICAL SVCS   | -   |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00   |   |  |  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MS SUZANNE BLACKBURN<br>Mailing Address 4520 LINWOOD LANE |  | Date of Receipt   |  |  |  |  |  |
|    |  |  | 02 27 2010  |  |  |  |  |  |
|    | City<br>DEEPHAVEN  | State Zip Code<br>MN 55331   | Transaction ID: INC.A.77371<br>Amount of Each Receipt this Period |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C  | 50.00   |  |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP CLIENT & MKT STRATEGIC DEV   |   |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date  250.00   |   |  |  |  |  |  |
| с. | Full Name (Last, First, Middle Initial)<br>MR JONATHAN BLAUMAN                                       |  | Date of Receipt   |  |  |  |  |  |
|    | Mailing Address 50 NEW ENGLAND DF  | 1  | 0 2 / D D / Y Y Y Y<br>0 2 0 1 0                                  |  |  |  |  |  |
|    |  | State Zip Code   | Transaction ID: INC.A.77192                                       |  |  |  |  |  |
|    | RAMSEY<br>FEC ID number of contributing<br>federal political committee.                              | NJ 07446   | Amount of Each Receipt this Period                                |  |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP MKTING & PRODUCT DEV  |   |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ♥   | Aggregate Year-to-Date ▼<br>250.00   |   |  |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  |  | 150.00  |  |  |  |  |  |
|    | TOTAL This Period (last page this line number of   | only)  |   |  |  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 98 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |  |  |
|----|---|-------------------------------|---|---|--|--|
|    | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the | tatements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee.   |  |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  |                               | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR STEVEN BLOOM  |                               |   |   |  |  |
|    | Mailing Address 17818 ARBOR GREEN   | NE DR                         |   | 0 2 / 2 7 / Y Y Y Y<br>0 2 / 2 7 / 2 0 1 0  |  |  |
|    | City<br>TAMPA   | State<br>FL                   | Zip Code  | Transaction ID: INC.A.77191   |  |  |
|    | FEC ID number of contributing federal political committee.  | C                             | 33647   | Amount of Each Receipt this Period  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP FIELI         |   |   |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼<br>250.00  | ]   |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>KEN BODMER   |                               |   | Date of Receipt   |  |  |
|    | Mailing Address P.O. BOX 381947   |                               |   | 0 2 2 7 Y Y Y Y<br>2 7 2 0 1 0  |  |  |
|    | City  | State                         | Zip Code  | Transaction ID: INC.A.77280   |  |  |
|    | GERMANTOWN<br>FEC ID number of contributing<br>federal political committee.                         | TN                            | 38183   | Amount of Each Receipt this Period  |  |  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | 1 I                           | CCREDO HEALTH GROUP   |   |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                     | e Year-to-Date<br>960.00  | ]   |  |  |
| С. | Full Name (Last, First, Middle Initial)<br>MR BARRY BOUDREAUX                                       |                               |   | Date of Receipt   |  |  |
|    | Mailing Address 6527 SHORBURGH D  | RIVE                          |   | 02 / Y Y Y Y<br>02 27 2010  |  |  |
|    | City  | State                         | Zip Code  | Transaction ID: INC.A.76938   |  |  |
|    | INDIANAPOLIS<br>FEC ID number of contributing<br>federal political committee.                       | IN<br>C                       | 46278   | Amount of Each Receipt this Period 25.00  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR PHA          | n<br>ARM PRACTICE   |   |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼<br>225.00  | ]   |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |                               |   | 267.00  |  |  |
|    | TOTAL This Period (last page this line number   | only)                         |   |   |  |  |

| SCHEDULE A                                     | (FEC Form 3X)<br>CEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:     PAGE 99 / 167       (check only one)     X       X     11a       11b     11c       13     14       15     16 |
|--|---|---|---|
| Any information copie<br>or for commercial pur | ed from such Reports and Stater poses, other than using the nam | for the purpose of soliciting contributions from such committee.              |   |
| NAME OF COMM<br>MEDCO HEAL                     | , ,   | ITICAL ACTION COMMITTEE (a.k.a. )   | Medco Health PAC)   |
| Full Name (Last, F<br>MS SALLIE BOWD           |   |   | Date of Receipt   |
| Mailing Address                                | 5259 FISHERCREST LN   |   | 02 / D D / Y Y Y Y<br>02 27 2010  |
| City   |   | State Zip Code  | Transaction ID: INC.A.77324   |
| RICHMOND<br>FEC ID number o                    | f contributing  | VA 23231  | Amount of Each Receipt this Period 200.00   |
| federal political co                           |   | C   |   |
| Name of Employe<br>MEDCO HEALTH                | r<br>I SOLUTIONS  | Decupation /P FORMULARY CONSULTING  |   |
| Receipt For:                                   |   | Aggregate Year-to-Date V  |   |
| Other (spec                                    | ify) ▼  | 1000.00   |   |
| Full Name (Last, F                             | First, Middle Initial)  |   | Date of Receipt   |
| Mailing Address                                | 15 DAWN LANE  |   | M M / D D / Y Y Y Y<br>02 27 2010   |
| City   |   | State Zip Code  | Transaction ID: INC.A.77368   |
| RINGWOOD                                       | · · · · ·   | NJ 07456  | Amount of Each Receipt this Period  |
| FEC ID number o<br>federal political co        |   | C   | 50.00   |
| Name of Employe<br>MEDCO HEALTH                |   | Decupation<br>EXEC DIR STRAT PRODUCT MGMT                                     |   |
| Receipt For:                                   |   | Aggregate Year-to-Date 🔻  |   |
| Primary<br>Other (spec                         | General []  | 250.00  |   |
| Full Name (Last, F<br>MS PATRICIA BRA          | First, Middle Initial)  |   | Date of Receipt   |
|  | 210 FROG HOLLOW ROA   | AD  | 02 27 2010  |
| City   |   | State Zip Code  | Transaction ID: INC.A.77306   |
| COATESVILLE<br>FEC ID number o                 | f contributing  | PA 19320 C  | Amount of Each Receipt this Period 85.00  |
| federal political co                           |   | Decupation  |   |
| Name of Employe<br>MEDCO HEALTH                | <u>_</u>  | /P INFO & PROCESS ENGINEERING   |   |
| Receipt For:<br>Primary<br>Other (spec         | General   | Aggregate Year-to-Date ▼<br>425.00  |   |
|  | "y) <b>▼</b>  |   |   |
| SUBTOTAL of Reco                               | eipts This Page (optional)                                      | •   | 335.00  |
| TOTAL This Period                              | (last page this line number only)                               |   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 100 / 167           (check only one) |
|----|--|---|---|--|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions solicit contributions from such committee. |   |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P   | OLITICAL /  | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR JOHN BRENNAN   | Date of Receipt   |   |  |
|    | Mailing Address 2 CARMEN LANE  |   |   | 0 2 / 2 7 / Y Y Y Y<br>0 2 0 1 0                                   |
|    | City<br>FLEMINGTON   | State<br>NJ   | Zip Code<br>08822   | Transaction ID: INC.A.77417<br>Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C   |   | 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP AUDI  |   | -  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | e Year-to-Date ▼<br>250.00  | ]  |
| в. | Full Name (Last, First, Middle Initial)<br>MR KENNETH BROWN  |   |   | Date of Receipt  |
|    | Mailing Address 540 GIORDANO DRIVE   | E   |   | 02 / 27 / Y Y Y Y<br>02 2010                                       |
|    |  | State   | Zip Code  | Transaction ID: INC.A.77022  |
|    | YORKTOWN HEIGHTS<br>FEC ID number of contributing<br>federal political committee.                    | C   |   | Amount of Each Receipt this Period 50.00                           |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |   | ERPRISE BUS INTELLIGEN  | ⊂<br>⊂⊑  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | e Year-to-Date<br>250.00  | ]  |
| C. | Full Name (Last, First, Middle Initial)<br>AMANDA BUNDY  |   |   | Date of Receipt  |
|    | Mailing Address 5812 SEVEN POINTS  | TRACE   |   | 02 27 <u>2010</u><br>02 <u>27</u>                                  |
|    | City   | State   | Zip Code  | Transaction ID: INC.A.77528  |
|    | HERMITAGE<br>FEC ID number of contributing<br>federal political committee.                           | TN C  | 37076   | Amount of Each Receipt this Period 50.00                           |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>VP REIM  | n<br>IBURSEMENT   |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | e Year-to-Date ▼<br>250.00  | ]  |
|    | SUBTOTAL of Receipts This Page (optional)  |   |   | 150.00   |
|    | TOTAL This Period (last page this line number c  | only)   |   |  |

|    | SCHEDULE A (FEC Form 3X)  |                                   |   | FOR LINE NUMBER: PAGE 101 / 167   |  |  |  |  |
|----|---|-----------------------------------|---|---|--|--|--|--|
|    | ITEMIZED RECEIPTS   |                                   | Use separate schedule(s)<br>for each category of the                    | (check only one)  |  |  |  |  |
|    |   |                                   | Detailed Summary Page   | X 11a 11b 11c 12  |  |  |  |  |
|    |   |                                   |   |   |  |  |  |  |
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma                     | ay not be sold or used by any persoldress of any political committee to | on for the purpose of soliciting contributions oslicit contributions from such committee.   |  |  |  |  |
|    |   |                                   |   |   |  |  |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. F   | a. Medco Health PAC)              |   |   |  |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR KEVIN BURON                                       | Date of Receipt                   |   |   |  |  |  |  |
|    | Mailing Address 25 TIMBERLAND   | M M / D D / Y Y Y Y<br>02 27 2010 |   |   |  |  |  |  |
|    | City  | State                             | Zip Code  | Transaction ID: INC.A.77167   |  |  |  |  |
|    | ALISO VIEJO   | CA                                | 92656   | Amount of Each Receipt this Period  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C                                 |   | 50.00   |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>GENER               | on<br>AL MGR GROUP  |   |  |  |  |  |
|    | Receipt For:  |                                   | e Year-to-Date 🔻  |   |  |  |  |  |
|    | Primary General   |                                   |   | 1   |  |  |  |  |
|    | Other (specify)   |                                   | 250.00  |   |  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR GABRIEL CAPPUCCI                                  |                                   |   | Date of Receipt   |  |  |  |  |
|    | Mailing Address 119 WASHINGTON A  | VENUE                             |   | M         M         /         D         D         Y |  |  |  |  |
|    | City  | State                             | Zip Code  | Transaction ID: INC.A.77260   |  |  |  |  |
|    | СНАТНАМ   | NJ                                | 07928   | Amount of Each Receipt this Period  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | С                                 |   | 192.31  |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation                        | on<br>CONTROLLER  |   |  |  |  |  |
|    | Receipt For:  | Aggregat                          | e Year-to-Date 🔻  |   |  |  |  |  |
|    | Other (specify) ▼   |                                   | 961.55  | 1   |  |  |  |  |
|    | ·   |                                   |   |   |  |  |  |  |
| -  | Full Name (Last, First, Middle Initial)   |                                   |   |   |  |  |  |  |
| C. | MS BARBARA CARIGAN  |                                   |   | Date of Receipt   |  |  |  |  |
|    | Mailing Address 3898 ERVA ST.   |                                   |   | 02 27 Y Y Y<br>02 27 2010   |  |  |  |  |
|    | City  | State                             | Zip Code  | Transaction ID: INC.A.77438   |  |  |  |  |
|    | LAS VEGAS   | NV                                | 89147   | Amount of Each Receipt this Period  |  |  |  |  |
|    | FEC ID number of contributing   |                                   |   |   |  |  |  |  |
|    | federal political committee.  | C                                 |   | 25.00   |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>DIR HR              | on  |   |  |  |  |  |
|    | Receipt For:  | Aggregat                          | e Year-to-Date 🔻  |   |  |  |  |  |
|    | Primary General   |                                   | 225.00  | 1   |  |  |  |  |
|    | Other (specify) <b>▼</b>  |                                   | 223.00  |   |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |                                   |   | 267.31  |  |  |  |  |
|    |   |                                   |   |   |  |  |  |  |
|    | TOTAL This Period (last page this line number   | only)                             |   |   |  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)                                       |  |   | FOR LINE NUMBER: PAGE 102/167              |  |  |  |  |
|----|--|--|---|--|--|--|--|--|
|    | · · · ·  |  | Use separate schedule(s)                          | (check only one)                           |  |  |  |  |
|    | ITEMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                           |  |  |  |  |
|    |  |  | Detailed Summary Page                             |  |  |  |  |  |
|    | Any information copied from such Reports and Sta               | tements ma   | v not be sold or used by any perso                |  |  |  |  |  |
|    | or for commercial purposes, other than using the n             | ame and ad   | dress of any political committee to               | solicit contributions from such committee. |  |  |  |  |
|    |  |  |   |  |  |  |  |  |
|    | <b>\</b>   |  |   |  |  |  |  |  |
|    | / MEDCO HEALTH SOLUTIONS INC. PC                               | angle MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |   |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |
|    | Full Name (Last, First, Middle Initial)<br>MR RAYMOND CARLUCCI |  |   | Date of Receipt                            |  |  |  |  |
| Α. |  |  |   |  |  |  |  |  |
|    | Mailing Address 24 SHERI DRIVE                                 | 02 27 2010   |   |  |  |  |  |  |
|    | C'à.   | Ctoto  | Zin Code  |  |  |  |  |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.77276                |  |  |  |  |
|    | ALLENDALE  | NJ   | 07401   | Amount of Each Receipt this Period         |  |  |  |  |
|    | FEC ID number of contributing                                  | <u> </u>   |   | 52.50                                      |  |  |  |  |
|    | federal political committee.                                   | C  |   | 52.50                                      |  |  |  |  |
|    |  |  |   |  |  |  |  |  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP                       | Occupatio  |   |  |  |  |  |  |
|    |  | GROUP  | VP MARKET STRATEGY &                              | <u>u</u> =v                                |  |  |  |  |
|    | Receipt For:   | Aggregate  | e Year-to-Date 🔻                                  |  |  |  |  |  |
|    | Primary General  |  | 262.50  |  |  |  |  |  |
|    | Other (specify) <b>v</b>                                       |  | 202.30  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |
|    | Full Name (Last, First, Middle Initial)                        |  |   |  |  |  |  |  |
| В. | MR JASON COLE  |  |   | Date of Receipt                            |  |  |  |  |
|    | Mailing Address 14917 E BELLA VISTA                            |  |   | M M / D D / Y Y Y Y                        |  |  |  |  |
|    |  |  |   | 02 27 2010                                 |  |  |  |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.77149                |  |  |  |  |
|    | VERADALE   | WA   | 99037   | Amount of Each Receipt this Period         |  |  |  |  |
|    | FEC ID number of contributing                                  |  |   | 05.00                                      |  |  |  |  |
|    | federal political committee.                                   | C  |   | 25.00                                      |  |  |  |  |
|    | -  |  |   |  |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                     | Occupatio  | n   |  |  |  |  |  |
|    |  | VP/GM  |   |  |  |  |  |  |
|    | Receipt For:   | Aggregate  | e Year-to-Date 🔻                                  |  |  |  |  |  |
|    | Primary General  |  | 005.00  |  |  |  |  |  |
|    | Other (specify) 🔻  |  | 225.00  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |
|    | Full Name (Last, First, Middle Initial)                        |  |   |  |  |  |  |  |
| C. | JEFFREYCOOLE   |  |   | Date of Receipt                            |  |  |  |  |
|    | Mailing Address 155 ASTON HALL DRIV                            | /E   |   | M M / D D / Y Y Y Y                        |  |  |  |  |
|    |  |  |   | 02 27 2010                                 |  |  |  |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.77526                |  |  |  |  |
|    | EADS   | TN   | 38028   | Amount of Each Receipt this Period         |  |  |  |  |
|    | FEC ID number of contributing                                  | <b>c</b>   |   | 50.00                                      |  |  |  |  |
|    | federal political committee.                                   | C  |   | 50.00                                      |  |  |  |  |
|    | · · · · · · · · · · · · · · · · · · ·                          |  |   |  |  |  |  |  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP                       | Occupatio  |   |  |  |  |  |  |
|    |  | VP TAX   | AND REGULATORY REPOR                              | 21   |  |  |  |  |
|    | Receipt For:   | Aggregate  | e Year-to-Date 🔻                                  |  |  |  |  |  |
|    | Primary General  |  |   |  |  |  |  |  |
|    | Other (specify)  |  | 250.00  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)                      |  |   | 127.50                                     |  |  |  |  |
|    |  |  |   |  |  |  |  |  |
|    | TOTAL This Pariod (last page this line sumber of               |  | •   |  |  |  |  |  |
|    | TOTAL This Period (last page this line number or               | (III <b>y</b> )  | ·····   |  |  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 103 / 167         (check only one)       11a         X       11a         13       14         15       16         17 |  |  |
|----|---|----------------------|---|---|--|--|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | name and ad          | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |  |  |
|    | NAME OF COMMITTEE (In Full)   |                      |   |   |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. F   | a. Medco Health PAC) |   |   |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>ANTONIO CORREIA                                      | ANTONIO CORREIA      |   |   |  |  |
|    | Mailing Address 19 WILLIAMS LANE  |                      |   | 02<br>27<br>2010  |  |  |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.77459   |  |  |
|    | CHAPPAQUA   | NY 10514             |   | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C                    |   | 50.00   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP BUSI | n<br>NESS DEV   |   |  |  |
|    | Receipt For:  | Aggregate            | e Year-to-Date 🔻  |   |  |  |
|    | Other (specify) ▼   | 0 0                  | 250.00  | ]   |  |  |
| В. | Full Name (Last, First, Middle Initial)<br>MRS BARBARA COSGRIFF                                 |                      |   | Date of Receipt   |  |  |
|    | Mailing Address 2045 MAYFAIR MCLE   | AN COURT             |   | 0 2 / D D / Y Y Y Y<br>0 2 7 2 0 1 0  |  |  |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.77500   |  |  |
|    | FALLS CHURCH  | VA                   | 22043   | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C                    |   | 195.00  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SVP PUE | <sup>n</sup><br>3LIC POL&EXTRNL AFFAIF  | as  |  |  |
|    | Receipt For:<br>Primary General   | Aggregate            | e Year-to-Date 🔻  | _   |  |  |
|    | Other (specify) ▼   | 0 0                  | 975.00  |   |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN COURTMAN                                  | -                    |   | Date of Receipt   |  |  |
|    | Mailing Address 25 FAIRWAY TRAIL  |                      |   | M M         /         D - D         /         Y - Y - Y         Y           0 2         2 7         2 0 1 0         10                          |  |  |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.77136   |  |  |
|    | SPARTA  | NJ                   | 07871   | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C                    |   | 192.31  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | 1 4                  | ARMACY NETWORK MGM <sup>-</sup>   | г   |  |  |
|    | Receipt For:  | Aggregate            | e Year-to-Date 🔻  | _   |  |  |
|    | Primary     General       Other (specify) ▼   | 0 0                  | 961.55  |   |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |                      |   | 437.31  |  |  |
|    | TOTAL This Period (last page this line number   | only)                |   |   |  |  |

|    | SCHEDULE A (FEC Form 3X)                         |  | FOR LINE NUMBER: PAGE 104 / 167            |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|
|    |  | Use separate schedule(s)   | (check only one)                           |  |  |  |  |  |
|    | ITEMIZED RECEIPTS                                | for each category of the<br>Detailed Summary Page                          | X 11a 11b 11c 12                           |  |  |  |  |  |
|    |  | 13 14 15 16 17   |  |  |  |  |  |  |
|    | Any information copied from such Reports and S   | n 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. F                  | $\rangle$ MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. M |  |  |  |  |  |  |
|    | /  |  | · · · · · · · · · · · · · · · · · · ·      |  |  |  |  |  |
|    | Full Name (Last, First, Middle Initial)          |  |  |  |  |  |  |  |
| Α. | MR HART COVEN                                    | Date of Receipt  |  |  |  |  |  |  |
|    | Mailing Address 28 OAK LANE                      |  | 02<br>27<br>2010                           |  |  |  |  |  |
|    | City   | State Zip Code   |  |  |  |  |  |  |
|    |  |  | Transaction ID: INC.A.77246                |  |  |  |  |  |
|    | MORRISTOWN                                       | NJ 07960   | Amount of Each Receipt this Period         |  |  |  |  |  |
|    | FEC ID number of contributing                    | C  | 50.00                                      |  |  |  |  |  |
|    | reueral political committee.                     | deral political committee.   |  |  |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS       | Name of Employer Occupation  |  |  |  |  |  |  |
|    | MEDCO HEALTH SOLUTIONS                           | VP BIAC  |  |  |  |  |  |  |
|    | Receipt For:                                     | Aggregate Year-to-Date ▼   |  |  |  |  |  |  |
|    | Primary General                                  |  | 1  |  |  |  |  |  |
|    | Other (specify)                                  | 250.00   |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |  |
| •  | Full Name (Last, First, Middle Initial)          |  |  |  |  |  |  |  |
| В. | MR ROBERT CRAIG                                  |  | Date of Receipt                            |  |  |  |  |  |
|    | Mailing Address 7979 E SANTA CATAL               | INA DR   | M M / D D / Y Y Y Y                        |  |  |  |  |  |
|    |  |  | 02 27 2010                                 |  |  |  |  |  |
|    | City   | State Zip Code   | Transaction ID: INC.A.77118                |  |  |  |  |  |
|    | SCOTTSDALE                                       | AZ 85255   | Amount of Each Receipt this Period         |  |  |  |  |  |
|    | FEC ID number of contributing                    | C  | 60.00                                      |  |  |  |  |  |
|    | federal political committee.                     |  |  |  |  |  |  |  |
|    | Name of Employer                                 | Occupation   | -1   |  |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS       | EXEC DIR PRODUCT   |  |  |  |  |  |  |
|    | Receipt For:                                     | Aggregate Year-to-Date V   | -1   |  |  |  |  |  |
|    | Primary General                                  |  | 1  |  |  |  |  |  |
|    | Other (specify)                                  | 300.00   |  |  |  |  |  |  |
|    |  |  | ·  |  |  |  |  |  |
| •  | Full Name (Last, First, Middle Initial)          |  |  |  |  |  |  |  |
| C. | MR KENNETH DANIELS                               |  | Date of Receipt                            |  |  |  |  |  |
|    | Mailing Address 4156 DUNMORE DRIV                | Έ  | M M / D D / Y Y Y Y                        |  |  |  |  |  |
|    |  |  | 02 27 2010                                 |  |  |  |  |  |
|    | City   | State Zip Code   | Transaction ID: INC.A.77231                |  |  |  |  |  |
|    | LAKE WALES                                       | FL 33859   | Amount of Each Receipt this Period         |  |  |  |  |  |
|    | FEC ID number of contributing                    | C  | 25.00                                      |  |  |  |  |  |
|    | federal political committee.                     |  |  |  |  |  |  |  |
|    | Name of Employer                                 | Occupation   | -1   |  |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS       | VP/GM  |  |  |  |  |  |  |
|    | Receipt For:                                     | Aggregate Year-to-Date V   | -1   |  |  |  |  |  |
|    | Primary General                                  |  | 1  |  |  |  |  |  |
|    | Other (specify)                                  | 225.00   |  |  |  |  |  |  |
|    |  |  | ·  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)        | L  | 135.00                                     |  |  |  |  |  |
|    |  |  |  |  |  |  |  |  |
|    | TOTAL This Period (last page this line number    | only)  |  |  |  |  |  |  |
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|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                   | FOR LINE NUMBER:       PAGE 105 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |  |  |  |  |  |
|---------|---|---|--|--|--|--|--|--|
|         | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | for the purpose of soliciting contributions   |  |  |  |  |  |  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |  |  |  |  |  |  |
| ⊻<br>A. | Full Name (Last, First, Middle Initial)<br>MS MARY DASCHNER   | Date of Receipt   |  |  |  |  |  |  |
|         | Mailing Address 2926 EWING AVE S  | 0 2 2 7 Y Y Y Y<br>0 2 0 1 0  |  |  |  |  |  |  |
|         | City  | State Zip Code  | Transaction ID: INC.A.77097  |  |  |  |  |  |
|         | MINNEAPOLIS   | MN 55416  | Amount of Each Receipt this Period   |  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.  | C   | 192.30   |  |  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>GROUP PRES RETIREE SOLUTIONS  | 5  |  |  |  |  |  |
|         | Receipt For:<br>Primary General   | Aggregate Year-to-Date ▼  |  |  |  |  |  |  |
|         | Other (specify) ▼   | 961.50  |  |  |  |  |  |  |
| в.      | Full Name (Last, First, Middle Initial)<br>MR ANDREW DAVIS  |   | Date of Receipt  |  |  |  |  |  |
|         | Mailing Address 5616 BROOK DRIVE  |   | 0 2 / D D / Y Y Y Y<br>0 2 7 2 0 1 0   |  |  |  |  |  |
|         | City  | State Zip Code  | Transaction ID: INC.A.77115  |  |  |  |  |  |
|         | EDINA   | MN 55439  | Amount of Each Receipt this Period   |  |  |  |  |  |
|         | FEC ID number of contributing<br>federal political committee.                                       | C   | 50.00  |  |  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP MEDICARE CLIENT & SALES SUF  | 2  |  |  |  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |  |  |  |  |  |  |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>MR BARRY DAVIS   |   | Date of Receipt  |  |  |  |  |  |
| 0.      | Mailing Address 11 WEISS DR   |   | $\begin{array}{c c} M & M & / & D & D & / & Y & Y & Y \\ 0 & 2 & 2 & 7 & 2 & 0 & 1 & 0 \end{array}$  |  |  |  |  |  |
|         | City  | State Zip Code  | Transaction ID: INC.A.77318  |  |  |  |  |  |
|         | TOWACO  | NJ 07082  | Amount of Each Receipt this Period   |  |  |  |  |  |
|         | FEC ID number of contributing<br>federal political committee.                                       | C   | 192.00   |  |  |  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP & GENERAL MGR   |  |  |  |  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date  960.00  |  |  |  |  |  |  |
|         | SUBTOTAL of Receipts This Page (optional)   |   | 434.30   |  |  |  |  |  |
|         | TOTAL This Period (last page this line number of  | only)   |  |  |  |  |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 106 / 167         (check only one)       11a       11b       11c       12         X       11a       14       15       16       17 |
|---------|---|---|---|
|         | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the | for the purpose of soliciting contributions                                   |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL ACTION COMMITTEE (a.k.a.   | Medco Health PAC)   |
| ۷<br>A. | Full Name (Last, First, Middle Initial)<br>MR DANIEL DAVISON  | Date of Receipt   |   |
|         | Mailing Address 908 STERLING DRIVE  |   | M M / D D / Y Y Y Y<br>02 27 2010   |
|         | City  | State Zip Code  | Transaction ID: INC.A.77277   |
|         | FRANKLIN LAKES<br>FEC ID number of contributing<br>federal political committee.                     | NJ 07417  | Amount of Each Receipt this Period 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP FINANCIAL PLANNING  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date  250.00  |   |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>MR CARLTON DEBRULE                                       |   | Date of Receipt   |
|         | Mailing Address 12 0AKLAND DR   |   | 02 / 27 / Y Y Y Y<br>02 / 27 / 2010   |
|         | City  | State Zip Code  | Transaction ID: INC.A.77320   |
|         | MONTVALE<br>FEC ID number of contributing<br>federal political committee.                           | NJ 07645  | Amount of Each Receipt this Period 55.00  |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation<br>VP BUSINESS REQUIREMENTS  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>275.00  |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MICHEL DUFRESNE<br>Mailing Address 41ELM ST APT 3P       |   | Date of Receipt   |
|         | City  | State Zip Code  | 0 2 2 7 2 0 1 0<br>Transaction ID: INC.A.77395  |
|         | MORRISTOWN  | NJ 07960  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   | 192.30  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP ENTERPRISE BUS INTELLIGENC                                   | Ţ<br>Ę  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date  961.50  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |   | 297.30  |
| ľ       | TOTAL This Period (last page this line number   | only)   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and Sta   | atements may         | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 107 / 167           (check only one)         11a         11b         11c         12           13         14         15         16         17           op for the purpose of soliciting contributions         10         17         10 |  |  |  |
|----|---|----------------------|---|--|--|--|--|
|    | NAME OF COMMITTEE (In Full)           MEDCO HEALTH SOLUTIONS INC. PC                                | name and ad          | dress of any political committee to   | solicit contributions from such committee.   |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN DUNLEAVY<br>Mailing Address 14026 KNOX STREET | MR STEPHEN DUNLEAVY  |   |  |  |  |  |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.77062  |  |  |  |
|    | OVERLAND PARK   | KS                   | 66221   | Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.  | C                    |   | 50.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP SALE | n<br>ES SEGMENT LEADER  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | e Year-to-Date ▼<br>250.00  | ]  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR MICHAEL EDWARDS                                       |                      |   | Date of Receipt  |  |  |  |
|    | Mailing Address 109 KAREN PLACE   |                      |   | 02 27 Y Y Y Y<br>02 27 2010  |  |  |  |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.77021  |  |  |  |
|    | WYCKOFF   | NJ                   | 07481   | Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.  | C                    |   | 50.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM   |   | _  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | e Year-to-Date ♥<br>250.00  | ]  |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR BRAD EPSTEIN  |                      |   | Date of Receipt  |  |  |  |
|    | Mailing Address 359 LONG HILL ROAD  | EAST                 |   | M M / D D / Y Y Y Y Y<br>02 27 2010  |  |  |  |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.77423  |  |  |  |
|    |   | NY                   | 10510   | Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.  | C                    |   | 50.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | -                    | P COMMUNICATIONS  | _  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | e Year-to-Date ▼<br>250.00  | ]  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |                      | ······  | 150.00   |  |  |  |
|    | TOTAL This Period (last page this line number o   | only)                |   |  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 108 / 167           (check only one)         11a         11b         11c         12           13         14         15         16         17 |
|----|---|--|---|--|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | on for the purpose of soliciting contributions of solicit contributions from such committee. |   |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | POLITICAL AC   | TION COMMITTEE (a.k.a   | a. Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>DR ROBERT EPSTEIN  | Date of Receipt  |   |  |
|    | Mailing Address 75 TWEED BLVD   |  |   | 0 2 / 2 7 / 2 0 1 0  |
|    | City<br>UPPER GRANDVIEW   | State<br>NY  | Zip Code<br>10960   | Transaction ID: INC.A.76927  |
|    | FEC ID number of contributing federal political committee.  | C  |   | Amount of Each Receipt this Period 192.31  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>CMO SVP N  | MEDICAL&ANLYTC AFF  | RS   |
|    | Receipt For:       General         Primary       General         Other (specify) ▼                  | Aggregate Ye   | ear-to-Date ▼<br>961.55   | ]  |
| В. | Full Name (Last, First, Middle Initial)<br>MR SCOTT ERHARDT<br>Mailing Address 11540 39TH AVE N     |  |   | Date of Receipt  |
|    |   |  |   | 02 27 2010   |
|    | City<br>PLYMOUTH  | State<br>MN  | Zip Code<br>55441   | Transaction ID: INC.A.77121<br>Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C  |   | 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>EXEC DIR /   | ACCT MGMT   |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Ye   | ear-to-Date ▼<br>250.00   | ]  |
| C. | Full Name (Last, First, Middle Initial)<br>MR STEVEN FANDETTI                                       |  |   | Date of Receipt  |
|    | Mailing Address 15804 SORAWATER E   | DR.  |   | 0 2 / D D / Y Y Y Y<br>2 7 2 0 1 0   |
|    | City  | State  | Zip Code  | Transaction ID: INC.A.77043  |
|    | LITHIA<br>FEC ID number of contributing<br>federal political committee.                             | FL<br>C  | 33547   | Amount of Each Receipt this Period 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>NATL ACC   | Γ EXEC  | _  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Ye   | ear-to-Date V<br>250.00   | ]  |
|    | SUBTOTAL of Receipts This Page (optional)   |  |   | 292.31   |
|    | TOTAL This Period (last page this line number of  | only)  |   |  |
|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 109 / 167           (check only one)         11a           X         11a           13         14           15         16           17 |
|---------|--|---|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions                                 |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)   |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>RICHARD FARIS   |   | Date of Receipt   |
|         | Mailing Address 2020 HEATHER COVE  |   | 0 2 / D D / Y Y Y Y<br>0 2 7 2 0 1 0  |
|         | City   | State Zip Code  | Transaction ID: INC.A.77549   |
|         | MEMPHIS  | TN 38119  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   | 50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation<br>VP HEALTH OUTCOME SOLUTIONS                                     |   |
|         | Receipt For:<br>Primary General  | Aggregate Year-to-Date ▼  |   |
|         | Other (specify)  | 250.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>SUSAN FAUST   |   | Date of Receipt   |
|         | Mailing Address 6614 HERONSWOOD  | 02 / D D / Y Y Y Y<br>02 27 2010  |   |
|         | City   | State Zip Code  | Transaction ID: INC.A.77518   |
|         | MEMPHIS  | TN 38119  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C   | 50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation<br>VP CLIENT SLS AND MGD CARE                                      |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date  250.00  |   |
| –<br>c. | Full Name (Last, First, Middle Initial)<br>MRS KATHARINE FEDUSKA                                   |   | Date of Receipt   |
|         | Mailing Address 2354 DOLPHIN CT  |   | 0 2 2 7 2 0 1 0   |
|         | City   | State Zip Code  | Transaction ID: INC.A.77165   |
|         | HENDERSON  | NV 89074  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C   | 38.47   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>DIR PHARM PRACTICE  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>346.23  |   |
| Γ       | SUBTOTAL of Receipts This Page (optional)  |   | 138.47  |
|         | TOTAL This Period (last page this line number  | only)   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 110 / 167           (check only one)         11a         11b         11c         12           X         11a         11b         15         16         17 |  |  |  |
|----|---|---|---|--|--|--|--|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | name and add  | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee.  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |   |  |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>DR RICHARD FEIFER  |   |   | Date of Receipt  |  |  |  |
|    | Mailing Address 32 EILEEN DR  |   |   | 02 27 Y Y Y Y<br>02 27 2010  |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.77105  |  |  |  |
|    | MAHWAH  | NJ  | 07430   | Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.  | C   |   | 50.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation  | n<br>E ENHANCING SOLUTIONS  |  |  |  |  |
|    | Receipt For:<br>Primary General   | Aggregate   | e Year-to-Date 🔻  |  |  |  |  |
|    | Other (specify) ▼   | 0 0   | 250.00  |  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR THOMAS FEITEL   |   |   | Date of Receipt  |  |  |  |
|    | Mailing Address 58 APPLE HILL DR  |   |   | 0 2 / D D / Y Y Y Y<br>0 2 0 1 0   |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.77168  |  |  |  |
|    | GILLETTE  | NJ  | 07933   | Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.  | C   |   | 192.23   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |   | RP MKTG & E-COMM  |  |  |  |  |
|    | Receipt For:  | Aggregate   | e Year-to-Date 🔻  |  |  |  |  |
|    | Other (specify) ▼   | 0 0   | 961.15  |  |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR EDWARD FISCHER  | 1   |   | Date of Receipt  |  |  |  |
|    | Mailing Address 465 OLD STONE RD  |   |   | M M / D D / Y Y Y Y<br>02 27 2010  |  |  |  |
|    | City  | State   | Zip Code  | Transaction ID: INC.A.77091  |  |  |  |
|    | RIDGEWOOD   | NJ  | 07450   | Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.                                       | C   |   | 50.00  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | 1 · · · · · · · · · · · · · · · · · · ·   | ICAL PROD INTEGRATION   |  |  |  |  |
|    | Receipt For:<br>Primary General   | Aggregate   | e Year-to-Date 🔻  | 1  |  |  |  |
|    | Other (specify) ▼   |   | 250.00  |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |   |   | 292.23   |  |  |  |
|    | TOTAL This Period (last page this line number of  | only)   |   |  |  |  |  |

|                    | ULE A (FEC Form 3X)<br>ED RECEIPTS   | for   | e separate schedule(s)<br>each category of the<br>tailed Summary Page | FOR LINE NUMBER:         PAGE 111 / 167           (check only one)         X           X         11a           11b         11c           13         14           15         16 |
|--------------------|--|---|---|--|
| or for comm        | tion copied from such Reports and Si<br>ercial purposes, other than using the<br>F COMMITTEE (In Full) | on for the purpose of soliciting contributions solicit contributions from such committee. |   |  |
|                    | D HEALTH SOLUTIONS INC. P  |   | ON COMMITTEE (a.k.a   | . Medco Health PAC)  |
| A. MEGHAN          | e (Last, First, Middle Initial)<br>I FITZGERALD  |   |   | Date of Receipt  |
| Mailing A          | ddress 6 MORGAN AVE  |   |   | 0 2 / 2 7 / Y Y Y Y<br>2 0 1 0   |
| City               | AL 1/  |   | Cip Code  | Transaction ID: INC.A.77480  |
|                    | ALK<br>number of contributing<br>olitical committee.   | CT (  | 06851   | Amount of Each Receipt this Period 192.31  |
| Name of<br>MEDCO   | Employer<br>HEALTH SOLUTIONS   | Occupation<br>SVP BUSINES   | SS DEVELOPMENT  |  |
|                    | For:<br>mary General<br>ner (specify) <b>▼</b>   | Aggregate Year-   | to-Date ▼<br>961.55   | ]  |
| <b>B.</b> KEVIN FF |  |   |   | Date of Receipt  |
| Mailing A          | uddress 140 BELLAIR ROAD<br>UNIT Q   |   |   | 0 2 / 2 7 2 0 1 0  |
| City<br>RIDGE      | WOOD   |   | /ip Code<br>)7450   | Transaction ID: INC.A.77291<br>Amount of Each Receipt this Period  |
| FEC ID r           | number of contributing<br>olitical committee.  | C   |   | 50.00  |
| Name of<br>MEDCO   | Employer<br>HEALTH SOLUTIONS   | Occupation<br>SR DIR FINA   | NCE   |  |
|                    | For:<br>mary General<br>ner (specify) <b>▼</b>   | Aggregate Year-   | to-Date ▼<br>250.00   | ]  |
| MR JOSE            | e (Last, First, Middle Initial)<br>EPH FRENDO<br>vddress 9 GREEN HILL TRAIL                            |   |   | Date of Receipt  |
|                    |  |   |   | 02 27 2010   |
| City<br>TROPH      | IY CLUB  |   | ′ip Code<br>76262   | Transaction ID: INC.A.77235<br>Amount of Each Receipt this Period  |
| FEC ID r           | number of contributing olitical committee.   | C   |   | 50.00  |
| Name of MEDCO      | Employer<br>HEALTH SOLUTIONS   | Occupation<br>VP NATIONA  | _ SERVICE CENTER  |  |
|                    | For:<br>mary General<br>ner (specify) <b>▼</b>   | Aggregate Year-   | to-Date <b>V</b><br>450.00  | ]  |
| SUBTOTA            | L of Receipts This Page (optional)   |   | ·····   | 292.31   |
| TOTAL Th           | is Period (last page this line number of   | only)   | ·····   |  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 112 / 167         (check only one)       112         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|---|---|--|
|         | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions                                 |  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL ACTION COMMITTEE (a.k.a.   | Medco Health PAC)  |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>FELIX FRUEH  |   | Date of Receipt  |
|         | Mailing Address 14401 FALLING LEAF  | DRIVE   | 0 2 / 2 7 / Y Y Y Y<br>0 2 / 2 7 / 2 0 1 0   |
|         | City  | State Zip Code  | Transaction ID: INC.A.77481  |
|         | DARNESTOWN FEC ID number of contributing  | MD 20878  | Amount of Each Receipt this Period   |
|         | federal political committee.  |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP RESEARCH & DEVELOPMENT                                       |  |
|         | Receipt For:  | Aggregate Year-to-Date ▼  |  |
|         | Primary     General       Other (specify) ▼   | 250.00  |  |
| –<br>В. | Full Name (Last, First, Middle Initial)<br>MR JOSEPH GALARDI  |   | Date of Receipt  |
|         | Mailing Address 24 MOREHOUSE PL   |   | M M / D D / Y Y Y Y<br>02 27 2010  |
|         | City  | State Zip Code  | Transaction ID: INC.A.76923  |
|         | NEW PROVIDENCE<br>FEC ID number of contributing<br>federal political committee.                     | NJ 07974  | Amount of Each Receipt this Period   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP & COUNSEL  | -  |
|         | Receipt For:  | Aggregate Year-to-Date  | _  |
|         | Other (specify)   | 250.00  |  |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>MS PAMELA GALASSINI                                      |   | Date of Receipt  |
|         | Mailing Address 720 N. LARRABEE<br>APT 1701   |   | M M / D D / Y Y Y Y<br>02 27 27 2010   |
|         | City  | State Zip Code  | Transaction ID: INC.A.77367  |
|         | CHICAGO<br>FEC ID number of contributing<br>federal political committee.                            | C   | Amount of Each Receipt this Period   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation  |  |
|         |   | SVP & GENERAL MGR   | _  |
|         | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date  961.55  |  |
|         | SUBTOTAL of Receipts This Page (optional)   | ·····   | 292.31   |
| F       | TOTAL This Period (last page this line number of  | only)   |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS                                      | f   | Jse separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 113 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |  |  |  |
|----|--|---|--|--|--|--|--|
|    | or for commercial purposes, other than using the na                                | Any information copied from such Reports and Statements may not be sold or used by any person for for commercial purposes, other than using the name and address of any political committee to so |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PC                      | DLITICAL ACT  | ION COMMITTEE (a.k.a   | . Medco Health PAC)  |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR BARNEY GALLASSIO                     | Date of Receipt   |  |  |  |  |  |
|    | Mailing Address 69 LAKEVIEW DR   |   |  | 0 2 / 2 7 / Y Y Y Y<br>2 0 1 0   |  |  |  |
|    | City<br>OLD TAPPAN   | State<br>NJ   | Zip Code<br>07675  | Transaction ID: INC.A.77211  |  |  |  |
|    | FEC ID number of contributing federal political committee.                         | C   |  | Amount of Each Receipt this Period   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP CLIENT   | RELATIONS  |  |  |  |  |
|    | Receipt For:         Primary       General         Other (specify) ▼               | Aggregate Yea   | ar-to-Date <b>V</b><br>250.00  | ]  |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MICHAEL GALVIN                          |   |  | Date of Receipt  |  |  |  |
|    | Mailing Address 25 BALLYMEADE ROAD   | 02 27 Y Y Y Y<br>02 27 2010   |  |  |  |  |  |
|    | City   | State   | Zip Code   | Transaction ID: INC.A.77400  |  |  |  |
|    | HOPEWELL JUNCTION<br>FEC ID number of contributing<br>federal political committee. | C   | 12533  | Amount of Each Receipt this Period   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP/CHIEF   | INFRASTRUCTURE OF  | FR.  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate Yea   | ar-to-Date ▼<br>961.55   | ]  |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR PETER GAYLORD                        |   |  | Date of Receipt  |  |  |  |
|    | Mailing Address 1201 BRIDGE STREET   |   |  | 02 27 Y Y Y Y<br>02 27 2010  |  |  |  |
|    | City   | State   | Zip Code   | Transaction ID: INC.A.76922  |  |  |  |
|    | ASBURY PARK<br>FEC ID number of contributing<br>federal political committee.       | NJ<br>C   | 07712  | Amount of Each Receipt this Period 60.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP TREAS   | URY & FINANCIAL EVA  | s  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate Yea   | ar-to-Date ▼<br>300.00   | ]  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  |   |  | 302.31   |  |  |  |
|    | TOTAL This Period (last page this line number on                                   | nly)  |  |  |  |  |  |

| SCHEDULE A (FEC F<br>ITEMIZED RECEIPTS  | •  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 114 / 167           (check only one)         11a           X         11a           13         14           15         16           17 |  |  |  |
|---|--|---|---|--|--|--|
|   | Any information copied from such Reports and Statements may not be sold or used by any person<br>or for commercial purposes, other than using the name and address of any political committee to s |   |   |  |  |  |
| MEDCO HEALTH SOLUT  | TIONS INC. POLITICAL   | ACTION COMMITTEE (a.k.  | a. Medco Health PAC)  |  |  |  |
| A. Full Name (Last, First, Middle<br>MR FRANK GENTILELLA<br>Mailing Address 20 BROO | ,  |   | Date of Receipt   |  |  |  |
|   |  |   | 02 27 2010  |  |  |  |
| City<br>ROBBINSVILLE  | State<br>NJ  | Zip Code<br>08691   | Transaction ID: INC.A.77068<br>Amount of Each Receipt this Period   |  |  |  |
| FEC ID number of contributing federal political committee.                          |  |   | 50.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTION   | NS Occupation<br>GENER/  | n<br>AL MGR GROUP   |   |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify) ▼                                 | 00 0   | e Year-to-Date ▼<br>250.00  |   |  |  |  |
| Full Name (Last, First, Middle<br>MATTHEW GIBBS                                     | Initial)   |   | Date of Receipt   |  |  |  |
| SUITE 24  |  | 7.0.1   | 0 2 / 2 7 / Y Y Y Y<br>0 2 / 2 7 / 2 0 1 0  |  |  |  |
| City<br>CHICAGO   | State<br>IL  | Zip Code<br>60606   | Transaction ID: INC.A.77468 Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                          |  |   | 75.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTION   | NS Occupation<br>CHIEF C   | n<br>CLINICAL OFFICER   |   |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify) ▼                                 | 00 0   | e Year-to-Date ▼<br>375.00  |   |  |  |  |
| Full Name (Last, First, Middle<br>MR THOMAS GILSON                                  | Initial)   |   | Date of Receipt   |  |  |  |
| Mailing Address 2 PELL F  | ARM ROAD   |   | 0 2 2 7 2 0 1 0   |  |  |  |
| City<br>SADDLE RIVER  | State<br>NJ  | Zip Code<br>07458   | Transaction ID: INC.A.77359   |  |  |  |
| FEC ID number of contributing federal political committee.                          |  |   | Amount of Each Receipt this Period  |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTION   | VS Occupation  | n<br>ENERAL MGR   |   |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify) <del>▼</del>                      |  | e Year-to-Date V<br>961.55  |   |  |  |  |
| SUBTOTAL of Receipts This Pa  | I<br>age (optional)  |   | 317.31  |  |  |  |
| TOTAL This Period (last page th   | nis line number only)  |   |   |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 115 / 167         (check only one)       11a         X       11a       11b         I       11b       11c       12         I       13       14       15       16       17 |  |
|----|--|-----------------------------------|---|--|--|
|    | Any information copied from such Reports and a<br>or for commercial purposes, other than using th<br>NAME OF COMMITTEE (In Full) | Statements may<br>le name and add | not be sold or used by any pers<br>dress of any political committee to        | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.   |  |
|    | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL A                       | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)   |  |
| A. | Full Name (Last, First, Middle Initial)<br>MR SCOTT GILYARD  |                                   |   |  |  |
|    | Mailing Address 305 BERGAMOT DR  | IVE                               |   | 0 2 / 2 7 Y Y Y Y<br>0 2 2 7 2 0 1 0   |  |
|    | City   | State                             | Zip Code  | Transaction ID: INC.A.76928  |  |
|    | MEDINA<br>FEC ID number of contributing<br>federal political committee.  | MN<br>C                           | 55340   | Amount of Each Receipt this Period   |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation                        | 1   |  |  |
|    | Receipt For:   | PRES UH                           |   | _  |  |
|    | Primary General<br>Other (specify) ▼   | Aggregate                         | Year-to-Date<br>961.50  | ]  |  |
| B. | Full Name (Last, First, Middle Initial)<br>MR JONAH GITLITZ  |                                   |   | Date of Receipt  |  |
|    | Mailing Address 43 OVERLOOK RIDG   | 02 27 Y Y Y<br>02 27 2010         |   |  |  |
|    | City   | State                             | Zip Code  | Transaction ID: INC.A.77007  |  |
|    | OAKLAND  | NJ                                | 07436   | Amount of Each Receipt this Period   |  |
|    | FEC ID number of contributing<br>federal political committee.  | C                                 |   | 50.00  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | - 1 <sup>-</sup>                  | ACCT EXEC   |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) <b>▼</b>  | Aggregate                         | Year-to-Date<br>250.00  | ]  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR PAUL GOERDT  |                                   |   | Date of Receipt  |  |
| 0. | Mailing Address 1700 SUNRISE COU   | RT                                |   |  |  |
|    |  | State                             | Zip Code  | Transaction ID: INC.A.77179  |  |
|    | BURNSVILLE<br>FEC ID number of contributing<br>federal political committee.  | C                                 | 55306   | Amount of Each Receipt this Period 50.00   |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP CLIN             | ICAL SVCS   |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   |                                   | Year-to-Date ▼<br>250.00  | ]  |  |
|    | SUBTOTAL of Receipts This Page (optional) .  | •                                 |   | 292.30   |  |
|    | TOTAL This Period (last page this line numbe   | r only)                           |   |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                   | FOR LINE NUMBER:         PAGE 116 / 167           (check only one)         11a           X         11a         11b           13         14         15         16 |
|----|--|---|--|
|    | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | atements may not be sold or used by any perso<br>name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee.  |
|    |  | OLITICAL ACTION COMMITTEE (a.k.a  | . Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR JAMES GRANT, JR  | Date of Receipt   |  |
|    | Mailing Address 1928 BEVERLY LANE  |   | 0 2 2 7 2 0 1 0  |
|    |  | State Zip Code  | Transaction ID: INC.A.77082  |
|    | BUFFALO GROVE  | IL 60089  | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   |   | 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP FINANCIAL INSIGHTS   |  |
|    | Receipt For:   | Aggregate Year-to-Date ▼  |  |
|    | Other (specify) ▼  | 250.00  |  |
| В. | Full Name (Last, First, Middle Initial)<br>MS TRACY GRUNSFELD  |   | Date of Receipt  |
|    | Mailing Address 264 HARVEST AVE  |   | 02 / 27 / Y Y Y Y<br>02 2010   |
|    |  | State Zip Code  | Transaction ID: INC.A.77001  |
|    | STATEN ISLAND<br>FEC ID number of contributing<br>federal political committee.   | NY 10310  | Amount of Each Receipt this Period   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP CONSUMER DRIVEN MKTS   |  |
|    | Receipt For:   | Aggregate Year-to-Date 🔻  | _  |
|    | Primary     General       Other (specify) ▼  | 250.00  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR RICHARD GUIOR  |   | Date of Receipt  |
|    | Mailing Address 50 BELLEVUE AVE  |   | 0 2 / D D / Y Y Y Y<br>0 2 / 2 7 2 0 1 0   |
|    | City   | State Zip Code  | Transaction ID: INC.A.76945  |
|    | SUMMIT<br>FEC ID number of contributing  | NJ 07901  | Amount of Each Receipt this Period   |
|    | federal political committee.   |   | 90.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>GROUP COO   |  |
|    | Receipt For:<br>Primary General  | Aggregate Year-to-Date 🔻  |  |
|    | Other (specify) ▼  | 450.00  |  |
|    | SUBTOTAL of Receipts This Page (optional)  | ••••••••••••••••••••••••••••••••••••••  | 190.00   |
|    | TOTAL This Period (last page this line number of   | <b>-</b>  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and St   | tatements may   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:PAGE $117 / 167$ (check only one)(check only one)X11a1314151617on for the purpose of soliciting contributions |
|----|--|-----------------|---|---|
|    | NAME OF COMMITTEE (In Full)           MEDCO HEALTH SOLUTIONS INC. P                                | name and add    | dress of any political committee to   | o solicit contributions from such committee.  |
| Α. | Full Name (Last, First, Middle Initial)<br>MS VALERIE HAERTEL<br>Mailing Address 7 PARSLOE COURT   | Date of Receipt |   |   |
|    | 21   | <u></u>         | 7.0.1   | 02 27 2010  |
|    | City<br>MAHWAH   | State<br>NJ     | Zip Code<br>07430   | Transaction ID: INC.A.77453<br>Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | C               |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation      | 1<br>STOR RELATIONS   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate       | Year-to-Date  250.00  | ]   |
| в. | Full Name (Last, First, Middle Initial)<br>MR GREGORY HANSEN<br>Mailing Address 1659 ISABELLA PARK |                 |   | Date of Receipt   |
|    |  | 02 27 2010      |   |   |
|    | City State   |                 | Zip Code  | Transaction ID: INC.A.77366   |
|    | CHASKA<br>FEC ID number of contributing<br>federal political committee.                            | MN<br>C         | 55318   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | r 1             | SVCS & ADMIN  | _   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate       | Year-to-Date<br>250.00  | ]   |
| C. | Full Name (Last, First, Middle Initial)<br>MS SHANA HART   |                 |   | Date of Receipt   |
|    | Mailing Address 4120 JACKSBORO   |                 |   | M M / D D / Y Y Y Y<br>02 27 2010   |
|    | City   | State           | Zip Code  | Transaction ID: INC.A.77151   |
|    | SNYDER<br>FEC ID number of contributing<br>federal political committee.                            |                 | 79549   | Amount of Each Receipt this Period 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation      |   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   |                 | Year-to-Date  250.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)  |                 | ······  | 150.00  |
|    | TOTAL This Period (last page this line number of   | only)           |   |   |

| SCHEDULI<br>ITEMIZED                | E A (FEC Form 3X<br>RECEIPTS                                | ()  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NU<br>(check only one<br>X 11a<br>13 |                                     |
|-------------------------------------|---|---|---|---|-------------------------------------|
| Any information of or for commercia | copied from such Reports an<br>I purposes, other than using | on for the purpose<br>o solicit contributio | of soliciting contributions<br>ns from such committee.                        |   |                                     |
|                                     | DMMITTEE (In Full)<br>EALTH SOLUTIONS INC                   | . POLITICAL                                 | ACTION COMMITTEE (a.k.  | a. Medco Health                               | PAC)                                |
| MR PETER H                          |   |   |   | Date of Rec                                   | ceipt                               |
| Mailing Addre                       | ss 19520 YELLOW WI  | NG COURT                                    |   | 02  | <sup>D</sup> 27 Y Y Y Y Y Y 2010    |
| City                                |   | State                                       | Zip Code  |   | n ID: INC.A.76925                   |
|                                     | O SPRINGS<br>per of contributing<br>al committee.           | C   | 80908   | Amount of I                                   | Each Receipt this Period<br>192.31  |
| Name of Emp<br>MEDCO HEA            | lover<br>ALTH SOLUTIONS                                     | Occupatio<br>VP GOV                         | n<br>ERNMENT AFFAIRS  |   |                                     |
| Receipt For:<br>Primary<br>Other (s | General<br>specify) <b>▼</b>                                | Aggregate                                   | e Year-to-Date ▼<br>961.55  |   |                                     |
| MR SCOTT H                          | ast, First, Middle Initial)<br>ELMUS<br>Iss 23 VALLEY RD    |   |   | Date of Rec                                   |                                     |
| City                                |   | State                                       | Zip Code  |   | 27 2010<br>ID: INC.A.77002          |
| SUCCASU                             | NNA   | NJ  | 07876   |   | Each Receipt this Period            |
| FEC ID numb<br>federal politica     | er of contributing<br>al committee.                         | C   |   |   | 85.00                               |
|                                     | loyer<br>ALTH SOLUTIONS                                     |   | NT SOLUTIONS  |   |                                     |
| Receipt For:<br>Primary<br>Other (s | General General specify) <b>▼</b>                           |   | e Year-to-Date ▼<br>425.00  |   |                                     |
| Full Name (La<br>MR ERIC HES        | ast, First, Middle Initial)<br>SS                           |   |   | Date of Rec                                   | ceipt                               |
| Mailing Addre                       | ss 10 CARLTON RD  |   |   | 0 2 /   | <sup>D D</sup> / Y Y Y Y<br>27 2010 |
| City                                |   | State                                       | Zip Code  |   | n ID: INC.A.77095                   |
| FLANDERS                            |   | NJ  | 07836   | Amount of                                     | Each Receipt this Period            |
| FEC ID numb<br>federal politica     | er of contributing<br>al committee.                         | C   |   |   | 60.00                               |
|                                     | loyer<br>ALTH SOLUTIONS                                     | Occupatio<br>VP ENG                         | n<br>INEERING & OPS   |   |                                     |
| Receipt For:<br>Primary<br>Other (s | General General   | Aggregate                                   | e Year-to-Date ▼<br>300.00  |   |                                     |
| SUBTOTAL of                         | Receipts This Page (optional                                | )   |   |   | 337.31                              |
|                                     | eriod (last page this line num                              | per only)                                   |   |   | · · · · · · · · ·                   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 119 / 167           (check only one)         11a           X         11a           13         14           15         16           17 |  |  |
|----|--|---|---|---|--|--|
|    | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements may<br>e name and add  | r not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions of solicit contributions from such committee.  |  |  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |   |   |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN HOBSON                                       | Date of Receipt   |   |   |  |  |
|    | Mailing Address 16 LUTH TERRACE  |   |   | 0 2 / 2 7 2 0 1 0   |  |  |
|    |  | State   | Zip Code  | Transaction ID: INC.A.77216   |  |  |
|    | WEST ORANGE<br>FEC ID number of contributing   | NJ<br>C   | 07052   | Amount of Each Receipt this Period  |  |  |
|    | federal political committee.   |   |   |   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>REGION  | n<br>AL VP PHARMACIES   |   |  |  |
|    | Receipt For:   | Aggregate   | Year-to-Date V  |   |  |  |
|    | Primary     General       Other (specify) ▼  |   | 250.00  |   |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR GLENN HOFFMAN  |   |   | Date of Receipt   |  |  |
|    | Mailing Address 974 HILLCREST ROA  | D   |   | M M / D D / Y Y Y Y<br>02 27 2010   |  |  |
|    | City   | State   | Zip Code  | Transaction ID: INC.A.77294   |  |  |
|    | RIDGEWOOD<br>FEC ID number of contributing   | NJ  | 07450   | Amount of Each Receipt this Period  |  |  |
|    | federal political committee.   | C   |   | 50.00   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP FACII  |   |   |  |  |
|    | Receipt For:   | Aggregate   | Year-to-Date 🔻  |   |  |  |
|    | Other (specify)  | 0 0   | 250.00  |   |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR ROGER HOLLAND  | 1   |   | Date of Receipt   |  |  |
|    | Mailing Address 41 SAINT RAPHAEL   |   |   | 0 2 2 7 2 0 1 0   |  |  |
|    |  | State   | Zip Code  | Transaction ID: INC.A.77208   |  |  |
|    | LAGUNA NIGUEL<br>FEC ID number of contributing<br>federal political committee.                     | CA  | 92677   | Amount of Each Receipt this Period 50.00  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatior  |   |   |  |  |
|    | Receipt For:   | VP SALE   | S<br>Year-to-Date   | _   |  |  |
|    | Primary General<br>Other (specify) ▼   |   | 250.00  | ]   |  |  |
|    | SUBTOTAL of Receipts This Page (optional)  | <u> </u>  |   | 150.00  |  |  |
|    | TOTAL This Period (last page this line number  | only)   |   |   |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and St | atements ma                          | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 120 / 167           (check only one)  |
|----|--|--------------------------------------|---|---|
|    | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)                     | name and ad                          | dress of any political committee to   | solicit contributions from such committee.  |
|    | MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL                             | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN HOLODAK                                    | Date of Receipt                      |   |   |
|    | Mailing Address 49 S HILLSIDE AVE  |                                      |   | 0 2 / 2 7 / Y Y Y Y<br>0 2 / 2 7 / 2 0 1 0  |
|    | City   | State                                | Zip Code  | Transaction ID: INC.A.77242   |
|    | ELMSFORD   | NY                                   | 10523   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                       | C                                    |   | 80.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP INTE                 | n<br>RVENTION DELIVERY SYS  | т   |
|    | 00 0   |                                      | e Year-to-Date 🔻  |   |
|    | Primary General<br>Other (specify) ▼   | 0 0                                  | 400.00  | ]   |
| В. | Full Name (Last, First, Middle Initial)<br>RITA HOLT   |                                      |   | Date of Receipt   |
|    | Mailing Address 1558 N PISGAH ROAD   | 02 / D D / Y Y Y Y<br>02 / 27 / 2010 |   |   |
|    | City   | State                                | Zip Code  | Transaction ID: INC.A.77522   |
|    | CORDOVA  | TN                                   | 38016   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                       | C                                    |   | 50.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio                            | n<br>IBURSEMENT   |   |
|    | Receipt For:<br>Primary General  | Aggregate                            | e Year-to-Date 🔻  |   |
|    | Other (specify) ▼  | 0 0                                  | 250.00  |   |
| C. | Full Name (Last, First, Middle Initial)<br>MS CYNTHIA HORN                                       |                                      |   | Date of Receipt   |
|    | Mailing Address 9553 ANDREW DR   |                                      |   | M         M         /         D         D         /         Y |
|    | City   | State                                | Zip Code  | Transaction ID: INC.A.77510   |
|    | TWINSBURG  | OH                                   | 44087   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.                                    | C                                    |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio                            | T SVC   |   |
|    | Receipt For:<br>Primary General  | Aggregate                            | e Year-to-Date 🔻  |   |
|    | Other (specify) ▼  | 0 0                                  | 250.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)  |                                      |   | 180.00  |
|    | TOTAL This Period (last page this line number of   | only)                                |   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 121 / 167           (check only one)         11a         11b         11c         12           13         14         15         16         17  |
|----|---|-----------------|---|---|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r<br>NAME OF COMMITTEE (In Full) | name and add    | dress of any political committee to   | solicit contributions from such committee.  |
|    | Full Name (Last, First, Middle Initial)   |                 | ACTION COMMITTEE (a.k.a   |   |
| Α. | MR STEVEN HOROWITZ<br>Mailing Address 4 MELISSA COURT   | Date of Receipt |   |   |
|    | City  | City State      |   | 0 2 2 7 2 0 1 0<br>Transaction ID: INC.A.77447  |
|    | MONTVILLE   | NJ              | Zip Code<br>07045   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C               |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation      | n<br>NESS PLANNING  | -   |
|    | Receipt For:  | Aggregate       | e Year-to-Date 🔻  |   |
|    | Primary General<br>Other (specify) ▼  | 0 0             | 250.00  | ]   |
| в. | Full Name (Last, First, Middle Initial)<br>MR BERNARD HUKILL  |                 |   | Date of Receipt   |
|    | Mailing Address 17219 CLOVIS  |                 |   | M M         /         D D         /         Y |
|    | City  | State           | Zip Code  | Transaction ID: INC.A.77269   |
|    | HELOTES<br>FEC ID number of contributing<br>federal political committee.  | TX C            | 78023   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation      | n<br>ARM OPS  | _   |
|    | Receipt For:<br>Primary General   | Aggregate       | e Year-to-Date 🔻  |   |
|    | Other (specify) ▼   | 0 0             | 450.00  |   |
| C. | Full Name (Last, First, Middle Initial)<br>MRS KIMBERLY HUMPHRIES   |                 |   | Date of Receipt   |
|    | Mailing Address 10010 POINTE COVE   |                 |   | 02 27 Y Y Y Y<br>02 27 2010   |
|    | City  | State           | Zip Code  | Transaction ID: INC.A.77545   |
|    |   | TN              | 38002   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.   | C               |   | 50.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  |                 | NESS PLANNING   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | e Year-to-Date ▼<br>250.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)   |                 |   | 150.00  |
|    | TOTAL This Period (last page this line number o   | only)           |   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 122 / 167           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17 |
|----|--|-----------------------------|---|---|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r | atements may<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions of solicit contributions from such committee.  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PO  |                             | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)  | Date of Receipt             |   |   |
|    | Mailing Address 730 COLUMBUS AVEN  | IUE                         |   | 0 2 / 2 7 / Y Y Y Y<br>0 2 / 2 7 / 2 0 1 0  |
|    | City<br>NEW YORK   | State<br>NY                 | Zip Code<br>10025   | Transaction ID: INC.A.76930   |
|    | FEC ID number of contributing federal political committee.   | C                           |   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP BUSI        | n<br>NESS DEV   | -   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                   | e Year-to-Date<br>250.00  | ]   |
| в. | Full Name (Last, First, Middle Initial)<br>MS MARIANNE JACKS   |                             |   | Date of Receipt   |
|    | Mailing Address 329 MORRIS AVENUE  |                             |   | 0 2 2 7 Y Y Y Y<br>2 7 2 0 1 0  |
|    | City State MOUNTAIN LAKES NJ   |                             | Zip Code<br>07046   | Transaction ID: INC.A.76979   |
|    | MOUNTAIN LAKES<br>FEC ID number of contributing<br>federal political committee.                        | C                           |   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | -                           | L ACCT EXEC   | _   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                   | e Year-to-Date<br>250.00  | ]   |
| C. | Full Name (Last, First, Middle Initial)<br>MR TODD JEFFREY   |                             |   | Date of Receipt   |
|    | Mailing Address 15 ELIZABETH STREE   | Т                           |   | 02 27 Y Y Y Y<br>02 27 2010   |
|    | City   | State                       | Zip Code  | Transaction ID: INC.A.77351   |
|    | DUMONT<br>FEC ID number of contributing<br>federal political committee.                                | NJ<br>C                     | 07628   | Amount of Each Receipt this Period 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio                   | n<br>RM CONTRACT & CONSUL   | TING  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                   | e Year-to-Date ▼<br>250.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)  |                             |   | 150.00  |
|    | TOTAL This Period (last page this line number o  | nly)                        |   |   |

|    | SCHEDULE A (FEC Form 3X)  |  | FOR LINE NUMBER: PAGE 123 / 167   |  |  |
|----|---|--|---|--|--|
|    | · · ·   | Use separate schedule(s)<br>for each category of the                                     | (check only one)  |  |  |
|    | ITEMIZED RECEIPTS   | Detailed Summary Page  | X 11a 🗌 11b 🗌 11c 🔲 12 🔄  |  |  |
|    |   |  |   |  |  |
|    | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions solicit contributions from such committee. |   |  |  |
|    | NAME OF COMMITTEE (In Full)   |  |   |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. P   | OLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)   |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>ROBERT JINKS   | Date of Receipt  |   |  |  |
|    | Mailing Address 22 PAGE AVE   |  | 0 2 / D D / Y Y Y Y<br>0 2 / 2 7 / 2 0 1 0  |  |  |
|    | City  | State Zip Code   | Transaction ID: INC.A.76993   |  |  |
|    | LYNDHURST   | NJ 07071   | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing federal political committee.  | C  | 50.00   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP BUSINESS REQUIREMENTS   |   |  |  |
|    | Receipt For:  | Aggregate Year-to-Date ▼   | 1   |  |  |
|    | Primary General   |  |   |  |  |
|    | Other (specify)   | 250.00   |   |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MRS REGINA JONES   |  | Date of Receipt   |  |  |
|    | Mailing Address POST OFFICE BOX 38  | 3342   | M         M         /         D         D         /         Y |  |  |
|    | City  | State Zip Code   | Transaction ID: INC.A.77094   |  |  |
|    | GERMANTOWN  | TN 38183   | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing federal political committee.  | C  | 75.00   |  |  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation<br>VP CUST SVC  |   |  |  |
|    | Receipt For:  | Aggregate Year-to-Date 🔻   |   |  |  |
|    | Primary General   | 375.00   |   |  |  |
|    | Other (specify)   | 375.00   |   |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR RICHARD JONES   |  | Date of Receipt   |  |  |
|    | Mailing Address 12224 MONTCALM ST   | REET   | 02 / 27 / Y Y Y Y<br>02 2 0 1 0   |  |  |
|    | City  | State Zip Code   | Transaction ID: INC.A.77296   |  |  |
|    | CARMEL  | IN 46032   | Amount of Each Receipt this Period  |  |  |
|    | FEC ID number of contributing federal political committee.  | C  | 25.00   |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM  |   |  |  |
|    | Receipt For:  | Aggregate Year-to-Date V   | 7   |  |  |
|    | Primary General   | 225.00   |   |  |  |
|    | Other (specify)   |  |   |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |  | 150.00  |  |  |
|    | TOTAL This Period (last page this line number of  | only)  |   |  |  |
|    |   |  |   |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  | for each ca  | ate schedule(s)<br>tegory of the<br>immary Page | FOR LINE NUMBER:         PAGE 124 / 167           (check only one)         11c         12           X         11a         11b         11c         12           I         12         14         15         16         17 |
|---------|---|--|---|---|
|         | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the | 13     14     15     16     17       for the purpose of soliciting contributions olicit contributions from such committee. |   |   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL ACTION CO   | MMITTEE (a.k.a. I                               | Medco Health PAC)   |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>MR JOHN KAPIOSKI   | Date of Receipt  |   |   |
|         | Mailing Address 8202 MARSH GLEN C   | M M / D D / Y Y Y Y<br>02 27 2010  |   |   |
|         | City  | State Zip Code   |   | Transaction ID: INC.A.77275   |
|         | TAMPA   | FL 33647   |   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR PHARMACY  | COMPLIANCE                                      |   |
|         | Receipt For:  | Aggregate Year-to-Date   | ▼   |   |
|         | Primary     General       Other (specify) ▼   |  | 250.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MS DEEPTI KEHOE  |  |   | Date of Receipt   |
|         | Mailing Address 995 PINES TERR  |  |   | 0 2 / D D / Y Y Y Y<br>0 2 7 2 0 1 0  |
|         | City  | State Zip Code   |   | Transaction ID: INC.A.77039   |
|         | FRANKLIN LAKES  | NJ 07417   |   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                       | C  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP FINANCIAL & A  | NALYTICAL SVC                                   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date   | <b>▼</b> 250.00                                 |   |
| –<br>c. | Full Name (Last, First, Middle Initial)<br>MR WILLIAM KELLEY, III                                   |  |   | Date of Receipt   |
|         | Mailing Address 1970 WOODLANDS P  | -  |   | M M / D D / Y Y Y Y<br>02 27 2010   |
|         | City<br>POWELL  | State Zip Code<br>OH 43065   |   | Transaction ID: INC.A.77212   |
|         | FEC ID number of contributing federal political committee.  | C  |   | Amount of Each Receipt this Period 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>GENERAL MGR GRO  | OUP   |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date   | ▼<br>250.00                                     |   |
| Γ       | SUBTOTAL of Receipts This Page (optional)   |  | <b>&gt;</b>                                     | 150.00  |
| F       | TOTAL This Period (last page this line number   |  |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 125/167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |  |  |
|---------|--|---|---|---|--|--|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | statements ma<br>name and ad  | y not be sold or used by any persond<br>dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee.   |  |  |
|         |  | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |   |   |  |  |
| A.      | Full Name (Last, First, Middle Initial)<br>MS KARIN KLEINEGGER<br>Mailing Address 121 CONKLING TOW | Date of Receipt   |   |   |  |  |
|         |  |   |   | 02 27 2010  |  |  |
|         | City   | State   | Zip Code  | Transaction ID: INC.A.77339   |  |  |
|         | CHESTER<br>FEC ID number of contributing<br>federal political committee.                           | NY<br>C   | 10918   | Amount of Each Receipt this Period  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR   | on<br>ACCT MGMT   |   |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregat  | e Year-to-Date ▼<br>250.00  | ]   |  |  |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>KENNETH KLEPPER<br>Mailing Address 295 GLEN PLACE       |   |   | Date of Receipt   |  |  |
|         |  | Chata   | Zia Oada  | 02 27 2010  |  |  |
|         | City<br>FRANKLIN LAKES   | State<br>NJ   | Zip Code<br>07417   | Transaction ID: INC.A.77386<br>Amount of Each Receipt this Period   |  |  |
|         | FEC ID number of contributing federal political committee.   | С   |   | 192.30  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | 1 · · · · · · · · · · · · · · · · · · ·   | CHIEF OPERATING OFFIC   | ER  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregat  | e Year-to-Date  961.50  | ]   |  |  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MS KATHLEEN KORDUCKI                                    |   |   | Date of Receipt   |  |  |
|         | Mailing Address 920 CLARK STREET   |   |   | 02 / D D / Y Y Y Y<br>02 27 2010  |  |  |
|         | City   | State   | Zip Code  | Transaction ID: INC.A.77008   |  |  |
|         | BOWLING GREEN<br>FEC ID number of contributing<br>federal political committee.                     | <u>он</u>   | 43402   | Amount of Each Receipt this Period 50.00  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR NAT   | n<br>L ACCT EXEC  |   |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | e Year-to-Date<br>250.00  |   |  |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)  |   | ·····   | 292.30  |  |  |
| F       | TOTAL This Period (last page this line number  | only)   |   |   |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 126 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |  |
|---------|---|---|--|--|
|         | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the | for the purpose of soliciting contributions                                   |  |  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL ACTION COMMITTEE (a.k.a.   | Medco Health PAC)  |  |
| ۷<br>A. | Full Name (Last, First, Middle Initial)<br>MS BARBARA KRZAK   | Date of Receipt   |  |  |
|         | Mailing Address 495 ISLAND WAY  | 02 27 Y Y Y Y<br>02 27 2010   |  |  |
|         | City  | State Zip Code  | Transaction ID: INC.A.77252  |  |
|         | FRANKLIN LAKES  | NJ 07417  | Amount of Each Receipt this Period   |  |
|         | FEC ID number of contributing federal political committee.  | C   | 55.00  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP INFO TECHNOLOGY  |  |  |
|         | Receipt For:  | Aggregate Year-to-Date 🔻  |  |  |
|         | Other (specify) ▼   | 275.00  |  |  |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MR MICHAEL KRZAN   |   | Date of Receipt  |  |
|         | Mailing Address 2735 YORK RD  | 02 / D D / Y Y Y Y<br>02 27 2010  |  |  |
|         | City  | State Zip Code  | Transaction ID: INC.A.77311  |  |
|         | COLUMBUS  | OH 43221  | Amount of Each Receipt this Period   |  |
|         | FEC ID number of contributing federal political committee.  | C   | 50.00  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>REGIONAL VP PHARMACIES  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |  |  |
| -<br>c. | Full Name (Last, First, Middle Initial)<br>MR MARK LANDY  |   | Date of Receipt  |  |
|         | Mailing Address 18 LADIK PL   |   | M M / D D / Y Y Y Y<br>02 27 2010  |  |
|         | City  | State Zip Code  | Transaction ID: INC.A.77247  |  |
|         | MONTVALE  | NJ 07645  | Amount of Each Receipt this Period   |  |
|         | FEC ID number of contributing<br>federal political committee.                                       | C   | 75.00  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP SVC DELIVERY SYSTEM  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>375.00  |  |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |   | 180.00   |  |
| f       | TOTAL This Period (last page this line number   | only)   |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                        | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 127 / 167         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17  |
|---------|---|------------------------|---|---|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the |                        |   |   |
|         |   |                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                       |   |
|         | ightarrow MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL              | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| ,<br>A. | Full Name (Last, First, Middle Initial)<br>JAMES LANGLEY  | Date of Receipt        |   |   |
|         | Mailing Address 10921 MAIN RANGE TRAIL  |                        |   | 02 27 Y Y Y Y<br>02 27 2010   |
|         | City  | State                  |   | Transaction ID: INC.A.77538   |
|         | LITTLETON   | CO                     | 80127   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                   | C                      |   | 50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation<br>VP REIN  | n<br>IBURSEMENT   |   |
|         | Receipt For:  | Aggregate              | e Year-to-Date 🔻  |   |
|         | Primary     General       Other (specify) ▼   | 0 0                    | 250.00  | ]   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MS CYNTHIA LAUBACHER                                 |                        |   | Date of Receipt   |
|         | Mailing Address 1100 KIMBERLY COURT   |                        |   | M         M         /         D         D         Y |
|         | City State  |                        | Zip Code  | Transaction ID: INC.A.77200   |
|         | ROSEVILLE   | CA                     | 95661   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                      | C                      |   | 100.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR ( | n<br>GOVERNMENT AFFAIRS   |   |
|         | Receipt For:  | Aggregate              | e Year-to-Date 🔻  | _   |
|         | Primary     General       Other (specify) ▼   |                        | 500.00  |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>JOSEPH LENZ  | 1                      |   | Date of Receipt   |
|         | Mailing Address 1735 LINKENHOLT Co  | OVE                    |   | 0 2 / D D / Y Y Y Y Y<br>0 2 2 7 2 0 1 0  |
|         | City  | State                  | Zip Code  | Transaction ID: INC.A.77424   |
|         | COLLIERVILLE  | TN                     | 38017   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                   | C                      |   | 50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>VP FINA   |   |   |
|         | Receipt For:<br>Primary General   | Aggregate              | e Year-to-Date 🔻  |   |
|         | Other (specify)   |                        | 250.00  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   | 1                      |   | 200.00  |
| F       | TOTAL This Period (last page this line number   |                        |   |   |

|    |  |  |   | f                                  |  |  |
|----|--|--|---|------------------------------------|--|--|
|    | SCHEDULE A (FEC Form 3X)   | DULE A (FEC Form 3X)   |   | FOR LINE NUMBER: PAGE 128 / 167    |  |  |
|    | ITEMIZED RECEIPTS  |  | Use separate schedule(s) for each category of the | (check only one)                   |  |  |
|    |  |  | Detailed Summary Page                             | X 11a 11b 11c 12<br>13 14 15 16 17 |  |  |
| r  |  |  |   |                                    |  |  |
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r | on for the purpose of soliciting contributions<br>o solicit contributions from such committee. |   |                                    |  |  |
|    | NAME OF COMMITTEE (In Full)  |  |   |                                    |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. PO   | OLITICAL   | ACTION COMMITTEE (a.k.a                           | . Medco Health PAC)                |  |  |
| A. | Full Name (Last, First, Middle Initial)<br>MR DORIAN LO  | Date of Receipt  |   |                                    |  |  |
|    | Mailing Address 6 CLUBHOUSE ROAD   | 0 2 2 7 2 0 1 0  |   |                                    |  |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.77204        |  |  |
|    | BLOOMINGDALE   | NJ   | 07403   | Amount of Each Receipt this Period |  |  |
|    | FEC ID number of contributing  |  |   |                                    |  |  |
|    | federal political committee.   | C  |   | 50.00                              |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CLIN   | on<br>IICAL SVCS                                  |                                    |  |  |
|    | Receipt For:   | Agareaate  | e Year-to-Date 🔻                                  |                                    |  |  |
|    | Primary General  |  |   | 1                                  |  |  |
|    | Other (specify)  | 0 0  | 250.00  |                                    |  |  |
| В. | Full Name (Last, First, Middle Initial)<br>MR ROBERT LONG  |  |   | Date of Receipt                    |  |  |
|    | Mailing Address 18 HARLIND TERRACE   |  |   | 0 2 2 7 2 0 1 0                    |  |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.77189        |  |  |
|    | RAMSEY NJ  |  | 07446   | Amount of Each Receipt this Period |  |  |
|    |  |  |   |                                    |  |  |
|    | FEC ID number of contributing federal political committee.   | C  |   | 50.00                              |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR NAT  | n<br>L ACCT EXEC                                  |                                    |  |  |
|    | Receipt For:   | Anareaat   | e Year-to-Date 🔻                                  |                                    |  |  |
|    | Primary General  | , iggi oguti   |   | 1                                  |  |  |
|    | Other (specify)  | 0 0  | 250.00  |                                    |  |  |
| С. | Full Name (Last, First, Middle Initial)<br>DAVID LOSCHINSKEY   |  |   | Date of Receipt                    |  |  |
|    | Mailing Address 4500 MT GILLESPIE D  | R  |   | 0 2 2 7 2 0 1 0                    |  |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.77542        |  |  |
|    | LAKELAND   | TN   | 38002   | Amount of Each Receipt this Period |  |  |
|    | FEC ID number of contributing federal political committee.   | C  |   | 50.00                              |  |  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>VP BIAC   |   | -                                  |  |  |
|    | Receipt For:   |  | e Year-to-Date V                                  | -1                                 |  |  |
|    | Primary General  | Ayyreyau   |   | 1                                  |  |  |
|    | Other (specify) ▼  | 0 0  | 250.00  |                                    |  |  |
| [  | I<br>SUBTOTAL of Receipts This Page (optional)   |  |   | 150.00                             |  |  |
|    | SUBTUTAL OF DECEIPTS THIS Page (optional)  |  | ·····   |                                    |  |  |
|    | TOTAL This Period (last page this line number of   | only)  |   |                                    |  |  |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  |                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 129 / 167         (check only one)       11a         X       11a         13       14         15       16         17 |
|---------|---|------------------------------------|---|---|
|         | Any information copied from such Reports and sor for commercial purposes, other than using th | Statements may e name and add      | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions oscillations solicit contributions from such committee.  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC.                                    | POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>MR ROSS LUCE                                       | Date of Receipt                    |   |   |
|         | Mailing Address 1066 WEST GROVE   | 0 2 / D D / Y Y Y Y<br>2 7 2 0 1 0 |   |   |
|         | City  | State                              | Zip Code  | Transaction ID: INC.A.77060   |
|         | GIBSONIA  | PA                                 | 15044   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                    | C                                  |   | 30.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM                | n   |   |
|         | Receipt For:  | Aggregate                          | e Year-to-Date 🔻  |   |
|         | Primary     General       Other (specify) ▼   | 0 0                                | 270.00  | ]   |
| —<br>В. | Full Name (Last, First, Middle Initial)<br>MR KENNETH MALLEY                                  |                                    |   | Date of Receipt   |
|         | Mailing Address 764 W. SADDLE RIVER ROAD  |                                    |   | M M / D D / Y Y Y Y<br>02 27 2010   |
|         | City State  |                                    | Zip Code  | Transaction ID: INC.A.77096   |
|         | HO HO KUS   | NJ                                 | 07423   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                 | C                                  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation                         | n<br>DUCT & CHANNEL MKTING  | à   |
|         | Receipt For:  | Aggregate                          | e Year-to-Date 🔻  |   |
|         | Primary     General       Other (specify) ▼   | 0 0                                | 250.00  | ]   |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>MR MICHAEL MANDAGLIO                               | 1                                  |   | Date of Receipt   |
| •       | Mailing Address 33 HICKORY TAVER  | N RD                               |   | 02 27 2010  |
|         | City  | State                              | Zip Code  | Transaction ID: INC.A.76942   |
|         | GILLETTE  | NJ                                 | 07933   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                    | C                                  |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation                         |   |   |
|         | Receipt For:  | Aggregate                          | e Year-to-Date 🔻  |   |
|         | Primary     General       Other (specify) ▼   | 0 0                                | 250.00  |   |
| Γ       | SUBTOTAL of Receipts This Page (optional) .   |                                    |   | 130.00  |
|         | TOTAL This Period (last page this line number   |                                    |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page            | FOR LINE NUMBER:       PAGE 130 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|---|--|--|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | n for the purpose of soliciting contributions solicit contributions from such committee. |  |
|         |   | POLITICAL ACTION COMMITTEE (a.k.a.   | Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial)<br>LORI MARINO  | Date of Receipt  |  |
|         | Mailing Address 31 UNDERWOOD DR   | 0 2 / 2 7 / Y Y Y Y<br>0 2 0 1 0   |  |
|         |   | State Zip Code   | Transaction ID: INC.A.77467  |
|         | WEST ORANGE<br>FEC ID number of contributing<br>federal political committee.  | NJ 07052   | Amount of Each Receipt this Period 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>ASST GENERAL COUNSEL   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00   |  |
| В.      | Full Name (Last, First, Middle Initial)<br>MS TAMARA MARSHALL<br>Mailing Address W144 N7150 TERRAC                                |  | Date of Receipt  |
|         | City  | State Zip Code   | 0 2 2 7 2 0 1 0<br>Transaction ID: INC.A.77127   |
|         | MENOMONEE FALLS   | WI 53051   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.  |  | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00   |  |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>MR TODD MARTIN   |  | Date of Receipt  |
|         | Mailing Address 11825 SHEPPARDS C   | RUSSING  | 0 2 / 2 7 / Y Y Y Y<br>0 2 0 1 0   |
|         | City<br>CLARKSVILLE   | State Zip Code<br>MD 21029   | Transaction ID: INC.A.77076<br>Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C  | 192.30   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP & GENERAL MGR  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>961.50   |  |
|         | SUBTOTAL of Receipts This Page (optional)   | ·····  | 292.30   |
| F       | TOTAL This Period (last page this line number   | only)  |  |

| SCHEDULE A (FEC FO  | orm 3X)  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 131 / 167           (check only one)         X           X         11a           11b         11c           12           13         14           15         16 |  |  |
|---|--|---|---|--|--|
| or for commercial purposes, other t                           | ny information copied from such Reports and Statements may not be sold or used by any person<br>for commercial purposes, other than using the name and address of any political committee to s |   |   |  |  |
| NAME OF COMMITTEE (In Fu<br>MEDCO HEALTH SOLUTI               | ,  | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |
| Full Name (Last, First, Middle Ir<br>MR WILLIAM MARTIN        | ,  |   | Date of Receipt   |  |  |
| Mailing Address 2601 FOX                                      | 0 2 2 7 2 0 1 0  |   |   |  |  |
| City  | State  | Zip Code  | Transaction ID: INC.A.77475   |  |  |
| GERMANTOWN  | TN   | 38139   | Amount of Each Receipt this Period  |  |  |
| FEC ID number of contributing federal political committee.    | C  |   | 50.00   |  |  |
| Name of Employer<br>ACCREDO HEALTH GROUP                      | Occupatio<br>GROUP   | n<br>VP BUS DEV   |   |  |  |
| Receipt For:<br>Primary General                               | 00 0   | e Year-to-Date 🔻  | _   |  |  |
| Other (specify) <b>▼</b>                                      | 0 0  | 250.00  |   |  |  |
| Full Name (Last, First, Middle Ir<br>MR JEFFREY MAY           | nitial)  |   | Date of Receipt   |  |  |
| Mailing Address 137 WASH                                      | Mailing Address 137 WASHINGTON AVE   |   |   |  |  |
| City  |  |   |   |  |  |
| HILLSDALE   | NJ   | 07642   | Amount of Each Receipt this Period  |  |  |
| FEC ID number of contributing<br>federal political committee. | C  |   | 192.30  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTION                     |  | UG DISTRIB & CONTROL  |   |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼          |  | 9 Year-to-Date ▼<br>961.50  | ]   |  |  |
| Full Name (Last, First, Middle Ir<br>MR SHAMUS MC GUIRE       | nitial)  |   | Date of Receipt   |  |  |
| Mailing Address 57 MOUNT                                      | AINSIDE DRIVE  |   | 0 2 2 7 2 0 1 0   |  |  |
| City  | State  | Zip Code  | Transaction ID: INC.A.77106   |  |  |
| POMPTON LAKES   | NJ   | 07442   | Amount of Each Receipt this Period  |  |  |
| FEC ID number of contributing federal political committee.    | C  |   | 50.00   |  |  |
| Name of Employer<br>ACCREDO HEALTH GROUP                      | Occupatio<br>VP SALE   | n<br>ES AND MARKETING   |   |  |  |
| Receipt For:<br>Primary General<br>Other (specify) <b>▼</b>   |  | e Year-to-Date ▼<br>250.00  |   |  |  |
|   | I  |   | 292.30  |  |  |

|    |  |                                |   | FOR LINE NUMBER: PAGE 132 / 167   |
|----|--|--------------------------------|---|---|
|    | SCHEDULE A (FEC Form 3X)   |                                | Use separate schedule(s)  | (check only one)  |
|    | ITEMIZED RECEIPTS  |                                | for each category of the<br>Detailed Summary Page                           | X 11a 11b 11c 12  |
|    |  |                                | Detailed Gummary Page   | 13 14 15 16 17  |
|    | Any information copied from such Reports and St or for commercial purposes, other than using the | atements ma<br>name and ad     | ay not be sold or used by any perso<br>Idress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  |                                |   |   |
|    | > MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL                       | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>THOMAS MCCANN   | Date of Receipt                |   |   |
|    | Mailing Address 9600 DOVE SPRING C   | 0 2 / D D / Y Y Y Y<br>2 0 1 0 |   |   |
|    | City   | State                          | Zip Code  | Transaction ID: INC.A.77550   |
|    | GERMANTOWN   | TN                             | 38139   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                       | C                              |   | 50.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation                     |   |   |
|    | Receipt For:   | Aggregate                      | e Year-to-Date 🔻  |   |
|    | Primary General  |                                | 250.00  | 1   |
|    | Other (specify) <b>v</b>   | 0 0                            | 250.00  |   |
| В. | Full Name (Last, First, Middle Initial)<br>MS COLLEEN MCINTOSH                                   |                                |   | Date of Receipt   |
| р. | Mailing Address 87 ROSELAWN RD   |                                |   | 0 2 2 7 2 0 1 0   |
|    | City   | State                          | Zip Code  | Transaction ID: INC.A.77199   |
|    | HIGHLAND MILLS   | NY                             | 10930   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                       | C                              |   | 192.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>ASST G           | on<br>ENERAL COUNSEL  |   |
|    | Receipt For:   | Aggregate                      | e Year-to-Date 🔻  |   |
|    | Primary     General       Other (specify) ▼  |                                | 960.00  | ]   |
| С. | Full Name (Last, First, Middle Initial)<br>MR STEVEN MCNAMARA                                    |                                |   | Date of Receipt   |
| •  | Mailing Address 112 GREEN TERRACE  | E WAY                          |   |   |
|    | City   | State                          | Zip Code  | Transaction ID: INC.A.77345   |
|    | WEST MILFORD   | NJ                             | 07480   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                       | C                              |   | 192.31  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP BU           | on<br>SINESS OPS  |   |
|    | Receipt For:   | Aggregate                      | e Year-to-Date 🔻  |   |
|    | Primary General<br>Other (specify) ▼   |                                | 961.55  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)  |                                | <b>`</b>  | 434.31  |
|    | TOTAL This Period (last page this line number of   |                                |   |   |
|    |  | • ·                            | -   |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 133 / 167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |
|----|---|------------------------------|---|---|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r<br>NAME OF COMMITTEE (In Full) | atements may<br>name and add | not be sold or used by any person<br>dress of any political committee to      | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |
|    | MEDCO HEALTH SOLUTIONS INC. PO  |                              | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)<br>DAVID MILLER   | Date of Receipt              |   |   |
|    | Mailing Address 7 CLOVER LANE   |                              |   | 0 2 / 2 7 / Y Y Y Y<br>2 0 1 0  |
|    | City<br>RANDOLPH  | State<br>NJ                  | Zip Code<br>07869   | Transaction ID: INC.A.76951   |
|    | FEC ID number of contributing federal political committee.  | C                            |   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP LABC        | n<br>DR RELATIONS   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                    | Year-to-Date<br>250.00  | ]   |
| в. | Full Name (Last, First, Middle Initial)<br>MRS KAREN MILLER   | NODTU                        |   | Date of Receipt   |
|    | Mailing Address 34 MACKENZIE LANE   | NORTH                        |   | 0 2 2 7 Y Y Y Y<br>2 7 2 0 1 0  |
|    |   | State<br>NJ                  | Zip Code  | Transaction ID: INC.A.76941   |
|    | DENVILLE<br>FEC ID number of contributing<br>federal political committee.   | C                            | 07834   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | -                            | R INTERNAL AUDIT  |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                    | Year-to-Date<br>250.00  | ]   |
| C. | Full Name (Last, First, Middle Initial)<br>PAMELA MILLER  |                              |   | Date of Receipt   |
|    | Mailing Address 158 SUMMIT AVENUE   |                              |   | 0 2 / D D / Y Y Y Y<br>0 2 2 0 1 0  |
|    | City<br>HACKENSACK  | State<br>NJ                  | Zip Code  | Transaction ID: INC.A.77396   |
|    | FEC ID number of contributing federal political committee.  | C                            | 07601   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation                   | CIES-STRAT-SOLUTIONS  |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                    | Year-to-Date <b>V</b><br>275.00   | ]   |
|    | SUBTOTAL of Receipts This Page (optional)   |                              |   | 155.00  |
|    | TOTAL This Period (last page this line number o   | only)                        |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | FOR LINE NUMBER:         PAGE 134 / 167           (check only one)         11a           X         11a           13         14           15         16           17 |
|---------|---|---|---|
|         | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | atements may not be sold or used by any person<br>name and address of any political committee to s  | for the purpose of soliciting contributions   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL ACTION COMMITTEE (a.k.a.   | Medco Health PAC)   |
| ۷<br>A. | Full Name (Last, First, Middle Initial)<br>MR DAVID MITCHELL  | Date of Receipt   |   |
|         | Mailing Address 222 WEST 14TH STRE<br>APT. 4B   | M         M         /         D         D         Y |   |
|         | City  | State Zip Code  | Transaction ID: INC.A.77422   |
|         | NEW YORK<br>FEC ID number of contributing<br>federal political committee.                           | NY 10011  | Amount of Each Receipt this Period 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP MKTING & PRODUCT DEV   | -   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MS JULIANA MOLEK<br>Mailing Address 8620 LAKE RILEY DRI  | VE  | Date of Receipt   |
|         | City  | State Zip Code  |   |
|         | CHANHASSEN  | MN 55317  | Transaction ID: INC.A.77084<br>Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.  | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR SPECIAL MARKETS  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date  250.00  |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MR THOMAS MORIARTY                                       |   | Date of Receipt   |
|         | Mailing Address 86 WELLINGTON AVE   | NUE   | 0 2 2 7 Y Y Y Y<br>0 2 2 7 2 0 1 0  |
|         | City  | State Zip Code  | Transaction ID: INC.A.76931   |
|         | SHORT HILLS<br>FEC ID number of contributing<br>federal political committee.                        | NJ 07078  | Amount of Each Receipt this Period  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>GENL C-SEC-SVP PHARM STRAT SC   | -<br>2L   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ♥<br>960.00  |   |
|         | SUBTOTAL of Receipts This Page (optional)   | ▶   | 292.00  |
|         | TOTAL This Period (last page this line number of  | only) 🕨   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                       | FOR LINE NUMBER:         PAGE 135 / 167           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17 |
|---------|---|---|---|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any person<br>name and address of any political committee to s | for the purpose of soliciting contributions solicit contributions from such committee.  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                    | POLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)   |
| ۷<br>A. | Full Name (Last, First, Middle Initial)<br>MS THERESA MORMILE                                   | Date of Receipt   |   |
|         | Mailing Address 59 VALLEY VIEW TEF  | 0 2 / D D / Y Y Y Y<br>0 2 7 2 0 1 0  |   |
|         | City  | State Zip Code  | Transaction ID: INC.A.77299   |
|         | MONTVALE  | NJ 07645  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                      | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP FINANCE  |   |
|         | Receipt For:  | Aggregate Year-to-Date 🔻  |   |
|         | Primary     General       Other (specify)   | 250.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MR CRAIG MORRIS                                      |   | Date of Receipt   |
|         | Mailing Address N 49 W 25648 MCKEF  | ROW DR  | 0 2 2 7 Y Y Y<br>0 2 0 1 0  |
|         | City  | State Zip Code  | Transaction ID: INC.A.77126   |
|         | PEWAUKEE  | WI 53072  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                   | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>EXEC DIR CLINICAL SVCS  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |   |
| -       | Full Name (Last, First, Middle Initial)   |   |   |
| C.      | MR ROBERT MULLER<br>Mailing Address 69 FERN PLACE   |   | Date of Receipt   |
|         | City  | State Zip Code  | Transaction ID: INC.A.77315   |
|         | PARAMUS   | NJ 07652  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                   | C   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP HLTH BUS CLIENT ENROLLMNT  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |   | 150.00  |
| ľ       | TOTAL This Period (last page this line number   | only)   |   |

|    | SCHEDULE A (FEC Form 3X)   |  | a h a al da ( - )   | FOR LINE NUMBER: PAGE 136 / 167   |
|----|--|--|---|---|
|    | · · ·  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)  |
|    | ITEMIZED RECEIPTS  |  |   | X 11a 🗌 11b 🗌 11c 🗌 12 🔄  |
|    |  |  |   | 13 14 15 16 17  |
|    | Any information copied from such Reports and Stat<br>or for commercial purposes, other than using the na | ements may not be sold or us me and address of any politic | ed by any person<br>al committee to s   | for the purpose of soliciting contributions olicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  |  |   |   |
|    | MEDCO HEALTH SOLUTIONS INC. PC   |  | IITTEE (aka   | Medco Health PAC)   |
|    |  |  |   |   |
| Α. | Full Name (Last, First, Middle Initial)<br>MS BECKY NAGLE  |  |   | Date of Receipt   |
|    | Mailing Address 64 WALTER AVE  | M M / D D / Y Y Y Y<br>02 27 2010                          |   |   |
|    | City   | State Zip Code   |   | Transaction ID: INC.A.77006   |
|    | HASBROUCK HEIGHTS  | NJ 07604   |   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing  |  |   | 50.00   |
|    | federal political committee.   | C  | 1   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP CLINICAL SVCS                             |   | ]   |
|    | Receipt For:   | Aggregate Year-to-Date V                                   |   | 1   |
|    | Primary General  |  |   |   |
|    | Other (specify)  |  | 250.00  |   |
|    |  |  |   |   |
| в. | Full Name (Last, First, Middle Initial)<br>MS ARLENE NOLAN   |  |   | Date of Receipt   |
|    | Mailing Address 319 BOGERT AVENUE  |  |   |   |
|    |  |  |   | 02 27 2010  |
|    | City   | State Zip Code   |   | Transaction ID: INC.A.77046   |
|    | RIDGEWOOD  | NJ 07450   |   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing  | •  |   | 50.00   |
|    | federal political committee.   |  |   | 50.00   |
|    | Name of Employer   | Occupation   |   | -   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | VP FINANCE   |   |   |
|    | Receipt For:   | Aggregate Year-to-Date V                                   |   | -   |
|    | Primary General  |  |   |   |
|    | Other (specify) <b>T</b>   |  | 250.00  |   |
|    |  |  |   |   |
| _  | Full Name (Last, First, Middle Initial)  |  |   |   |
| C. | DENISE O'CALLAGHAN   |  |   | Date of Receipt   |
|    | Mailing Address 4 HIGHLAND AVE   |  |   | 02 27 2010  |
|    | P.O. BOX 408<br>City   | State Zip Code   |   | Transaction ID: INC.A.77472   |
|    | PEAPACK  | NJ 07977   |   | Amount of Each Receipt this Period  |
|    |  |  |   | Amount of Lacin necelpt this renou  |
|    | FEC ID number of contributing<br>federal political committee.  | C  |   | 50.00   |
|    | Name of Employer   | Occupation   |   | 4   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | VP OPS   |   |   |
|    | Receipt For:   | Aggregate Year-to-Date ▼                                   |   | -   |
|    | Primary General  |  |   |   |
|    | Other (specify)  |  | 250.00  |   |
|    | ·  |  |   |   |
|    |  |  |   |   |
|    | SUBTOTAL of Receipts This Page (optional)  |  | ····· •   | 150.00  |
|    |  |  | <b>·</b>  |   |
|    | TOTAL This Period (last page this line number or   | у)   | ►   |   |
|    | F  |  |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                     | FOR LINE NUMBER:       PAGE 137 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17 |
|---------|---|---|--|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any person<br>name and address of any political committee to | n for the purpose of soliciting contributions  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                    | POLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)  |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>MR CHARLES OESTREICHER                               | Date of Receipt   |  |
|         | Mailing Address 6 PARK DR SOUTH   | 02 / 27 / Y Y Y Y<br>02 / 27 / 2010   |  |
|         | City  | State Zip Code  | Transaction ID: INC.A.77329  |
|         | RYE   | NY 10580  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.                                      | C   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>GROUP COO   |  |
|         | Receipt For:  | Aggregate Year-to-Date 🔻  |  |
|         | Primary     General       Other (specify) ▼   | 250.00  |  |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MR MELVIN OHL  |   | Date of Receipt  |
|         | Mailing Address 274 E FRANKLIN TPK  | E   | 02 / D D / Y Y Y Y<br>02 / 27 / 2010   |
|         | City  | State Zip Code  | Transaction ID: INC.A.77272  |
|         | RIDGEWOOD   | NJ 07450  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.                                      | C   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP PROCUREMENT & INVENTORY  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |  |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>MS LUDIVINA PACAMARRA                                |   | Date of Receipt  |
|         | Mailing Address 4 TEAK COURT  |   | 02 27 2010   |
|         | City  | State Zip Code  | Transaction ID: INC.A.77259  |
|         | RINGWOOD  | NJ 07456  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.                                   |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>EXEC DIR TECHNOLOGY   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>250.00  |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |   | 150.00   |
| F       | TOTAL This Period (last page this line number   | only)   |  |

|         | SCHEDULE A (FEC Form 3X)   |                              | Use separate schedule(s) | FOR LINE NUMBER: PAGE 138 / 167<br>(check only one) |
|---------|--|------------------------------|--------------------------|---|
|         | ITEMIZED RECEIPTS  |                              | for each category of the | $\overline{X}$ 11a 11b 11c 12                       |
|         |  |                              | Detailed Summary Page    |   |
|         | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the n |                              |                          | n for the purpose of soliciting contributions       |
| ľ       | NAME OF COMMITTEE (In Full)  |                              |                          |   |
|         | MEDCO HEALTH SOLUTIONS INC. PC   | . Medco Health PAC)          |                          |   |
| Α.      | Full Name (Last, First, Middle Initial)<br>MRS MICHELE PAIGE   | Date of Receipt              |                          |   |
|         | Mailing Address 12 MILLBROOK COUR  | Т                            |                          | 02 / D D / Y Y Y Y<br>27 / 2010                     |
|         | City   | State                        | Zip Code                 | Transaction ID: INC.A.77152                         |
|         | LIVINGSTON   | NJ                           | 07039                    | Amount of Each Receipt this Period                  |
|         | FEC ID number of contributing<br>federal political committee.  | C                            |                          | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation                   | n<br>REE SOLUTIONS MKTG  | _   |
|         | Receipt For:   |                              | Year-to-Date V           | _   |
|         | Primary General  |                              | 250.00                   |   |
|         | Other (specify)  | 0 0                          | 250.00                   |   |
| в.      | Full Name (Last, First, Middle Initial)<br>MR MATTHEW PATELLA  |                              |                          | Date of Receipt                                     |
|         | Mailing Address 30 TAM O SHANTER D   | 02 / 27 / Y Y Y Y<br>02 2010 |                          |   |
|         | City   | State                        | Zip Code                 | Transaction ID: INC.A.76987                         |
|         | MAHWAH   | NJ                           | 07430                    | Amount of Each Receipt this Period                  |
|         | FEC ID number of contributing federal political committee.   | C                            |                          | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR NATL        | n<br>_ ACCT EXEC         |   |
|         | Receipt For:   | Aggregate                    | e Year-to-Date 🔻         |   |
|         | Other (specify)  |                              | 250.00                   |   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MRS CATHY PATTEN  |                              |                          | Date of Receipt                                     |
| •••     | Mailing Address 2001 MEADOWS AVEN  | NUE                          |                          | 0 2 2 7 2 0 1 0                                     |
|         | City   | State                        | Zip Code                 | Transaction ID: INC.A.77215                         |
|         | LANTANA  | TX                           | 76226                    | Amount of Each Receipt this Period                  |
|         | FEC ID number of contributing<br>federal political committee.  | C                            |                          | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM          | n                        |   |
|         | Receipt For:   | Aggregate                    | e Year-to-Date 🔻         |   |
|         | Other (specify) ▼  |                              | 225.00                   |   |
| [       |  |                              |                          | 125.00  |
|         | SUBTOTAL of Receipts This Page (optional)  |                              |                          |   |
|         | TOTAL This Period (last page this line number or   | nly)                         |                          |   |

|    | SCHEDULE A (FEC Form 3X)  |                                  | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 139 / 167<br>(check only one)                                       |
|----|---|----------------------------------|---|---|
|    | ITEMIZED RECEIPTS   |                                  | for each category of the<br>Detailed Summary Page                         | X 11a 11b 11c 12  |
|    |   |                                  |   | 13 14 15 16 17  |
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | atements ma<br>name and ad       | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)   |                                  |   |   |
|    | MEDCO HEALTH SOLUTIONS INC. P   | OLITICAL                         | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR PAVLOS PAVLIDIS                                       | Date of Receipt                  |   |   |
|    | Mailing Address 2780 FOLKSTONE RC   | 0 2 / 2 7 / Y Y Y Y<br>0 2 0 1 0 |   |   |
|    | City  | State                            | Zip Code  | Transaction ID: INC.A.77018   |
|    | COLUMBUS  | OH                               | 43220   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                                |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM               | n   |   |
|    | Receipt For:  | Aggregate                        | e Year-to-Date 🔻  |   |
|    | Primary General   |                                  | 225.00  | 1   |
| -  | Other (specify) <b>v</b>  | 0 0                              |   | ]   |
| В. | Full Name (Last, First, Middle Initial)<br>MERRI PENDERGRASS, MD                                    |                                  |   | Date of Receipt   |
| р. | Mailing Address 3201 QUEENSBURY V   | VAY WEST                         | -   | 0 2 2 7 2 0 1 0   |
|    | City  | State                            | Zip Code  | Transaction ID: INC.A.77491   |
|    | COLLEYVILLE   | ТХ                               | 76034   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                                |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP NAT              | on<br>IONAL PRACTICE LEADER   |   |
|    | Receipt For:  | Aggregate                        | e Year-to-Date 🔻  |   |
|    | Primary     General       Other (specify) ▼   | 0 0                              | 250.00  | ]   |
| C. | Full Name (Last, First, Middle Initial)<br>MR VICTOR PERINI   |                                  |   | Date of Receipt   |
| 0. | Mailing Address 9304 GROVE PARK C   | OVE                              |   | 0 2 2 7 2 0 1 0   |
|    | City  | State                            | Zip Code  | Transaction ID: INC.A.77495   |
|    | GERMANTOWN  | TN                               | 38139   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                                |   | 50.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>VP TRC              | n   |   |
|    | Receipt For:  | Aggregate                        | e Year-to-Date 🔻  |   |
|    | Other (specify) ▼   | 0 0                              | 250.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)   |                                  |   | 125.00  |
|    | TOTAL This Period (last page this line number of  |                                  |   |   |
|    |   | ,                                | ·····   |   |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 140 / 167           (check only one)         X           X         11a                           |
|---------|--|----------------------|---|--|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | statements ma        | v not be sold or used by any perso  | 13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL            | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| ۷<br>۹. | Full Name (Last, First, Middle Initial)<br>JIMMY PERREN  |                      |   | Date of Receipt  |
|         | Mailing Address 1250 BRAY PARK DR  | EAST                 |   | 02 27 Y Y Y Y<br>02 27 2010  |
|         | City   | State                | Zip Code  | Transaction ID: INC.A.77516  |
|         | COLLIERVILLE   | TN                   | 38017   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C                    |   | 75.00  |
|         | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>VP REG  | n<br>ULATORY COMPLIANCE   |  |
|         | Receipt For:   | Aggregate            | e Year-to-Date 🔻  |  |
|         | Primary     General       Other (specify) ▼  |                      | 375.00  |  |
| -       | Full Name (Last, First, Middle Initial)<br>MR THOMAS PETTYES                                       |                      |   | Date of Receipt  |
|         | Mailing Address 8522 UPLAND LN NO  | RTH                  |   | 0 2 / 2 7 / Y Y Y Y<br>0 2 0 1 0   |
|         | City   | State                | Zip Code  | Transaction ID: INC.A.77070  |
|         | MAPLE GROVE  | MN                   | 55311   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                    |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>GENER   | n<br>AL MGR GROUP   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>250.00  | ]  |
| -       | Full Name (Last, First, Middle Initial)<br>MR THOMAS PIERCE  |                      |   | Date of Receipt  |
|         | Mailing Address 10297 E. LAKE DR.  |                      |   | M M / D D / Y Y Y Y<br>02 27 2010  |
|         | City   | State                | Zip Code  | Transaction ID: INC.A.77450  |
|         | ENGLEWOOD  | CO                   | 80111   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C                    |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP LABC | n<br>DR RELATIONS   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>250.00  | ]  |
| ſ       | SUBTOTAL of Receipts This Page (optional)  |                      |   | 175.00   |
| F       | SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line number         |                      |   |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 141 / 167         (check only one)       11a         X       11a       11b         13       14       15       16       17 |
|----|---|------------------------------|---|---|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r<br>NAME OF COMMITTEE (In Full) | atements may<br>name and add | y not be sold or used by any persu<br>dress of any political committee to     | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |
|    | MEDCO HEALTH SOLUTIONS INC. PO  | OLITICAL A                   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A. | Full Name (Last, First, Middle Initial)   |                              |   | Date of Receipt   |
|    | Mailing Address 29 BLACKWELL AVE  |                              |   | 0 2 / D D / Y Y Y Y<br>2 0 1 0  |
|    | City  | State                        | Zip Code  | Transaction ID: INC.A.76944   |
|    | MORRISTOWN  | NJ                           | 07960   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                            |   | 192.30  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation                   | n<br>ENERAL MGR   |   |
|    | Receipt For:  | Aggregate                    | e Year-to-Date 🔻  |   |
|    | Primary General<br>Other (specify) ▼  | 0 0                          | 961.50  | ]   |
| В. | Full Name (Last, First, Middle Initial)<br>MR NEIL PREZIOSO   |                              |   | Date of Receipt   |
|    | Mailing Address 10258 WINDSOR WAY   | /                            |   | 02 / 27 / Y Y Y Y<br>02 / 27  |
|    | City  | State                        | Zip Code  | Transaction ID: INC.A.77224   |
|    | POWELL  | OH                           | 43065   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                            |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation                   | n<br>I CARE OPS/FORMULARY/  | /CDP  |
|    | Receipt For:<br>Primary General   | Aggregate                    | e Year-to-Date ▼  | _   |
|    | Other (specify) ▼   | 0 0                          | 250.00  |   |
| C. | Full Name (Last, First, Middle Initial)<br>MS KARIN PRINCIVALLE   |                              |   | Date of Receipt   |
|    | Mailing Address 875 ALEXANDRIA CT   |                              |   | 02 / 27 / Y Y Y Y<br>02 / 27  |
|    | City  | State                        | Zip Code  | Transaction ID: INC.A.77174   |
|    | RAMSEY  | NJ                           | 07446   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                            |   | 192.30  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP HR         |   |   |
|    | Receipt For:<br>Primary General   | Aggregate                    | e Year-to-Date 🔻  | _   |
|    | Other (specify) ▼   | 0 0                          | 961.50  |   |
|    | SUBTOTAL of Receipts This Page (optional)   |                              |   | 434.60  |
|    | TOTAL This Period (last page this line number o   | only)                        |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 142 / 167           (check only one)         (check 112)           X         11a         11b         11c         12           13         14         15         16         17 |
|---------|---|--|---|--|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the  | tatements ma<br>name and ad              | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.   |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F  | POLITICAL                                | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)   |
| A.      | Full Name (Last, First, Middle Initial)<br>MR JASON PROULX  |  |   | Date of Receipt  |
|         | Mailing Address 3601 LEANNE DRIVE   | 0 2 / 2 7 / Y Y Y<br>0 2 1 0             |   |  |
|         |   | State                                    | Zip Code  | Transaction ID: INC.A.77376  |
|         | FLOWER MOUND  | TX                                       | 75022   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.   | C  |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP OPS                      | n<br>PLANNING   |  |
|         | Receipt For:<br>Primary General   | Aggregate                                | e Year-to-Date 🔻  | _  |
|         | Other (specify) ▼   | 0.0                                      | 250.00  |  |
| -<br>В. | Full Name (Last, First, Middle Initial)<br>MR MARK PROULX   |  |   | Date of Receipt  |
|         | Mailing Address 20 BRANDY RIDGE R   | 0 2 / D D / Y Y Y Y<br>0 2 / 2 7 2 0 1 0 |   |  |
|         | City  | State                                    | Zip Code  | Transaction ID: INC.A.77369  |
|         | SPARTA  | NJ                                       | 07871   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.   | C  |   | 192.31   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation                               | on<br>ARMACY & CUST SVC OPS   | <u>}</u>   |
|         | Receipt For:<br>Primary General   | Aggregate                                | e Year-to-Date 🔻  | -  |
|         | Other (specify) $right and the second second$ | 0.0                                      | 961.55  |  |
| -<br>с. | Full Name (Last, First, Middle Initial)<br>MR GILBERT RAINES  | 1  |   | Date of Receipt  |
|         | Mailing Address 800 SANDY TRAIL   |  |   | 02 27 YYYY<br>02 27 2010   |
|         | City  | State                                    | Zip Code  | Transaction ID: INC.A.77394  |
|         | KELLER  | TX                                       | 76248   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.   | C  |   | 25.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR HR                      |   |  |
|         | Receipt For:<br>Primary General   | Aggregate                                | e Year-to-Date 🔻  |  |
|         | Other (specify) ▼   | 0 0                                      | 225.00  |  |
|         | SUBTOTAL of Receipts This Page (optional)   |  |   | 267.31   |
| ŀ       | TOTAL This Period (last page this line number   |  |   |  |

|    | SCHEDULE A (FEC Form 3X)                                       | Use separate schedu                 | FOR LINE NUMBER: PAGE 143 / 167                        |  |  |  |
|----|--|-------------------------------------|--|--|--|--|
|    | • • •  | for each category of th             |  |  |  |  |
|    | ITEMIZED RECEIPTS  | Detailed Summary Pa                 |  |  |  |  |
|    |  |                                     |  |  |  |  |
|    | Any information copied from such Reports and State             | ments may not be sold or used by a  | any person for the purpose of soliciting contributions |  |  |  |
|    | or for commercial purposes, other than using the nat           | ne and address of any political com | mittee to solicit contributions from such committee.   |  |  |  |
|    | NAME OF COMMITTEE (In Full)                                    |                                     |  |  |  |  |
|    | > MEDCO HEALTH SOLUTIONS INC. POL                              | ITICAL ACTION COMMITTEE             | E (a.k.a. Medco Health PAC)                            |  |  |  |
|    | /  |                                     |  |  |  |  |
| ^  | Full Name (Last, First, Middle Initial)<br>MS FRANCES RAO      |                                     | Date of Receipt  |  |  |  |
| Α. |  | Mailing Address 19 ROSS ROAD        |  |  |  |  |
|    | Mailing Address 19 ROSS ROAD                                   | 02 27 2010                          |  |  |  |  |
|    | City   | State Zip Code                      | Transaction ID: INC.A.76980                            |  |  |  |
|    | SCARSDALE  | NY 10583                            | Amount of Each Receipt this Period                     |  |  |  |
|    |  |                                     | Amount of Lach Receipt this Fehou                      |  |  |  |
|    | FEC ID number of contributing                                  | С                                   | 75.00  |  |  |  |
|    | federal political committee.                                   |                                     |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                     | Occupation                          |  |  |  |  |
|    | MEDCO HEALTH SOLUTIONS   | EXEC DIR REGULATORY                 |  |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date 🔻            |  |  |  |  |
|    | Primary General  |                                     | · · · ·  |  |  |  |
|    | Other (specify)  | 375                                 | .00  |  |  |  |
|    |  |                                     |  |  |  |  |
|    | Full Name (Last, First, Middle Initial)                        |                                     |  |  |  |  |
| В. | MRS MONICA REED  |                                     | Date of Receipt  |  |  |  |
|    | Mailing Address 8475 DUNHAM STATION                            | DRIVE                               | M M / D D / Y Y Y Y                                    |  |  |  |
|    |  |                                     | 02 27 2010   |  |  |  |
|    | City   | State Zip Code                      | Transaction ID: INC.A.77169                            |  |  |  |
|    | TAMPA  | FL 33647                            | Amount of Each Receipt this Period                     |  |  |  |
|    | FEC ID number of contributing                                  | 0                                   | 50.00  |  |  |  |
|    | federal political committee.                                   | C                                   | 50.00  |  |  |  |
|    |  |                                     |  |  |  |  |
|    |  |                                     |  |  |  |  |
|    |  | VP PROF PRA                         |  |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date              |  |  |  |  |
|    | Primary General  | 250                                 | .00  |  |  |  |
|    | Other (specify)  |                                     |  |  |  |  |
|    |  |                                     |  |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>MR THOMAS REINCKENS |                                     | Date of Receipt  |  |  |  |
| 0. | Mailing Address 204 TOKENEKE RD                                |                                     |  |  |  |  |
|    |  |                                     | 02 27 2010   |  |  |  |
|    | City   | State Zip Code                      | Transaction ID: INC.A.77089                            |  |  |  |
|    | DARIEN   | CT 06820                            | Amount of Each Receipt this Period                     |  |  |  |
|    |  | 01 00020                            |  |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.  | С                                   | 50.00  |  |  |  |
|    |  |                                     |  |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS                     | Occupation                          |  |  |  |  |
|    | MEDGO HEALTH SOLUTIONS   | VP BIAC                             |  |  |  |  |
|    | Receipt For:   | Aggregate Year-to-Date V            |  |  |  |  |
|    | Primary General  |                                     |  |  |  |  |
|    | Other (specify)  | 250                                 | .00  |  |  |  |
|    |  |                                     |  |  |  |  |
|    |  |                                     |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)                      |                                     | 175.00   |  |  |  |
|    |  |                                     |  |  |  |  |
|    | TOTAL This Period (last page this line number only             | )                                   |  |  |  |  |
|    |  | /                                   |  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                  | FOR LINE NUMBER:         PAGE 144 / 167           (check only one)                       |
|----|--|--|--|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the n | tements may not be sold or used by any person<br>ame and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PC  | DLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR VICTOR RENNA   |  | Date of Receipt  |
|    | Mailing Address 8 CARLA ANN CT   |  | 0 2 / 2 7 / Y Y Y Y<br>0 2 0 1 0   |
|    | City<br>FLANDERS   | State Zip Code<br>NJ 07836   | Transaction ID: INC.A.77333  |
|    | FEC ID number of contributing federal political committee.   | C  | Amount of Each Receipt this Period   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP PROCUREMENT & INVENTORY   | -  |
|    | Receipt For:         Primary       General         Other (specify) ▼                                   | Aggregate Year-to-Date ▼<br>250.00   |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR JOSEPH REYNOLDS  |  | Date of Receipt  |
|    | Mailing Address 412 RIVER MEWS LAN   | E  | 02 / 27 / Y Y Y<br>02 / 2010   |
|    |  | State Zip Code   | Transaction ID: INC.A.77391  |
|    | EDGEWATER<br>FEC ID number of contributing<br>federal political committee.                             | NJ 07020   | Amount of Each Receipt this Period 70.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC DIR TECHNOLOGY  | -  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>350.00   |  |
| C. | Full Name (Last, First, Middle Initial)<br>ELIZABETH RITCHIE   |  | Date of Receipt  |
|    | Mailing Address 27 DAY RD  |  | 02 27 Y Y Y Y<br>02 27 2010  |
|    |  | State Zip Code   | Transaction ID: INC.A.77454  |
|    | PLEASANT VALLEY<br>FEC ID number of contributing<br>federal political committee.                       | CT 06063   | Amount of Each Receipt this Period   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR BUSINESS DEVELOPMENT  | -  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>250.00   |  |
|    | SUBTOTAL of Receipts This Page (optional)  | ••••••••••••••••••••••••••••••••••••••   | 170.00   |
|    | TOTAL This Period (last page this line number or   | nly)   |  |
| ć       | SCHEDULE A (FEC Form 3X)   |                       |   | FOR LINE NUMBER: PAGE 145/167  |
|---------|--|-----------------------|---|--|
|         |  |                       | Use separate schedule(s)<br>for each category of the                      | (check only one)   |
| ſ       | TEMIZED RECEIPTS   |                       | Detailed Summary Page   | X 11a 11b 11c 12   |
|         | Any information copied from such Reports and Store for commercial purposes, other than using the i | atements may          | / not be sold or used by any perso<br>dress of any political committee to | 13     14     15     16     17       In for the purpose of soliciting contributions solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full)  |                       | , peneer sommed to  |  |
|         | MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL A            | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial)<br>MR MICHAEL ROMANZO                                      |                       |   | Date of Receipt  |
|         | Mailing Address 855 CLUB MOSS CT.  |                       |   | 0 2 / 2 7 / Y Y Y Y<br>2 0 1 0   |
|         | City   | State                 | Zip Code  | Transaction ID: INC.A.77087  |
|         | MARIETTA   | GA                    | 30068   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C                     |   | 192.30   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>PRESIDE | n<br>ENT SYSTEMED   |  |
|         | Receipt For:   | Aggregate             | Year-to-Date 🔻  |  |
|         | Other (specify) ▼  | 0 0                   | 961.50  |  |
| —<br>В. | Full Name (Last, First, Middle Initial)<br>MS DONNA ROSEN  |                       |   | Date of Receipt  |
|         | Mailing Address 7 RED OAK LANE   |                       |   | 02 27 YYYY<br>02 27 2010   |
|         | City   | State                 | Zip Code  | Transaction ID: INC.A.77288  |
|         | KINNELON   | NJ                    | 07405   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C                     |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                       | CLINICAL TECH   |  |
|         | Receipt For:<br>Primary General  | Aggregate             | Year-to-Date 🔻  |  |
|         | Other (specify) ▼  | 0 0                   | 250.00  |  |
| –<br>C. | Full Name (Last, First, Middle Initial)<br>DR CHRISTINE ROTTAS                                     |                       |   | Date of Receipt  |
| 0.      | Mailing Address 7227 RAMOTH DRIVE  |                       |   | 0 2 2 7 2 0 1 0  |
|         | City   | State                 | Zip Code  | Transaction ID: INC.A.77049  |
|         | JACKSONVILLE   | FL                    | 32226   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.   | C                     |   | 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC DI | n<br>R CLINICAL SVCS  |  |
|         | Receipt For:<br>Primary General  | Aggregate             | Year-to-Date 🔻  |  |
|         | Other (specify) ▼  | 0 0                   | 250.00  |  |
|         | SUBTOTAL of Receipts This Page (optional)  |                       | •   | 292.30   |
|         | TOTAL This Period (last page this line number c  | only)                 |   |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 146 / 167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |
|----|--|-----------------------------|---|---|
|    | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the | atements may<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee.   |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P   |                             | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR RICHARD RUBINO   |                             |   | Date of Receipt   |
|    | Mailing Address 3 APACHE DRIVE   |                             |   | 0 2 / 2 7 / Y Y Y Y<br>2 0 1 0  |
|    | City<br>OAKLAND  | State<br>NJ                 | Zip Code  | Transaction ID: INC.A.77284   |
|    | FEC ID number of contributing federal political committee.   | C                           | 07436   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP FIN        | n<br>ANCE & CHIEF FIN OFFCR   | -   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                   | e Year-to-Date V<br>965.00  |   |
| в. | Full Name (Last, First, Middle Initial)<br>MR STEVEN RUSSEK<br>Mailing Address 21 SKY TOP RIDGE      |                             |   | Date of Receipt   |
|    |  |                             |   | 02 27 2010  |
|    | City<br>OAKLAND  | State<br>NJ                 | Zip Code<br>07436   | Transaction ID: INC.A.77112<br>Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | C                           |   |   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | -                           | IICAL MGMT & SVCS   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                   | e Year-to-Date<br>250.00  | ]   |
| с. | Full Name (Last, First, Middle Initial)<br>MS KATHERYN RUSSI   |                             |   | Date of Receipt   |
|    | Mailing Address 5965 VILLAGE CIRCLE  | 1                           |   | 0 2 2 7 2 0 1 0   |
|    | City   | State                       | Zip Code  | Transaction ID: INC.A.76995   |
|    | JOHNSTON<br>FEC ID number of contributing<br>federal political committee.                            | C                           | 50131   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>EXEC D         | n<br>IR CLINICAL SVCS   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                   | e Year-to-Date<br>250.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)  |                             | ······ <b>)</b>   | 293.00  |
|    | TOTAL This Period (last page this line number c  | only)                       |   |   |

|            | SCHEDULE A (FEC Form 3X)  |                 |  | FOR LINE NUMBER: PAGE 147 / 167                |
|------------|---|-----------------|--|--|
|            | · · · ·   |                 | Use separate schedule(s)<br>for each category of the | (check only one)                               |
|            | ITEMIZED RECEIPTS   |                 | Detailed Summary Page                                | X 11a 11b 11c 12                               |
|            |   |                 | Detailed Summary Fage                                |  |
| ſ          | Any information copied from such Reports and Si   | statements may  | not be sold or used by any pers                      | on for the purpose of soliciting contributions |
|            | or for commercial purposes, other than using the  | e name and add  | lress of any political committee to                  | o solicit contributions from such committee.   |
| k          |   |                 |  |  |
|            |   |                 |  |  |
|            | MEDCO HEALTH SOLUTIONS INC. P   |                 | CTION COMMITTEE (a.k.a                               | a. Medco Health PAC)                           |
|            | Full Name (Last First Middle Initial)   |                 |  |  |
| A.         | Full Name (Last, First, Middle Initial)<br>MR ANTHONY RUSSO                                   | Date of Receipt |  |  |
| <b>~</b> . | Mailing Address 66 FINCH RD   |                 |  |  |
|            | Maining Address 66 FINCH RD   |                 |  | 0 2 2 7 2 0 1 0                                |
|            | City  | State           | Zip Code   | Transaction ID: INC.A.77232                    |
|            | RINGWOOD  | NJ              | •  |  |
|            | RINGWOOD  | INJ             | 07456  | Amount of Each Receipt this Period             |
|            | FEC ID number of contributing   | С               |  | 50.00  |
|            | federal political committee.  |                 |  |  |
|            | Name of Employer  | Occupation      | 1  |  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | VP PROF         |  |  |
|            | Receipt For:  | 1 I             |  |  |
|            | Receipt For:<br>Primary General   | Aggregate       | Year-to-Date V                                       | _  |
|            |   |                 | 250.00   |  |
|            | Other (specify)   | 0.0             |  |  |
| -          |   |                 |  |  |
| -          | Full Name (Last, First, Middle Initial)   |                 |  | Data of Descipt                                |
| В.         |   |                 |  | Date of Receipt                                |
|            | Mailing Address 1 UNDERCLIFF TERR   | 02 27 2010      |  |  |
|            | <u></u>   | Chata           | Zin Ooda   |  |
|            | City  | State           | Zip Code   | Transaction ID: INC.A.77501                    |
|            | KINNELON  | NJ              | 07405  | Amount of Each Receipt this Period             |
|            | FEC ID number of contributing   | С               |  | 50.00  |
|            | federal political committee.  |                 |  |  |
|            | Name of Employer  | Occupation      |  | -  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                 | USINESS DEVELOPMEN                                   | r  |
|            | Receipt For:  | 1 4             |  |  |
|            | Primary General   | Aggregate       | Year-to-Date   | _  |
|            | Other (specify)   |                 | 250.00   |  |
|            |   |                 | 0 0 0 0 0 0 0  |  |
| -          |   |                 |  |  |
| C.         | Full Name (Last, First, Middle Initial)<br>MR MATTHEW SARDY                                   |                 |  | Date of Receipt                                |
| 0.         |   |                 |  | - '  |
|            | Mailing Address 230 FAIRFIELD AVE.  |                 |  | 0 2 2 7 2 0 1 0                                |
|            | City  | State           | Zip Code   | Transaction ID: INC.A.77028                    |
|            | RIDGEWOOD   | NJ              | 07450  |  |
|            |   | INU             | 07450  | Amount of Each Receipt this Period             |
|            | FEC ID number of contributing   | C               |  | 50.00  |
|            | federal political committee.  |                 |  |  |
|            | Name of Employer  | Occupation      | ]  | —  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | <b>VP FINA</b>  |  |  |
|            | Receipt For:  | · ·             | Year-to-Date V                                       |  |
|            | Primary General   | Aggregate       |  | -  |
|            | Other (specify)   |                 | 250.00   |  |
|            | • (cpoon)) <b>v</b>   |                 |  | -  |
| ſ          |   | <u> </u>        |  |  |
|            |   |                 |  | 150.00   |
|            | CURTOTAL of Desider This P. ( )   |                 |  | 130.00   |
|            | SUBTOTAL of Receipts This Page (optional)   |                 |  | 130.00   |
| -          | SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line number of |                 | •  |  |

|    | SCHEDULE A (FEC Form 3X)   | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 148 / 167   |
|----|--|---|---|
|    | ITEMIZED RECEIPTS  | for each category of the  | (check only one)  |
|    | IT EIVIZED RECEIPTS  | Detailed Summary Page   | X 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   | ne name and address of any political committee to se  | olicit 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)  |   |   |
| Α. | MR DAVID SCHLETT   |   | Date of Receipt   |
|    | Mailing Address 339 GRAMERCY PL  |   |   |
|    |  |   | 02 27 2010  |
|    | City   | State Zip Code  | Transaction ID: INC.A.77283   |
|    | GLEN ROCK  | NJ 07452  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing  |   | E0.00   |
|    | federal political committee.   |   | 50.00   |
|    |  |   |   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation  |   |
|    |  | SVP FINANCIAL & ANALYTICAL SVC  | 4   |
|    | Receipt For:   | Aggregate Year-to-Date 🔻  |   |
|    | Primary General  | 250.00  |   |
|    | Other (specify)  | 230.00  |   |
|    |  |   |   |
|    | Full Name (Last, First, Middle Initial)  |   |   |
| В. | MR ALLEN SCHWARTZ  |   | Date of Receipt   |
|    | Mailing Address 9111 N KARLOV  | M M / D D / Y Y Y Y   |   |
|    |  |   | 02 27 2010  |
|    | City   | State Zip Code  | Transaction ID: INC.A.77019   |
|    | SKOKIE   | IL 60076  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing  |   | 50.00   |
|    | federal political committee.   |   | 50.00   |
|    |  |   |   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |   |   |
|    |  | EXEC DIR CLINICAL SVCS  |   |
|    | Receipt For:   | Aggregate Year-to-Date  |   |
|    | Primary General  | 250.00  |   |
|    | Other (specify) 🔻  | 200.00  |   |
|    |  |   |   |
|    |  |   |   |
| •  | Full Name (Last, First, Middle Initial)  |   | Data d Data int   |
| C. | BRUCE SCOTT  |   | Date of Receipt   |
| C. |  | RAIL  |   |
| C. | BRUCE SCOTT<br>Mailing Address 18650 BEARPATH T  |   | M M / D D / Y Y Y Y<br>02 27 2010   |
| C. | BRUCE SCOTT<br>Mailing Address 18650 BEARPATH T<br>City  | State Zip Code  | M         M         /         D         /         Y |
| C. | BRUCE SCOTT<br>Mailing Address 18650 BEARPATH T  |   | M M / D D / Y Y Y Y<br>02 27 2010   |
| C. | BRUCE SCOTT<br>Mailing Address 18650 BEARPATH T<br>City<br>EDEN PRAIRIE<br>FEC ID number of contributing   | State Zip Code<br>MN 55347  | M       M       /       D       /       Y   |
| C. | BRUCE SCOTT<br>Mailing Address 18650 BEARPATH T<br>City<br>EDEN PRAIRIE  | State Zip Code  | M         M         /         D         /         Y |
| C. | BRUCE SCOTT<br>Mailing Address 18650 BEARPATH T<br>City<br>EDEN PRAIRIE<br>FEC ID number of contributing<br>federal political committee.   | State Zip Code<br>MN 55347  | M       M       /       D       /       Y   |
| C. | BRUCE SCOTT<br>Mailing Address 18650 BEARPATH T<br>City<br>EDEN PRAIRIE<br>FEC ID number of contributing   | State Zip Code<br>MN 55347  | M       M       /       D       /       Y   |
| C. | BRUCE SCOTT<br>Mailing Address 18650 BEARPATH T<br>City<br>EDEN PRAIRIE<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer<br>MEDCO HEALTH SOLUTIONS   | State Zip Code<br>MN 55347  | M       M       M       P       P       P       Y   |
| C. | BRUCE SCOTT<br>Mailing Address 18650 BEARPATH T<br>City<br>EDEN PRAIRIE<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:   | State Zip Code<br>MN 55347  | M       M       M       P       P       P       Y   |
| C. | BRUCE SCOTT Mailing Address 18650 BEARPATH T City EDEN PRAIRIE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General   | State Zip Code<br>MN 55347  | M       M       M       P       P       P       Y   |
| C. | BRUCE SCOTT<br>Mailing Address 18650 BEARPATH T<br>City<br>EDEN PRAIRIE<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:   | State     Zip Code       MN     55347       C       Occupation       SVP & CHIEF PHARMACIST       Aggregate Year-to-Date              | M       M       /       D       /       Y   |
| C. | BRUCE SCOTT Mailing Address 18650 BEARPATH T City EDEN PRAIRIE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General   | State     Zip Code       MN     55347       C       Occupation       SVP & CHIEF PHARMACIST       Aggregate Year-to-Date              | M       M       M       P       P       P       Y   |
| C. | BRUCE SCOTT         Mailing Address       18650 BEARPATH T         City       EDEN PRAIRIE         FEC ID number of contributing federal political committee.         Name of Employer         MEDCO HEALTH SOLUTIONS         Receipt For:         Primary       General         Other (specify) ▼ | State     Zip Code       MN     55347       C       Occupation       SVP & CHIEF PHARMACIST       Aggregate Year-to-Date       961.55 | M M / D D / Y Y Y Y<br>2 0 1 0<br>Transaction ID: INC.A.77490<br>Amount of Each Receipt this Period<br>192.31   |
| C. | BRUCE SCOTT Mailing Address 18650 BEARPATH T City EDEN PRAIRIE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General   | State     Zip Code       MN     55347       C       Occupation       SVP & CHIEF PHARMACIST       Aggregate Year-to-Date       961.55 | M       M       M       P       P       P       Y   |
| C. | BRUCE SCOTT         Mailing Address       18650 BEARPATH T         City       EDEN PRAIRIE         FEC ID number of contributing federal political committee.         Name of Employer         MEDCO HEALTH SOLUTIONS         Receipt For:         Primary       General         Other (specify) ▼ | State     Zip Code       MN     55347       C     Occupation       SVP & CHIEF PHARMACIST       Aggregate Year-to-Date       961.55   | M M / D D / Y Y Y Y<br>2 0 1 0<br>Transaction ID: INC.A.77490<br>Amount of Each Receipt this Period<br>192.31   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 149 / 167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |
|----|---|-----------------------|---|---|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | atements may          | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee.   |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  |                       | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MS CYNTHIA SCOTT   |                       |   | Date of Receipt   |
|    | Mailing Address 18650 BEARPATH TRA  | AIL                   |   | 0 2 / D D / Y Y Y Y<br>2 7 2 0 1 0  |
|    | City<br>EDEN PRAIRIE  | State<br>MN           | Zip Code<br>55437   | Transaction ID: INC.A.76948   |
|    | FEC ID number of contributing federal political committee.  | C                     |   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP CLIN | n<br>ICAL PROG DEV  |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate             | ≥ Year-to-Date ▼<br>250.00  | ]   |
| в. | Full Name (Last, First, Middle Initial)<br>MR JEFFREY SCOTT   | NODTH                 |   | Date of Receipt   |
|    | Mailing Address 7330 EVEREST LANE   | - NORTH               |   | 0 2 2 7 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City<br>MAPLE GROVE   | State<br>MN           | Zip Code<br>55311   | Transaction ID: INC.A.77335<br>Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.  | C                     |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | -                     | ACCT EXEC   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate             | e Year-to-Date ▼<br>250.00  | ]   |
| C. | Full Name (Last, First, Middle Initial)<br>MS MONICA SCOZZARE                                       |                       |   | Date of Receipt   |
|    | Mailing Address 3021 E MILLCREEK RO   | DAD                   |   | M M / D D / Y Y Y Y<br>02 27 2010   |
|    | City  | State                 | Zip Code  | Transaction ID: INC.A.76939   |
|    | SALT LAKE CITY<br>FEC ID number of contributing<br>federal political committee.                     | C                     | 84109   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>EXEC DI | n<br>IR CLINICAL SVCS   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate             | e Year-to-Date ▼<br>250.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)   |                       |   | 150.00  |
|    | TOTAL This Period (last page this line number of  | only)                 |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 150 / 167         (check only one)       11a         X       11a         13       14         15       16         17   |
|---------|---|-----------------------|---|---|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the | e name and add        | r not be sold or used by any pers<br>lress of any political committee to      | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |
|         | NAME OF COMMITTEE (In Full)   |                       |   |   |
|         | > MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL A           | CTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| A.      | Full Name (Last, First, Middle Initial)<br>MR GEORGE SERPIKOV                                   |                       |   | Date of Receipt   |
|         | Mailing Address 66 PROSPECT AVE   |                       |   | 0 2 / D D / Y Y Y Y<br>0 2 2 7 2 0 1 0  |
|         | City  | State                 | Zip Code  | Transaction ID: INC.A.77357   |
|         | WESTWOOD  | NJ                    | 07675   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                   | C                     |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP BUSI | NESS DEV  |   |
|         | Receipt For:  | Aggregate             | Year-to-Date V  |   |
|         | Primary     General       Other (specify) ▼   | 0 0                   | 250.00  | ]   |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>MR THOMAS SHANAHAN, III                              |                       |   | Date of Receipt   |
|         | Mailing Address 266 BRUSHY CREEK  | AVE                   |   | M         M         /         D         D         /         Y |
|         | City  | State                 | Zip Code  | Transaction ID: INC.A.77197   |
|         | LAS VEGAS   | NV                    | 89148   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                   | C                     |   | 60.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM   | 1   |   |
|         | Receipt For:  | Aggregate             | Year-to-Date 🔻  |   |
|         | Primary     General       Other (specify) ▼   | 0 0                   | 540.00  | ]   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MR FRANK SHEEHY                                      | 1                     |   | Date of Receipt   |
|         | Mailing Address 119 HAMILTON RD   |                       |   | M + M         /         D + D         /         Y + Y + Y         Y           0 2         2 7         2 0 1 0         2   |
|         | City  | State                 | Zip Code  | Transaction ID: INC.A.77038   |
|         | RIDGEWOOD   | NJ                    | 07450   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                   | C                     |   | 192.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | 1 I                   | ENERAL MGR  |   |
|         | Receipt For:<br>Primary General   | Aggregate             | Year-to-Date V  |   |
|         | Other (specify) $rightarrow View (specify) rightarrow View (specify)$                           | 0 0                   | 960.00  |   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |                       |   | 302.00  |
|         | TOTAL This Period (last page this line number   | only)                 |   |   |

| SCHEDULI<br>ITEMIZED                      | E A (FEC Form 3X)<br>RECEIPTS                                      |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page |                 |  |
|---|--|----------------------|---|-----------------|--|
| or for commercia                          | copied from such Reports and S<br>I purposes, other than using the | on for the purpose   | of soliciting contributions   |                 |  |
|   | OMMITTEE (In Full)<br>EALTH SOLUTIONS INC. I                       | POLITICAL            | ACTION COMMITTEE (a.k.a   | a. Medco Health | PAC)   |
| A. DAWN SHERI                             |  |                      |   | Date of Rec     | ceipt  |
| Mailing Addre                             | ess 63 BRAMSHILL DRIV  | E                    |   | 0 2 /           | <sup>D</sup> 27 / Y Y Y Y<br>2010                  |
| City                                      |  | State                | Zip Code  |                 | <b>ID:</b> INC.A.77461                             |
| MAHWAH<br>FEC ID numb<br>federal politica | per of contributing<br>al committee.                               | NJ<br>C              | 07430   | Amount of E     | Each Receipt this Period 50.00                     |
| Name of Emp<br>MEDCO HEA                  | aloyer<br>ALTH SOLUTIONS   | Occupatio<br>VP & CC | n<br>)O INTL STRATEGY & OPS   |                 |  |
| Receipt For:<br>Primary<br>Other (s       | general<br>specify) <b>▼</b>                                       | Aggregate            | e Year-to-Date<br>250.00  | ]               |  |
| B. MR PETER SI                            | ast, First, Middle Initial)<br>HERMAN<br>ess 139 GATES AVENUE      |                      |   | Date of Rec     |  |
| City                                      |  | State                | Zip Code  | 02              | 27 2010  |
|   | IR   | NJ                   | 07042   |                 | <b>ID:</b> INC.A.76932<br>Each Receipt this Period |
| FEC ID numb<br>federal politica           | per of contributing<br>al committee.                               | C                    |   |                 | 50.00  |
| Name of Emp<br>MEDCO HEA                  | loyer<br>ALTH SOLUTIONS  | Occupatio<br>MANAGI  | n<br>NG COUNSEL   |                 |  |
| Receipt For:<br>Primary<br>Other (s       | General<br>specify) <b>▼</b>                                       | Aggregate            | ≥ Year-to-Date ▼<br>250.00  | ]               |  |
| Full Name (La<br>JEFFREY SIM              | ast, First, Middle Initial)<br>IEK                                 |                      |   | Date of Rec     | ceipt  |
| Mailing Addre                             | ess 704 SAW PALMETTO   | COURT                |   | 0 2 /           | D D / Y Y Y Y<br>27 2010                           |
| City<br>PORT ORA                          | NGE  | State<br>FL          | Zip Code<br>32128   |                 | ID: INC.A.77166<br>Each Receipt this Period        |
|   | per of contributing  | C                    |   |                 | 192.31   |
| Name of Emp<br>MEDCO HEA                  | oloyer<br>ALTH SOLUTIONS   | Occupatio<br>VP COR  | n<br>P COMMUNICATIONS   | _               |  |
| Receipt For:<br>Primary<br>Other (s       | General<br>specify) <b>▼</b>                                       | Aggregate            | e Year-to-Date<br>961.55  | ]               |  |
| SUBTOTAL of                               | Receipts This Page (optional)                                      |                      |   |                 | 292.31   |
| TOTAL This Pe                             | eriod (last page this line number                                  | · only)              |   |                 |  |

| Any information copied from such Reports and                  |   | 13 14 15 16 17   |
|---|---|--|
| or for commercial purposes, other than using th               | Statements may not be sold or used by any perso<br>e name and address of any political committee to | n for the purpose of soliciting contributions 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)<br>MR LEE SIMON       |   | Date of Receipt  |
| Mailing Address 2390 GREENVIEW R                              | OAD   | 0 2 2 7 2 0 1 0  |
| City  | State Zip Code  | Transaction ID: INC.A.77341  |
| NORTHBROOK  | IL 60062  | Amount of Each Receipt this Period   |
| FEC ID number of contributing<br>federal political committee. | C   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupation<br>GENERAL MGR GROUP   | -  |
| Receipt For:  | Aggregate Year-to-Date V  |  |
| Primary General<br>Other (specify) ▼                          | 250.00  |  |
| Full Name (Last, First, Middle Initial)<br>MR BRADLEY SKATTER | 1   | Date of Receipt  |
| Mailing Address 6433 FRANKLIN HILL                            | .S RD   | M M / D D / Y Y Y Y Y<br>02 27 2010  |
| City  | State Zip Code  | Transaction ID: INC.A.76966  |
| INDEPENDENCE  | MN 55359  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.    | C   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupation<br>EXEC DIR CLINICAL SVCS  |  |
| Receipt For:<br>Primary General                               | Aggregate Year-to-Date  |  |
| Other (specify) ▼   | 250.00  |  |
| Full Name (Last, First, Middle Initial)<br>MR ROBERT SMITH    |   | Date of Receipt  |
| Mailing Address 40 JOSHUA DR T                                |   | 0 2 2 7 2 0 1 0  |
| City  | State Zip Code  | Transaction ID: INC.A.77309  |
| RAMSEY  | NJ 07446  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.    | C   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupation<br>VP OPS  |  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
| Primary General<br>Other (specify) ▼                          | 250.00  |  |
| SUBTOTAL of Receipts This Page (optional) .                   | ۱<br>   | 150.00   |
| TOTAL This Period (last page this line numbe                  |   |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 153 / 167         (check only one)       11a         X       11a       11b         13       14       15       16       17 |
|----|--|----------------------|---|---|
|    | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements ma        | y not be sold or used by any person<br>dress of any political committee to    | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. 1                                       |                      | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A. | Full Name (Last, First, Middle Initial)<br>MR DAVID SNOW, JR                                       |                      |   | Date of Receipt   |
|    | Mailing Address 23 CEDAR GATE RO   | AD                   |   | 0 2 / 2 7 2 0 1 0   |
|    | City<br>DARIEN   | State<br>CT          | Zip Code  | Transaction ID: INC.A.77378   |
|    | FEC ID number of contributing federal political committee.   | C                    | 06820   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>CHAIRM  | n<br>IAN & CEO  |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | e Year-to-Date V<br>961.55  | ]   |
| в. | Full Name (Last, First, Middle Initial)<br>MR ALAN SOKALER<br>Mailing Address 30 MICHELLE WAY      |                      |   | Date of Receipt   |
|    | City   | State                | Zip Code  |   |
|    | PINE BROOK   | NJ                   | 07058   | Transaction ID: INC.A.77414<br>Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | C                    |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP FINA |   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | e Year-to-Date<br>250.00  | ]   |
| C. | Full Name (Last, First, Middle Initial)<br>MS JENNIFER SPIDLE                                      |                      |   | Date of Receipt   |
|    | Mailing Address 6108 HUNTER LANE   |                      |   | 02 / Y Y Y Y<br>02 27 2010  |
|    | City   | State                | Zip Code  | Transaction ID: INC.A.77226   |
|    | COLLEYVILLE<br>FEC ID number of contributing<br>federal political committee.                       | TX<br>C              | 76034   | Amount of Each Receipt this Period 25.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP/GM   | n   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | e Year-to-Date<br>225.00  | ]   |
|    | SUBTOTAL of Receipts This Page (optional)  |                      |   | 267.31  |
|    | TOTAL This Period (last page this line number  | only)                |   |   |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 154 / 167           (check only one)         X           X         11a           13         14           15         16           17   |
|---------|--|-------------------------------|---|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements may<br>name and add | r not be sold or used by any persol<br>lress of any political committee to    | on for the purpose of soliciting contributions osolicit contributions from such committee.  |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       |                               | CTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Z<br>A. | Full Name (Last, First, Middle Initial)<br>PETER STARK   |                               |   | Date of Receipt   |
|         | Mailing Address 4840 COLE ROAD   |                               |   | M M / D D / Y Y Y Y<br>02 27 27 2010  |
|         | City   | State                         | Zip Code  | Transaction ID: INC.A.77543   |
|         | MEMPHIS  | TN                            | 38117   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                             |   | 50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation<br>GROUP           | NP MANUF SVCS   |   |
|         | Receipt For:   | Aggregate                     | Year-to-Date 🔻  | _   |
|         | Other (specify)  | 0.0                           | 250.00  |   |
| –<br>В. | Full Name (Last, First, Middle Initial)<br>MR CHRISTOPHER STATEN                                   |                               |   | Date of Receipt   |
|         | Mailing Address 7 FOREST LAKE DR   |                               |   | M         M         /         D         D         /         Y |
|         | City   | State                         | Zip Code  | Transaction ID: INC.A.77285   |
|         |  | NY                            | 10604   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                             |   | 192.31  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | 1 I -                         | ANCIAL & ANALYTICAL SV  | νc  |
|         | Receipt For:<br>Primary General  | Aggregate                     | Year-to-Date V  | -   |
|         | Other (specify)  | 0 0                           | 961.55  |   |
| с. –    | Full Name (Last, First, Middle Initial)<br>MS JILL STEARNS   |                               |   | Date of Receipt   |
|         | Mailing Address 13130 HALSELL DR   |                               |   | 02 27 Y Y Y Y<br>02 27 2010   |
|         | City   | State                         | Zip Code  | Transaction ID: INC.A.77344   |
|         |  | TX                            | 78732   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                             |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | 1 1                           | ACCT EXEC   |   |
|         | Receipt For:<br>Primary General  | Aggregate                     | Year-to-Date 🔻  | -   |
|         | Other (specify)  |                               | 250.00  | ]   |
| Γ       | SUBTOTAL of Receipts This Page (optional)  | •                             |   | 292.31  |
| F       | TOTAL This Period (last page this line number  |                               | •   |   |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  | Use separate sc<br>for each categor<br>Detailed Summa              | y of the  |
|---------|---|--|---|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the  | atements may not be sold or used name and address of any political | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F  | OLITICAL ACTION COMMI  | TTEE (a.k.a. Medco Health PAC)  |
| ⊻<br>4. | Full Name (Last, First, Middle Initial)<br>MR CRAIG STEEL   |  | Date of Receipt   |
|         | Mailing Address 122 DEMAREST AVE  | IUE  | M M / D D / Y Y Y Y<br>02 27 2010   |
|         | City  | State Zip Code   | Transaction ID: INC.A.77077   |
|         | EMERSON<br>FEC ID number of contributing<br>federal political committee.                            | NJ 07630   | Amount of Each Receipt this Period 50.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR NATL ACCT EXEC                                    |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date   | 250.00  |
| -<br>3. | Full Name (Last, First, Middle Initial)<br>MS AMY STEINKELLNER<br>Mailing Address 728 GULF BOULEVAR | D  | Date of Receipt   |
|         | City  | State Zip Code   | Transaction ID: INC.A.77128   |
|         | INDIAN ROCKS BEACH  | FL 33785   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C  | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP NATIONAL PRACTIC                                  | E LEADER  |
|         | Receipt For:       Primary       General       Other (specify) ▼                                    | Aggregate Year-to-Date ▼   | 250.00  |
| -       | Full Name (Last, First, Middle Initial)<br>DR GLEN STETTIN  |  | Date of Receipt   |
|         | Mailing Address 8 MILL GLEN CT  |  | 02 27 2010  |
|         | City<br>UPPER SADDLE RIVER  | State Zip Code<br>NJ 07458   | Transaction ID: INC.A.77362   |
|         | FEC ID number of contributing federal political committee.  | C  | Amount of Each Receipt this Period 192.31   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP/GM ADVANCED CLI                                  | NICAL SLTNS   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date V   | 961.55  |
| Γ       | SUBTOTAL of Receipts This Page (optional)   |  | 292.31  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and St                 | Use separate sch<br>for each category<br>Detailed Summar<br>atements may not be sold or used | by any person for | OR LINE NUMBER:       PAGE 156 / 167         check only one)       11a         X       11a         13       14         15       16         17         or the purpose of soliciting contributions |
|----|--|--|-------------------|--|
|    | or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P |  |                   |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR GERARD STOCKER, JR   |  |                   | Date of Receipt  |
|    | Mailing Address 80 ALGONQUIN TRL   |  |                   | 0 2 / D D / Y Y Y Y<br>2 0 1 0   |
|    |  | State Zip Code   | -                 | Transaction ID: INC.A.77078  |
|    | OAKLAND<br>FEC ID number of contributing<br>federal political committee.   | NJ 07436   | 0                 | Amount of Each Receipt this Period 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR NATL ACCT EXEC  |                   |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼   | 250.00            |  |
| В. | Full Name (Last, First, Middle Initial)<br>MR SCOTT STRATTON<br>Mailing Address 351 TIMBERLANE DRI               | VE   |                   | Date of Receipt  |
|    | City   | State Zip Code   |                   | 0 2 2 7 2 0 1 0<br>Transaction ID: INC.A.77421   |
|    | ORANGE   | CT 06477   |                   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.   | <b>C</b>   | 1                 | 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:   | Occupation<br>VP PRODUCT DEVELOP   | MENT              |  |
|    | Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date   | 250.00            |  |
| C. | Full Name (Last, First, Middle Initial)<br>MS SUZANNE STREDNAK   |  |                   | Date of Receipt  |
|    | Mailing Address 157 WATCHUNG DR  |  |                   | M M / D D / Y Y Y Y<br>02 27 2010  |
|    |  | State Zip Code   |                   | Transaction ID: INC.A.77024  |
|    | HAWTHORNE<br>FEC ID number of contributing<br>federal political committee.                                       | NJ 07506   |                   | Amount of Each Receipt this Period 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR CLINICAL SVCS   |                   |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼   | 250.00            |  |
|    | SUBTOTAL of Receipts This Page (optional)  |  |                   | 150.00   |
|    | TOTAL This Period (last page this line number of   | nly)   | ►                 |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 157 / 167         (check only one)       11a         X       11a         13       14         15       16         17   |  |  |  |
|----|---|--|---|---|--|--|--|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | name and ad  | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |  |  |  |
|    | NAME OF COMMITTEE (In Full)   |  |   |   |  |  |  |
|    | MEDCO HEALTH SOLUTIONS INC. F   | MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |   |   |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR MARK SULLIVAN                                     |  |   | Date of Receipt   |  |  |  |
|    | Mailing Address 16025 PINE VALE PL.   |  |   | 02<br>27<br>2010  |  |  |  |
|    | City  | State  | Zip Code  | Transaction ID: INC.A.76957   |  |  |  |
|    | MIDLOTHIAN  | VA   | 23113   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C  |   | 50.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>BUSINE   | n<br>SS PROCESS SPECIALIST  |   |  |  |  |
|    | Receipt For:  | Aggregate  | e Year-to-Date 🔻  | _   |  |  |  |
|    | Primary     General       Other (specify) ▼   |  | 250.00  | ]   |  |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>MR TIMOTHY SWETT                                     |  |   | Date of Receipt   |  |  |  |
|    | Mailing Address 8362 GOLDEN PRAIRIE DRIVE   |  |   | M         M         /         D         D         Y |  |  |  |
|    | City  | State  | Zip Code  | Transaction ID: INC.A.77086   |  |  |  |
|    | TAMPA   | FL   | 33647   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing<br>federal political committee.                                   | C  |   | 50.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM   | n   |   |  |  |  |
|    | Receipt For:<br>Primary General   | Aggregate  | e Year-to-Date 🔻  | _   |  |  |  |
|    | Other (specify) ▼   | 0 0  | 450.00  |   |  |  |  |
| C. | Full Name (Last, First, Middle Initial)<br>NICOLETTE TAPAY                                      |  |   | Date of Receipt   |  |  |  |
|    | Mailing Address 1338 KENYON ST. N.  | W.   |   | 02 27 Y Y Y<br>02 27 2010   |  |  |  |
|    | City  | State  | Zip Code  | Transaction ID: INC.A.77504   |  |  |  |
|    | WASHINGTON  | DC   | 20010   | Amount of Each Receipt this Period  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C  |   | 60.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>DIR GO   | on<br>V AFFAIRS   |   |  |  |  |
|    | Receipt For:  | Aggregate  | e Year-to-Date 🔻  | _   |  |  |  |
|    | Primary     General       Other (specify) ▼   | 0 0  | 300.00  | ]   |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)   |  |   | 160.00  |  |  |  |
|    | TOTAL This Period (last page this line number   | only)  |   |   |  |  |  |

|            | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 158 / 167         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17  |  |  |  |
|------------|--|--|---|---|--|--|--|
|            | Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r | Any information copied from such Reports and Statements may not be sold or used by any person<br>or for commercial purposes, other than using the name and address of any political committee to s |   |   |  |  |  |
|            | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. PO  | OLITICAL A   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |  |
| <b>A</b> . | Full Name (Last, First, Middle Initial)<br>MS MARY THORSBY   |  |   | Date of Receipt   |  |  |  |
|            | Mailing Address 17326 ELLEN DR   |  |   | M         M         /         D         D         /         Y |  |  |  |
|            | City<br>LIVONIA  | State<br>MI  | Zip Code<br>48152   | Transaction ID: INC.A.77107   |  |  |  |
|            | FEC ID number of contributing federal political committee.   | C  |   | Amount of Each Receipt this Period 75.00  |  |  |  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR NATL  |   | _   |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date ▼<br>375.00  | ]   |  |  |  |
| в.         | Full Name (Last, First, Middle Initial)<br>MR WILLIAM TOBIN  |  |   | Date of Receipt   |  |  |  |
|            | Mailing Address 838 COLONIAL RD  |  |   | 0 2 / 2 7 / Y Y Y Y<br>0 2 0 1 0  |  |  |  |
|            | City<br>FRANKLIN LAKES   | State<br>NJ  | Zip Code<br>07417   | Transaction ID: INC.A.76972<br>Amount of Each Receipt this Period   |  |  |  |
|            | FEC ID number of contributing federal political committee.   | C  |   | 50.00   |  |  |  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | -  | FIT SYSTEMS SUPPORT   |   |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date  250.00  | ]   |  |  |  |
| с.         | Full Name (Last, First, Middle Initial)<br>MS CLAUDIA TUCKER   |  |   | Date of Receipt   |  |  |  |
|            | Mailing Address 713 INDIAN CREEK RE  | C  |   | M M / D D / Y Y Y Y<br>02 27 2010   |  |  |  |
|            |  | State  | Zip Code  | Transaction ID: INC.A.77203   |  |  |  |
|            | AMHERST<br>FEC ID number of contributing<br>federal political committee.                               | C  | 24521   | Amount of Each Receipt this Period 60.00  |  |  |  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR C   |   |   |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date <b>V</b><br>300.00   | ]   |  |  |  |
|            | SUBTOTAL of Receipts This Page (optional)  |  |   | 185.00  |  |  |  |
|            | TOTAL This Period (last page this line number o  | only)  |   |   |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | for each<br>Detaile   | parate schedule(s)<br>h category of the<br>d Summary Page | FOR LINE NUMBER:       PAGE 159 / 167         (check only one)       11a       11b       11c       12         X       11a       11b       11c       12         I3       14       15       16       17 |
|----|--|---|---|---|
|    | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements may not be so<br>name and address of an   | ld or used by any perso<br>y political committee to       | on for the purpose of soliciting contributions solicit contributions from such committee.   |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL ACTION  | COMMITTEE (a.k.a  | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MS DENISE TULP  |   |   | Date of Receipt   |
|    | Mailing Address 273 STEVES LN  |   |   | 0 2 2 7 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    |  | State Zip C   |   | Transaction ID: INC.A.77158   |
|    | FRANKLIN LAKES<br>FEC ID number of contributing<br>federal political committee.                    | NJ 0741   | 0 0 0   | Amount of Each Receipt this Period 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation  |   |   |
|    |  | VP SAFETY   |   | _   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-D   | ate • 250.00  | ]   |
| В. | Full Name (Last, First, Middle Initial)<br>MRS JENNIFER UTTERDYKE                                  |   |   | Date of Receipt   |
|    | Mailing Address 1881 GREENTREE R   | M · M         /         D · D         /         Y · Y · Y · Y         Y           0 2         2 7         2 0 1 0         2 |   |   |
|    | City   | State Zip C   |   | Transaction ID: INC.A.77057   |
|    | LEBANON<br>FEC ID number of contributing<br>federal political committee.                           | OH 4503   | 6   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>DIR PROFESSIO   | NAL PRACTICES   |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-D   | ate ▼<br>450.00   | ]   |
| C. | Full Name (Last, First, Middle Initial)<br>MS CARA VAN ZILE  |   |   | Date of Receipt   |
|    | Mailing Address 31 LINCOLN RD  |   |   | M M / D D / Y Y Y Y<br>0 2 27 2010  |
|    |  | State Zip C   |   | Transaction ID: INC.A.77099   |
|    | KINNELON<br>FEC ID number of contributing<br>federal political committee.                          | NJ 0740   | 5   | Amount of Each Receipt this Period  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC DIR ANAL   | TICAL SVCS  |   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-D   |   | ]   |
|    | SUBTOTAL of Receipts This Page (optional)  |   |   | 150.00  |
|    | TOTAL This Period (last page this line number  | only)   |   |   |

|            | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the r |                      |                   | ory of the<br>nary Page<br>ed by any person |   |
|------------|---|----------------------|-------------------|---|---|
|            | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL             | ACTION COMM       | ITTEE (a.k.a.                               | Medco Health PAC)   |
| Α.         | Full Name (Last, First, Middle Initial)<br>MRS MICHELLE VANCURA<br>Mailing Address W328 S4230 SPRING  | RIDGE                |                   |   | Date of Receipt   |
|            | <u></u>   | 0                    | 7.0.1             |   | 02 27 2010  |
|            | City<br>WAUKESHA  | State<br>WI          | Zip Code<br>53189 |   | Transaction ID: INC.A.77511<br>Amount of Each Receipt this Period |
|            | FEC ID number of contributing federal political committee.  | C                    |                   |   | 192.00  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SVP & C | n<br>BENERAL MGR  |   |   |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | e Year-to-Date 🔻  | 960.00                                      |   |
| В.         | Full Name (Last, First, Middle Initial)<br>MR NICHOLAS VASILOPOULOS<br>Mailing Address 105 ARRANDALE RD   |                      |                   |   | Date of Receipt   |
|            | City  | State                | Zip Code          |   | Transaction ID: INC.A.77195                                       |
|            | ROCKVILLE CENTRE  | NY                   | 11570             |   | Amount of Each Receipt this Period                                |
|            | FEC ID number of contributing federal political committee.  | C                    |                   | 1   | 50.00   |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP MKT  |                   |   |   |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | e Year-to-Date ▼  | 250.00                                      |   |
| <b>C</b> . | Full Name (Last, First, Middle Initial)<br>MR DANIEL WALDEN<br>Mailing Address 450 BEECHMONT DR   |                      |                   |   | Date of Receipt<br>0 2 / 2 7 / 2 0 1 0                            |
|            | City<br>NEW ROCHELLE  | State<br>NY          | Zip Code<br>10804 |   | Transaction ID: INC.A.77261<br>Amount of Each Receipt this Period |
|            | FEC ID number of contributing federal political committee.  | C                    |                   | 0   | 192.31  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SVP RE  | n<br>GULATORY & N | IC PROGRAM                                  | -<br>16   |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | e Year-to-Date 🔻  | 961.55                                      |   |
|            | SUBTOTAL of Receipts This Page (optional)   |                      |                   | ····· •                                     | 434.31  |
|            | TOTAL This Period (last page this line number c   | only)                |                   |   |   |

|         | SCHEDULE A (FEC Form 3X)  |  | Use separate schedule(s) | FOR LINE NUMBER: PAGE 161 / 167<br>(check only one)   |
|---------|---|--|--------------------------|---|
|         | ITEMIZED RECEIPTS   |  | for each category of the | $X$ 11a $\Box$ 11b $\Box$ 11c $\Box$ 12   |
|         |   |  | Detailed Summary Page    |   |
| [       | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | n for the purpose of soliciting contributions solicit contributions from such committee. |                          |   |
|         | NAME OF COMMITTEE (In Full)   |  |                          |   |
|         | > MEDCO HEALTH SOLUTIONS INC. P   | OLITICAL   | ACTION COMMITTEE (a.k.a  | . Medco Health PAC)   |
| A.      | Full Name (Last, First, Middle Initial)<br>MR WILLIAM WALLACE                                       | Date of Receipt  |                          |   |
|         | Mailing Address 5445 GOODWIN AVEN   | NUE  |                          | M         M         /         D         D         /         Y |
|         | City  | State  | Zip Code                 | Transaction ID: INC.A.77404   |
|         | DALLAS  | TX   | 75206                    | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                       | C  |                          | 192.31  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio  | n<br>ES SEGMENT LEADER   |   |
|         | Receipt For:  | -  | e Year-to-Date V         | _   |
|         | Primary General   | 7.99.094   |                          | 1   |
| _       | Other (specify) <b>v</b>  | 0 0  | 961.55                   |   |
| В.      | Full Name (Last, First, Middle Initial)<br>MR CALVIN WASDYKE  |  |                          | Date of Receipt   |
| υ.      | Mailing Address 5 APPLE ORCHARD RD  |  |                          | $\begin{array}{c c} & \text{Date of Hostipt} \\ \hline \\ 02 \\ \end{array} \begin{array}{c} D \\ 27 \\ \end{array} \begin{array}{c} Y \\ 2010 \\ \end{array}$  |
|         | City  | State  | Zip Code                 | Transaction ID: INC.A.77210   |
|         | MOORESTOWN  | NJ   | 08057                    | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C  |                          | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM   | n                        |   |
|         | Receipt For:  | Aggregate  | e Year-to-Date 🔻         |   |
|         | Primary     General       Other (specify) ▼   |  | 450.00                   | ]   |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>MS CATHERINE WASSON                                      |  |                          | Date of Receipt   |
| 0.      | Mailing Address 3912 CALLE ANDALU   | CIA  |                          | 0 2 2 7 2 0 1 0   |
|         | City  | State  | Zip Code                 | Transaction ID: INC.A.76975   |
|         | SAN CLEMENTE  | CA   | 92673                    | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C  |                          | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP NATI   | n<br>L ACCTS             |   |
|         | Receipt For:  | Aggregate  | e Year-to-Date 🔻         |   |
|         | Primary General<br>Other (specify) ▼  | 0 0  | 250.00                   | ]   |
| [       | SUBTOTAL of Receipts This Page (optional)   |  |                          | 292.31  |
| ŀ       |   |  | <b>r</b>                 |   |
|         | TOTAL This Period (last page this line number of  | only)  |                          |   |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 162 / 167           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17 |  |  |
|---------|--|----------------------|---|---|--|--|
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements ma        | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions  |  |  |
|         | NAME OF COMMITTEE (In Full)  |                      |   |   |  |  |
| ۷<br>۹. | Full Name (Last, First, Middle Initial)<br>MRS KELLY WEBBER  |                      |   | Date of Receipt   |  |  |
|         | Mailing Address 107 UPPER SADDLE   | RIVER ROA            | ND  | 0 2 / D D / Y Y Y Y<br>0 2 2 7 2 0 1 0  |  |  |
|         | City   | State                | Zip Code  | Transaction ID: INC.A.77184   |  |  |
|         | MONTVALE<br>FEC ID number of contributing<br>federal political committee.                          | NJ<br>C              | 07645   | Amount of Each Receipt this Period 100.00   |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP COR  |   |   |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>500.00  | ]   |  |  |
| -<br>3. | Full Name (Last, First, Middle Initial)<br>LOWELL WEINER   | 1                    |   | Date of Receipt   |  |  |
|         | Mailing Address 1 BURGESS COURT  |                      |   | 0 2 / 2 7 / Y Y Y Y<br>2 0 1 0  |  |  |
|         |  | State                | Zip Code  | Transaction ID: INC.A.77462   |  |  |
|         | WESTFIELD<br>FEC ID number of contributing<br>federal political committee.                         | NJ<br>C              | 07090   | Amount of Each Receipt this Period  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP COR | n<br>P COMMUNICATIONS   |   |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>250.00  | ]   |  |  |
| -       | Full Name (Last, First, Middle Initial)<br>MR TIMOTHY WENTWORTH                                    |                      |   | Date of Receipt   |  |  |
|         | Mailing Address 309 WATERVIEW DR   |                      |   | 0 2 / 2 7 / Y Y Y Y<br>0 2 0 1 0  |  |  |
|         | City<br>FRANKLIN LAKES   | State<br>NJ          | Zip Code<br>07417   | Transaction ID: INC.A.77067<br>Amount of Each Receipt this Period   |  |  |
|         | FEC ID number of contributing federal political committee.   | C                    |   | 192.31  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>GROUP   | n<br>PRES EMPLOYER GROUP  | -   |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate            | e Year-to-Date V<br>961.55  | ]   |  |  |
| Г       |  | 1                    |   |   |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | f                                     | Jse separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 163 / 167           (check only one)         (check 111 cm)           X         11a         11b         11c         12           13         14         15         16         17 |
|----|---|---------------------------------------|--|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not<br>name and address | be sold or used by any pers<br>s of any political committee to               | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.  |
|    | NAME OF COMMITTEE (In Full)   |                                       |  |   |
|    | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL ACT                         | ION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial)<br>MR CHRISTOPHER WILSON                                |                                       |  | Date of Receipt   |
|    | Mailing Address 2 TIFFANY ROAD  |                                       |  | 02 27 Y Y Y<br>02 27 2010   |
|    | City  | State                                 | Zip Code   | Transaction ID: INC.A.77141   |
|    | MORRISTOWN  | NJ                                    | 07960  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.                                   | C                                     |  | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP MKTING               |  |   |
|    | Receipt For:  | Aggregate Yea                         | ar-to-Date 🔻   |   |
|    | Primary     General       Other (specify) ▼   | 0 0 0                                 | 250.00   | ]   |
| В. | Full Name (Last, First, Middle Initial)<br>MR STEPHEN WOGEN                                     | I                                     |  | Date of Receipt   |
|    | Mailing Address 145 WAUGHAW ROAD  |                                       |  | 02 / 27 / Y Y Y Y<br>02 / 27  |
|    | City  | State                                 | Zip Code   | Transaction ID: INC.A.77080   |
|    | TOWACO  | NJ                                    | 07082  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C                                     |  | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | 1                                     | CIAL & ANALYTICAL SV   | 'C  |
|    | Receipt For:<br>Primary General   | Aggregate Yea                         | ar-to-Date 🔻   | -   |
|    | Other (specify) ▼   |                                       | 250.00   |   |
| С. | Full Name (Last, First, Middle Initial)<br>BRENDA WRIGHT  |                                       |  | Date of Receipt   |
|    | Mailing Address 1834 HUNTERS CREE   | EK DRIVE                              |  | 02<br>27<br>2010  |
|    | City  | State                                 | Zip Code   | Transaction ID: INC.A.77529   |
|    | GERMANTOWN  | TN                                    | 38138  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing<br>federal political committee.                                   | C                                     |  | 50.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | 1                                     | / INTEGRITY HEALTH   |   |
|    | Receipt For:  | Aggregate Yea                         | ar-to-Date 🔻   | _   |
|    | Primary     General       Other (specify) ▼   |                                       | 250.00   | ]   |
|    | SUBTOTAL of Receipts This Page (optional)   |                                       |  | 150.00  |
|    | TOTAL This Period (last page this line number   | only)                                 |  |   |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | )                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 164 / 167           (check only one)                             |
|----|--|-----------------------|---|--|
|    | Any information copied from such Reports and<br>or for commercial purposes, other than using the | Statements may        | not be sold or used by any pers dress of any political committee to           | on for the purpose of soliciting contributions<br>o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC.                                       | POLITICAL A           | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MR DANIEL ZELEM, JR                                   |                       |   | Date of Receipt  |
|    | Mailing Address 219 SPOOK ROCK F   | RD.                   |   | M M / D D / Y Y Y Y<br>02 27 2010  |
|    | City<br>SUFFERN  | State<br>NY           | Zip Code<br>10901   | Transaction ID: INC.A.77241<br>Amount of Each Receipt this Period                              |
|    | FEC ID number of contributing federal political committee.                                       | C                     |   | 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP & C | n<br>HIEF INFO OFFICER  | _  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate             | Year-to-Date ▼<br>250.00  | ]  |
| в. | Full Name (Last, First, Middle Initial)<br>MR JAMES ZIRPOLI                                      | -                     |   | Date of Receipt  |
|    | Mailing Address 6691 DEERVIEW DF   | RIVE                  |   | 0 2 2 7 2 0 1 0  |
|    | City<br>LOVELAND   | State<br>OH           | Zip Code<br>45140   | Transaction ID: INC.A.77125<br>Amount of Each Receipt this Period                              |
|    | FEC ID number of contributing federal political committee.                                       | C                     |   | 25.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM   | n   |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate             | Year-to-Date<br>225.00  |  |

| SUBTOTAL of Receipts This Page (optional)           | ► | 75.00    |
|---|---|----------|
| TOTAL This Period (last page this line number only) | ► | 34696.24 |

| SCHEDULE B (FEC Form 3X)  |   |                   |   |                         |  |  |  |
|---|---|-------------------|---|-------------------------|--|--|--|
|   | Use separate schedule(s) (shock only one)                 |                   | -   | PAGE 165/167            |  |  |  |
|   | Detailed Summary Page                                     | 21b<br>27         | 22 X 23<br>28a 28b                                      | 24 25 29                |  |  |  |
| Any Information copied from such Reports and State  |   | d by any person f | or the purpose of soli                                  | citing contributions    |  |  |  |
| r for commercial purposes, other than using the name and address of any political committee to solicit contributions from su<br>NAME OF COMMITTEE (In Full) |   |                   |   |                         |  |  |  |
| MEDCO HEALTH SOLUTIONS INC. POL   | ITICAL ACTION COMMI                                       | TTEE (a.k.a. N    | ledco Health PAC  | ;)                      |  |  |  |
| Full Name (Last, First, Middle Initial)<br>CONYERS FOR CONGRESS   |   |                   | Transaction ID:<br>Date of Disbursem                    |                         |  |  |  |
|   |   |                   |   |                         |  |  |  |
| City<br>Fredericksburg  | State Zip Code<br>VA 22407                                |                   | Amount of Each D  | isbursement this Period |  |  |  |
| Purpose of Disbursement   | VA 22407  |                   |   | 1000.00                 |  |  |  |
| Candidate Name  |   | 011<br>Category/  |   |                         |  |  |  |
| JOHN CONYERS, JR.   |   | Туре              |   |                         |  |  |  |
|   | ement For: 2010<br>⟨ Primary General<br>Other (specify) ▼ |                   |   |                         |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                   | Trenestien  |                         |  |  |  |
| THE FREEDOM PROJECT   |   |                   | Transaction ID:<br>Date of Disbursem                    | nent                    |  |  |  |
| Mailing Address 631-B Pennsylvania Ave  |   |                   |   |                         |  |  |  |
| City<br>WASHINGTON  | StateZip CodeDC20003                                      |                   | Amount of Each D  | isbursement this Period |  |  |  |
| Purpose of Disbursement   |   | 011               | L   | 5000.00                 |  |  |  |
| Candidate Name<br>LEADERSHIP PAC  |   | Category/<br>Type |   |                         |  |  |  |
| Office Sought: House Disburs<br>Senate President<br>State: District:  | ement For:<br>Primary General<br>Other (specify) ▼        |                   |   |                         |  |  |  |
| Full Name (Last, First, Middle Initial)<br>CONGRESSIONAL BLACK CAUCUS PA  | C (CBC PAC)   |                   | Transaction ID:<br>Date of Disbursem                    |                         |  |  |  |
| Mailing Address 227 MASSACHUSETTS   | · · ·   |                   | $0^{\text{M}}2^{\text{M}}$ / $0^{\text{L}}5^{\text{L}}$ |                         |  |  |  |
| City<br>WASHINGTON  | State Zip Code<br>DC 20002                                |                   | Amount of Each D  | isbursement this Period |  |  |  |
| Purpose of Disbursement   |   | 011               |   | 5000.00                 |  |  |  |
| Candidate Name<br>GENERAL PURPOSE COMMITTEE   | Category/<br>Type   |                   |   |                         |  |  |  |
| Office Sought: House Disburs<br>Senate President<br>State: District:  | ement For:<br>Primary General<br>Other (specify) ▼        |                   |   |                         |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   | <b>Þ</b>          |   | 11000.00                |  |  |  |
| TOTAL This Period (last page this line number only  | /)  | ►                 |   |                         |  |  |  |
| 6AN026  |   |                   | FEC Schedule  | B (Form 3X) (Revised    |  |  |  |

FEC Schedule B ( Form 3X) (Revised 02/2003)

| SCHEDULE B (FEC Form 3)   | S for each category of the Detailed Summary Page                 | FOR LINE<br>(check only<br>21b<br>27 | vone)<br>22 X 23 24 25 26<br>28a 28b 28c 29 30t   |
|---|--|--------------------------------------|---|
| Any Information copied from such Reports ar<br>or for commercial purposes, other than using<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS IN | the name and address of any political of                         | ommittee to sol                      | licit contributions from such committee   |
| Full Name (Last, First, Middle Initial)<br>FRIENDS OF GINNY BROWN-WA<br>Mailing Address 2501 WISCONSI   | NITE<br>N AVENUE, NO. 304  |                                      | Transaction ID: EXP.B.75589<br>Date of Disbursement<br>$\begin{array}{c c} M & M \\ \hline 0 & 2 \end{array} / \begin{array}{c c} D & D \\ \hline 0 & 5 \end{array} / \begin{array}{c c} Y & Y & Y \\ \hline 2 & 0 & 1 & 0 \end{array}$   |
| City<br>Washington<br>Purpose of Disbursement   | State Zip Code<br>DC 20007                                       | 011                                  | Amount of Each Disbursement this Period 1000.00   |
| Candidate Name<br>VIRGINIA BROWN-WAITE<br>Office Sought: X House<br>Senate  | Disbursement For: 2010<br>X Primary General                      | Category/<br>Type                    |   |
| State: FL District: 05<br>Full Name (Last, First, Middle Initial)<br>FRIENDS OF SCHUMER   | Other (specify)  |                                      | Transaction ID: EXP.B.75591<br>Date of Disbursement   |
| Mailing Address 509 MADISON A   | State Zip Code   |                                      | M       0       0       0       0       1       Y |
| NEW YORK Purpose of Disbursement Candidate Name CHARLES SCHUMER   | NY 10022   | 011<br>Category/<br>Type             | 3000.00   |
| Office Sought: House<br>X Senate<br>President<br>State: NY District:  | Disbursement For: 2010<br>X Primary General<br>Other (specify) ▼ |                                      |   |
| Full Name (Last, First, Middle Initial)<br>FRIENDS OF SCHUMER   |  |                                      | <b>Transaction ID:</b> EXP.B.75592<br>Date of Disbursement  |
| Mailing Address 509 MADISON A   | VE., STE. 1902   |                                      | $ \begin{array}{c} \stackrel{M}{\overset{O}} 2 \stackrel{M}{\overset{M}{}} & ' & \begin{array}{c} \stackrel{D}{\overset{D}} 0 \stackrel{D}{\overset{D}{5}} & ' & \begin{array}{c} \stackrel{Y}{\overset{Y}{}} 2 \stackrel{Y}{\overset{Y}{}} 1 \stackrel{Y}{\overset{Y}{}} \end{array} $   |
| City<br>NEW YORK  | State Zip Code<br>NY 10022                                       |                                      | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>Candidate Name<br>CHARLES SCHUMER  |  | 011<br>Category/<br>Type             | 2000.00   |
| Office Sought: House<br>X Senate<br>President<br>State: NY District:  | Disbursement For: 2010<br>Primary X General<br>Other (specify) ▼ |                                      |   |
| SUBTOTAL of Disbursements This Page (   | optional)  | ►                                    | 6000.00   |
| TOTAL This Period (last page this line num  |  |                                      | 17000.00  |

FE6AN026

FEC Schedule B ( Form 3X) (Revised 02/2003)

| SCHEDULE D (FEC F                         | orm 3X)                   |  | (Llas separate                        | PAGE 167 / 167                              |  |  |
|---|---------------------------|--|---------------------------------------|---|--|--|
|   | -                         |  | (Use separate<br>schedule(s)          |   |  |  |
| DEBTS AND OBLIGAT                         | IONS                      |  | for each numbered line)               | (check only one) 9                          |  |  |
| Excluding Loans                           | E.III)                    |  | numbered line)                        | X 10  |  |  |
| ,   | ,                         | CAL ACTION COMMITTEE (a.k                | a.a. Medco Health                     | PAC)  |  |  |
| A. Full Name (Last, Firs NIELSEN, MERKSAN |                           | or or Creditor<br>MUELLER, & NAYLOR, LLP | Nature of D                           | ebt (Purpose):                              |  |  |
| Mailing Address 1415                      | L STREET, STE. 12         | 00                                       |                                       |   |  |  |
| City<br>SACRAMENTO                        | State<br>CA               | ZIP Code<br>95814                        |                                       |   |  |  |
| Outstanding Balance I                     | Beginning This Period     |  | Tra                                   | nsaction ID: PAY:D:74943                    |  |  |
|   | 244.00                    |  |                                       |   |  |  |
| Amount Incurre                            | ed This Period            | Payment This Period                      | Outstandir                            | ng Balance at Close of This Period          |  |  |
|   | 0.00                      | 0.00                                     |                                       | 244.00                                      |  |  |
|   | IER, PARRINELLO,          | MUELLER, & NAYLOR, LLP                   | Nature of D<br>LEGAL &<br>ES          | ebt (Purpose):<br>ACCOUNTING SERVIC-        |  |  |
| Mailing Address 1415                      | L STREET, STE. 12         | 00                                       |                                       |   |  |  |
| City<br>SACRAMENTO                        | State<br>CA               | ZIP Code<br>95814                        |                                       |   |  |  |
| Outstanding Balance I                     | Beginning This Period     |  | Tra                                   | nsaction ID: PAY:D:76243                    |  |  |
|   | 857.75                    |  |                                       |   |  |  |
| Amount Incurre                            | ed This Period            | Payment This Period                      | Outstandir                            | Outstanding Balance at Close of This Period |  |  |
|   | 0.00                      | 0.00                                     |                                       | 857.75                                      |  |  |
|   |                           |  |                                       |   |  |  |
|   |                           |  |                                       |   |  |  |
|   |                           |  |                                       |   |  |  |
|   |                           |  |                                       |   |  |  |
|   |                           |  |                                       |   |  |  |
|   |                           |  |                                       |   |  |  |
|   |                           |  |                                       |   |  |  |
|   |                           |  |                                       |   |  |  |
| 1) SUBTOTALS This Per                     | iod This Page (optional)  |  | •                                     | 1101.75                                     |  |  |
|   |                           | only)                                    | • • • • • • • • • • • • • • • • • • • | 1101.75                                     |  |  |
| 3) TOTAL OUTSTANDING                      |                           | ule C (last page only)                   | ►                                     | 0.00  |  |  |
| 4) ADD 2) and 3) and car                  | ry forward to appropriate | line of Summary Page (last page only     | <sup>()</sup> ►                       | 1101.75                                     |  |  |

FEC Schedule D ( Form 3X) (Revised 02/2003)