

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

ADDRESS (number and street) 2350 KERNER BLVD., SUITE 250
 Check if different than previously reported. (ACC)
SAN RAFAEL CA 94901

2. **FEC IDENTIFICATION NUMBER** C00384362
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2008 through 05 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer JASON D. KAUNE
Signature of Treasurer Electronically Filed by JASON D. KAUNE Date 08 18 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		302728.78
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	292549.48									
(c) Total Receipts (from Line 19)	42887.07	241574.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	335436.55	544303.05								
7. Total Disbursements (from Line 31)	8000.00	216866.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	327436.55	327436.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	1913.23									
	11 07 2006	CA								

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	41098.58	169810.19
(i) Itemized (use Schedule A)		
(ii) Unitemized	1673.12	71246.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42771.70	241056.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	42771.70	241056.37
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	115.37	517.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	42887.07	241574.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42887.07	241574.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	7066.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	7066.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	136500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	3000.00	73300.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8000.00	216866.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	216866.50

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	42771.70	241056.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42771.70	241056.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	7066.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	7066.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code
MOUNT LAUREL NJ 08054

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2008

Transaction ID: INC.A.48000

Amount of Each Receipt this Period
15.00

B.

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

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
LAS VEGAS NV 89141

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2008

Transaction ID: INC.A.47595

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City State Zip Code
COLUMBUS OH 43202

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2008

Transaction ID: INC.A.47677

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional) ► **52.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR JASON COLE		Date of Receipt MM / DD / YYYY 05 / 03 / 2008
	Mailing Address 14917 E BELLA VISTA		Transaction ID: INC.A.47758
	City VERADALE	State WA	Zip Code 99037
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) MR KENNETH DANIELS		Date of Receipt MM / DD / YYYY 05 / 03 / 2008
	Mailing Address 2903 CHUKKAR COURT		Transaction ID: INC.A.47821
	City PLANT CITY	State FL	Zip Code 33567
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) MR WILLIS DINGLE		Date of Receipt MM / DD / YYYY 05 / 03 / 2008
	Mailing Address 905 SW SCRUB OAK AVE		Transaction ID: INC.A.47693
	City PALM CITY	State FL	Zip Code 34990
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR JOSEPH FREND0	Date of Receipt MM / DD / YYYY 05 / 03 / 2008
	Mailing Address 9 GREEN HILL TRAIL	Transaction ID: INC.A.47827
	City State Zip Code TROPHY CLUB TX 76262	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

B.	Full Name (Last, First, Middle Initial) MR ROBERT GIBBS	Date of Receipt MM / DD / YYYY 05 / 03 / 2008
	Mailing Address 544 DENMOOR COURT	Transaction ID: INC.A.47635
	City State Zip Code GALLOWAY OH 43119	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR RICHARD JONES	Date of Receipt MM / DD / YYYY 05 / 03 / 2008
	Mailing Address 12224 MONTCALM STREET	Transaction ID: INC.A.47887
	City State Zip Code CARMEL IN 46032	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	87.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 281

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt 05 / 03 / 2008

Transaction ID: INC.A.47688

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City State Zip Code
LANTANA TX 76226

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 03 / 2008

Transaction ID: INC.A.47806

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 03 / 2008

Transaction ID: INC.A.47965

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS MONICA REED
 Mailing Address **8475 DUNHAM STATION DRIVE**
 City **TAMPA** State **FL** Zip Code **33647**
 Date of Receipt MM / DD / YYYY
05 / 03 / 2008
Transaction ID: INC.A.47772
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR PHARM PRACTICE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III
 Mailing Address **266 BRUSHY CREEK AVE**
 City **LAS VEGAS** State **NV** Zip Code **89148**
 Date of Receipt MM / DD / YYYY
05 / 03 / 2008
Transaction ID: INC.A.47789
 Amount of Each Receipt this Period 60.00
 FEC ID number of contributing federal political committee. C
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP OPS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

C. Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE
 Mailing Address **6108 HUNTER LANE**
 City **COLLEYVILLE** State **TX** Zip Code **76034**
 Date of Receipt MM / DD / YYYY
05 / 03 / 2008
Transaction ID: INC.A.47817
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

SUBTOTAL of Receipts This Page (optional) 110.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

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

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2008

Transaction ID: INC.A.47709

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 7974 FLAMETREE CT

City State Zip Code
LAS VEGAS NV 89123

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2008

Transaction ID: INC.A.47782

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2008

Transaction ID: INC.A.47801

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI	Date of Receipt MM / DD / YYYY 05 / 03 / 2008
	Mailing Address 6691 DEERVIEW DRIVE	Transaction ID: INC.A.47740
	City State Zip Code LOVELAND OH 45140	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) KENT KERKHOF	Date of Receipt MM / DD / YYYY 05 / 07 / 2008
	Mailing Address 2905 MALLARD LN.	Transaction ID: INC.A.47079
	City State Zip Code GERMANTOWN TN 38138	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP, INC. CHIEF OPERATING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) MS LESLIE ACHTER	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 821 ALBEMARLE STREET	Transaction ID: INC.A.47687
	City State Zip Code WYCKOFF NJ 07481	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR ANALYTICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 281

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City State Zip Code
BRIDGEWATER NJ 08807

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47615

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DIANE ADAMS

Mailing Address 34 THOMAS ST.

City State Zip Code
CALDWELL NJ 07006

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47996

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City State Zip Code
WARWICK NY 10990

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47686

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

125.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 DR JODY ALLEN
 Mailing Address 3031 MOUNT HILL DR
 City State Zip Code
 MIDLOTHIAN VA 23113
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 0 / 2 0 0 8
Transaction ID: INC.A.47685
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

B. Full Name (Last, First, Middle Initial)
 MARENE ALLISON
 Mailing Address 4405 WISMER ROAD
 City State Zip Code
 DOYLESTOWN PA 18901
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 0 / 2 0 0 8
Transaction ID: INC.A.47991
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP SECURITY & ASSET PROTECTION
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

C. Full Name (Last, First, Middle Initial)
 MR JAMES ALLOCCO
 Mailing Address 19 ROSS ROAD
 City State Zip Code
 SCARSDALE NY 10583
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 0 / 2 0 0 8
Transaction ID: INC.A.47748
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) TEJWANSH ANAND	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 10 WHIPPOORWILL LAKE ROAD	Transaction ID: INC.A.47961
	City State Zip Code CHAPPAQUA NY 10514	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) DR ROGER ANDERSON	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 833 OXFORD COURT	Transaction ID: INC.A.47987
	City State Zip Code LEWISVILLE TX 75056	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & CHIEF PHARMACIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

C.	Full Name (Last, First, Middle Initial) MS JAYME ANTONOPLOS	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 48 WITTE ROAD	Transaction ID: INC.A.47820
	City State Zip Code HEWITT NJ 07421	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR EXEC CORR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	267.30
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47766

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

DENNIS AUCH

Mailing Address 5788 S. WALDEN GLEN DRIVE

City State Zip Code
MURRAY UT 84123

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

Name of Employer
ACCREDO HEALTH GROUP

Occupation
VP OPS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48044

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City State Zip Code
CLEVELAND HEIGHTS OH 44118

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48021

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ▶

100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ERIK BAGIN	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 73 HIGHLAND AVENUE	Transaction ID: INC.A.47995
	City State Zip Code GLEN RIDGE NJ 07028	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MS BECKIE BARATKO	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 80 N. WOODLAND STREET	Transaction ID: INC.A.47902
	City State Zip Code ENGLEWOOD NJ 07631	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PROPOSAL UNIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

C.	Full Name (Last, First, Middle Initial) MR THOMAS BARATTA	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 69 SKYLINE DR	Transaction ID: INC.A.47832
	City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	135.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL BARONE

Mailing Address 452 MEDWAY RD

City State Zip Code
HIGHLAND HEIGHTS OH 44143

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48022

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN BARROW

Mailing Address 7 SOUTHVIEW ROAD

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47903

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MRS BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City State Zip Code
CARROLLTON TX 75007

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATL ACCTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47900

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

325.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1813 ADONIS AVE

City Henderson State NV Zip Code 89074

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation MGR BENEFIT DELIVERY SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt 05 / 10 / 2008

Transaction ID: INC.A.47952

Amount of Each Receipt this Period 50.00

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

Mailing Address 1605 CHARNITA CT

City Vienna State VA Zip Code 22182

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 10 / 2008

Transaction ID: INC.A.47795

Amount of Each Receipt this Period 100.00

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

Mailing Address 24 GLENWOOD ROAD

City Upper Saddle River State NJ Zip Code 07458

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 10 / 2008

Transaction ID: INC.A.47964

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 281		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) JEAN BERGWALL		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 2546 HOLLYHOCK COVE		Transaction ID: INC.A.48060		
	City GERMANTOWN	State TN	Zip Code 38138	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDO HEALTH GROUP	Occupation DIR PRODUCT LINE II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

B.	Full Name (Last, First, Middle Initial) MS STACEY BERNSTEIN		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 166 BERKELEY PLACE		Transaction ID: INC.A.48005		
	City GLEN ROCK	State NJ	Zip Code 07452	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

C.	Full Name (Last, First, Middle Initial) MR DAVID BERRY		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 11 COBBLESTONE LANE		Transaction ID: INC.A.47830		
	City RAMSEY	State NJ	Zip Code 07446	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS EILEEN BIDE LL
 Mailing Address **71 WASHINGTON CT.**
 City **TOWACO** State **NJ** Zip Code **07082**
 Date of Receipt **05 / 10 / 2008**
Transaction ID: INC.A.47826
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR PHARM OPS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **275.00**

B. Full Name (Last, First, Middle Initial)
MR FLOYD BILLINGS
 Mailing Address **4273 BROGDAN FARM COURT**
 City **BUFORD** State **GA** Zip Code **30518**
 Date of Receipt **05 / 10 / 2008**
Transaction ID: INC.A.47841
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **TECHNICAL SPECIALIST**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **275.00**

C. Full Name (Last, First, Middle Initial)
CALVIN BINGHAM
 Mailing Address **13702 W. 48TH ST.**
 City **SHAWNEE** State **KS** Zip Code **66216**
 Date of Receipt **05 / 10 / 2008**
Transaction ID: INC.A.48045
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ACCREDITO HEALTH GROUP** Occupation **DIR CLINICAL OPS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **275.00**

SUBTOTAL of Receipts This Page (optional) **75.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
BRYAN BIRCH

Mailing Address 4 WINDRUSH LANE

City WESTPORT State CT Zip Code 06880

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP PRES, EMPLOYER GROUP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2112.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47960
 Amount of Each Receipt this Period: 192.00

B.

Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City MOUNT LAUREL State NJ Zip Code 08054

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.48001
 Amount of Each Receipt this Period: 15.00

C.

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

Mailing Address 4520 LINWOOD LANE

City DEEPHAVEN State MN Zip Code 55331

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CLIENT & MKT STRATEGIC DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47951
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 257.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

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

Mailing Address 129 NORWOOD AVENUE

City State Zip Code
MONTCLAIR NJ 07043

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48007

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 50 NEW ENGLAND DR

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MKTING & PRODUCT DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47786

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
KEN BODMER

Mailing Address P.O. BOX 381947

City State Zip Code
GERMANTOWN TN 38183

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP SVP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2112.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47872

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional) ► 292.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 80 LEONA CT		Transaction ID: INC.A.47954		
	City LEVITTOWN	State NY	Zip Code 11756	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

B.	Full Name (Last, First, Middle Initial) MRS HEATHER BONOME		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 305 10TH STREET NE		Transaction ID: INC.A.47750		
	City WASHINGTON	State DC	Zip Code 20002	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

C.	Full Name (Last, First, Middle Initial) MR JOSEPH BOTTA		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 109 ARBOR PL		Transaction ID: INC.A.47657		
	City BRYN MAWR	State PA	Zip Code 19010	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 25 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
LAS VEGAS NV 89141

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47596

Amount of Each Receipt this Period
25.00

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

Mailing Address 242 N HIGHLAND

City State Zip Code
MEMPHIS TN 38111

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48059

Amount of Each Receipt this Period
50.00

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

Mailing Address 5259 FISHERCREST LN

City State Zip Code
RICHMOND VA 23231

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FORMULARY CONSULTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47908

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
KAREN BOWE

Mailing Address 177 N. MILL ROAD

City State Zip Code
HARRISBURG PA 17112

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

Name of Employer Occupation
ACCREDO HEALTH GROUP AVP COMMUNITY AFFAIRS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48028

Amount of Each Receipt this Period

25.00

B.

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

Mailing Address 15 DAWN LANE

City State Zip Code
RINGWOOD NJ 07456

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR STRAT PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47948

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City State Zip Code
COLUMBUS OH 43202

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47678

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional) ▶

67.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM		Date of Receipt
	Mailing Address 210 FROG HOLLOW ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 10 / 2008
	City	State	Zip Code
	COATESVILLE	PA	19320
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47895
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP INFO & PROCESS ENGINEERING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 825.00	<input type="text"/> 75.00

B.	Full Name (Last, First, Middle Initial) MR DAVID BREEN		Date of Receipt
	Mailing Address 27 SEALS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 10 / 2008
	City	State	Zip Code
	MONROE	NY	10950
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47875
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR ANALYTICAL SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MS LINDA BRIDGE		Date of Receipt
	Mailing Address 136 BEECH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 10 / 2008
	City	State	Zip Code
	BELLEVILLE	NJ	07109
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47729
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CLIENT/MEMBER COMM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City

PELHAM MANOR

State

NY

Zip Code

10803

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47721

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR RICHARD BROOKLER

Mailing Address 9 ROMARY COURT

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47632

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47654

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
STEVEN BROWN

Mailing Address 140 S GROVE PARK

City MEMPHIS State TN Zip Code 38117

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR PRODUCT LINE II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.48047
 Amount of Each Receipt this Period: 25.00

B.

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

Mailing Address 120 EAST MAIN ST

City WASHINGTONVILLE State NY Zip Code 10992

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47871
 Amount of Each Receipt this Period: 20.00

C.

Full Name (Last, First, Middle Initial)
AMANDA BUNDY

Mailing Address 5812 SEVEN POINTS TRACE

City HERMITAGE State TN Zip Code 37076

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

Name of Employer ACCREDO HEALTH GROUP Occupation VP REIMBURSEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.48038
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) BRIAN BURFORD	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 603 CHARLESWOOD DR	Transaction ID: INC.A.48037
	City State Zip Code MARION AR 72364	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer OCCREDO HEALTH GROUP Occupation DIR BUS DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR KEVIN BURON	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 25 TIMBERLAND	Transaction ID: INC.A.47770
	City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 23 NUTTING PLACE	Transaction ID: INC.A.47695
	City State Zip Code WEST CALDWELL NJ 07006	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MRS DOREEN CALDER		Date of Receipt	
	Mailing Address 441 S ELM STREET		M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.47593
	MAYWOOD	NJ	07607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		

B.	Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI		Date of Receipt	
	Mailing Address 119 WASHINGTON AVENUE		M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.47850
	CHATHAM	NJ	07928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP & CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		

C.	Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI		Date of Receipt	
	Mailing Address 24 SHERI DRIVE		M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.47865
	ALLENDALE	NJ	07401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		52.50	
Name of Employer ACCREDO HEALTH GROUP		Occupation GROUP VP MARKET STRATEGY & DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 577.50		

SUBTOTAL of Receipts This Page (optional)	▶	142.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JOSEPH CASACCIA JR		Date of Receipt
	Mailing Address 9788 LIPSEY CV		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	GERMANTOWN	TN	38139
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47829
Name of Employer ACCREDO HEALTH GROUP		Occupation DIR SPECIALTY OPS CUST SVC	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	

B.	Full Name (Last, First, Middle Initial) MS MARY CASALE		Date of Receipt
	Mailing Address 822 CEDAR AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	HADDENFIELD	NJ	08033
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47775
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP SALES STRATEGY & MARKETING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	

C.	Full Name (Last, First, Middle Initial) MS KAREN CATHCART RUSSELL		Date of Receipt
	Mailing Address 148 CLUBHOUSE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	WEST COLUMBIA	SC	29172
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47620
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR CLINICAL SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City State Zip Code
VERADALE WA 99037

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47759

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code
NEW YORK NY 10023

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47975

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HLTH CARE OPS-TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47647

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ▶

60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JEFFREY COOLE		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 1280 RIVER HOLLOW COVE		Transaction ID: INC.A.48036		
	City CORDOVA	State TN	Zip Code 38016	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDITO HEALTH GROUP	Occupation VP TAX AND REGULATORY REPORT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

B.	Full Name (Last, First, Middle Initial) ANTONIO CORREIA		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 19 WILLIAMS LANE		Transaction ID: INC.A.48010		
	City CHAPPAQUA	State NY	Zip Code 10514	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS DEV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

C.	Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 25 FAIRWAY TRAIL		Transaction ID: INC.A.47749		
	City SPARTA	State NJ	Zip Code 07871	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACY NETWORK MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 281						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.

Full Name (Last, First, Middle Initial)
MR HART COVEN

Mailing Address 28 OAK LANE

City MORRISTOWN State NJ Zip Code 07960

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47840
 Amount of Each Receipt this Period: 50.00

B.

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

Mailing Address 7979 E SANTA CATALINA DR

City SCOTTSDALE State AZ Zip Code 85255

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR PRODUCT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47733
 Amount of Each Receipt this Period: 60.00

C.

Full Name (Last, First, Middle Initial)
MR PETER CSUTOROS

Mailing Address 16 PLEASANT AVENUE

City LINCOLN PARK State NJ Zip Code 07035

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47968
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Mailing Address 19 IDA COURT

City State Zip Code
STATEN ISLAND NY 10312

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47780

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN DALY

Mailing Address 46 BLUEBELL CT

City State Zip Code
PARAMUS NJ 07652

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47883

Amount of Each Receipt this Period

25.00

C.

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

Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47846

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 281
(check only one)

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

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

A.

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

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47822

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 5616 BROOK DRIVE

City State Zip Code
EDINA MN 55439

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP MEDICARE CLIENT & SALES SUP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47731

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
WARREN DAVIS

Mailing Address 3131 SADDLEGAIT COVE

City State Zip Code
GERMANTOWN TN 38138

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR FINANCE II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48058

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

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

Mailing Address 402 HIGHLAND AVE

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP FINANCIAL PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47866

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address W62 N1032 FAIRHAVEN CT

City State Zip Code
CEDARBURG WI 53012

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47796

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 80 HILLSIDE AVENUE

City State Zip Code
GLEN RIDGE NJ 07028

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47768

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City WEST MILFORD State NJ Zip Code 07480

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47983
Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
MS ANN-MARGARET DEMARCO

Mailing Address 1 RUGBY ROAD

City CEDAR GROVE State NJ Zip Code 07009

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47648
Amount of Each Receipt this Period: 25.00

C.

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

Mailing Address 17 RICHWOOD PLACE

City DENVILLE State NJ Zip Code 07834

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR MEDICARE COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47997
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DONNA DENARDO	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address W2996 GIBRALTER ROAD	Transaction ID: INC.A.48016
	City State Zip Code FISH CREEK WI 54212	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR MEDICARE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

B.	Full Name (Last, First, Middle Initial) MR JOHN DERRICO	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 195 HACKENSACK AVENUE	Transaction ID: INC.A.47957
	City State Zip Code HARRINGTON PARK NJ 07640	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MS LAURA DEVEAU	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 2289 BEDFORD ST APT D2	Transaction ID: INC.A.47787
	City State Zip Code STAMFORD CT 06905	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP AVP MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	242.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS KAREN DEZEARN	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 3625 PATTERSTONE DR	Transaction ID: INC.A.47622
	City State Zip Code ALPHARETTA GA 30022	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR WILLIS DINGLE	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 905 SW SCRUB OAK AVE	Transaction ID: INC.A.47694
	City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

C.	Full Name (Last, First, Middle Initial) ANDREW DOEDYNS	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 117 CREST DRIVE	Transaction ID: INC.A.48026
	City State Zip Code BEAVER PA 15009	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP DIR CLINICAL OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 281
(check only one)

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

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

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

Mailing Address 9 CRANE AVENUE

City WEST CALDWELL State NJ Zip Code 07006

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47847
Amount of Each Receipt this Period 25.00

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

Mailing Address 4448 CREEK ROAD

City ALLENTOWN State PA Zip Code 18104

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47638
Amount of Each Receipt this Period 25.00

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

Mailing Address 17 DAYBREAK

City IRVINE State CA Zip Code 92614

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CONTRACT ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47910
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City State Zip Code
IRVINE CA 92614

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CONTRACT ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47909

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MICHEL DUFRESNE

Mailing Address 58 INDEPENDENCE WAY

City State Zip Code
MORRIS TWP NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ENTERPRISE BUS INTELLIGENCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 769.20

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47967

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MR DANA DUNCAN

Mailing Address 125 COMSTOCK TRAIL

City State Zip Code
EAST HAMPTON CT 06424

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47779

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

317.30

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 281		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) MR PETER DUNLEAVY	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 2 DECKER TERRACE	Transaction ID: INC.A.47661
	City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR STEPHEN DUNLEAVY	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 14026 KNOX STREET	Transaction ID: INC.A.47690
	City State Zip Code OVERLAND PARK KS 66221	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) MR MARK DUNN	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 2 OLD MILL ROAD	Transaction ID: INC.A.47664
	City State Zip Code SANDY HOOK CT 06482	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
DR SUMIT DUTTA

Mailing Address 534 HUDSON STREET #3C

City NEW YORK State NY Zip Code 10014

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 847.00

Date of Receipt: 05 / 10 / 2008

Transaction ID: INC.A.47777

Amount of Each Receipt this Period: 77.00

B.

Full Name (Last, First, Middle Initial)
REBECCA DYER

Mailing Address 1400 POPLAR ESTATES PKY

City GERMANTOWN State TN Zip Code 38138

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR PROJECT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008

Transaction ID: INC.A.48046

Amount of Each Receipt this Period: 25.00

C.

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

Mailing Address 109 KAREN PLACE

City WYCKOFF State NJ Zip Code 07481

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 10 / 2008

Transaction ID: INC.A.47653

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **152.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
DR WOODY EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MEDICARE CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47986

Amount of Each Receipt this Period
50.00

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

Mailing Address 106 GRAHAM TERRACE

City State Zip Code
SADDLE BROOK NJ 07663

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47837

Amount of Each Receipt this Period
25.00

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

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code
BRIARCLIFF MANOR NY 10510

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47989

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

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

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.41

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47585

Amount of Each Receipt this Period
192.31

B.

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

Mailing Address 100 WINSTON DRIVE
17 C NORTH

City State Zip Code
CLIFFSIDE PARK NJ 07010

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47938

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City State Zip Code
MEMPHIS TN 38119

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP HEALTH OUTCOME SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48056

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **267.31**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SUSAN FAUST		Date of Receipt
	Mailing Address 6614 HERONSWOOD COVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 10 / 2008
	City	State	Zip Code
	MEMPHIS	TN	38119
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48033
Name of Employer ACCREDO HEALTH GROUP		Occupation VP CLIENT SLS AND MGD CARE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) DR RICHARD FEIFER		Date of Receipt
	Mailing Address 32 EILEEN DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 10 / 2008
	City	State	Zip Code
	MAHWAH	NJ	07430
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47722
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP CARE ENHANCING SOLUTIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) MR THOMAS FEITEL		Date of Receipt
	Mailing Address 58 APPLE HILL DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 10 / 2008
	City	State	Zip Code
	GILLETTE	NJ	07933
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47771
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP CORP MKTG & E-COMM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1922.30	<input type="text"/> 192.23

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 292.23
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 49 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR STUART FELDMAN

Mailing Address 109 MEADOWBROOK ROAD

City State Zip Code
RANDOLPH NJ 07869

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47583

Amount of Each Receipt this Period
25.00

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

Mailing Address 275 BIRCH STREET

City State Zip Code
EMERSON NJ 07630

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47911

Amount of Each Receipt this Period
25.00

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

Mailing Address 464 SPRING AVE.

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47867

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

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

Mailing Address 10 TRACY CIRCLE

City State Zip Code
CAMPBELL HALL NY 10916

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47662

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 465 OLD STONE RD

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL PROD INTEGRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47715

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 1933 MT. OLIVE
AGOSTA ROAD

City State Zip Code
NEW BLOOMINGTON OH 43341

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47812

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CHAD FOREMAN		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 9544 DOGWOOD ESTATES		Transaction ID: INC.A.48061
	City GERMANTOWN	State TN	Zip Code 38139
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer ACCREDITO HEALTH GROUP	Occupation DIR FINANCE II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) KEVIN FRANCO		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 648 RIVERSIDE DR #222		Transaction ID: INC.A.47884
	City MEMPHIS	State TN	Zip Code 38103
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer ACCREDITO HEALTH GROUP	Occupation VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) MR JOSEPH FREND0		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 9 GREEN HILL TRAIL		Transaction ID: INC.A.47828
	City TROPHY CLUB	State TX	Zip Code 76262
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP NATIONAL SERVICE CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 52 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1434 NARRAGANSETT BLVD

City State Zip Code
CRANSTON RI 02905

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR GOV AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47684

Amount of Each Receipt this Period
30.00

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

Mailing Address 1450 PORTLAND AVENUE

City State Zip Code
ST PAUL MN 55104

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

Name of Employer Occupation
ACCREDO HEALTH GROUP GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48043

Amount of Each Receipt this Period
25.00

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

Mailing Address 24 MOREHOUSE PL

City State Zip Code
NEW PROVIDENCE NJ 07974

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP & COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47582

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 8	
Mailing Address 720 N. LARRABEE APT 1701		Transaction ID: INC.A.47947	
City CHICAGO	State IL	Zip Code 60654	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41		

B.

Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 8	
Mailing Address 842 ASHLER CT		Transaction ID: INC.A.47912	
City COLUMBUS	State OH	Zip Code 43235	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

C.

Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 8	
Mailing Address 69 LAKEVIEW DR		Transaction ID: INC.A.47803	
City OLD TAPPAN	State NJ	Zip Code 07675	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLIENT RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional)	▶	267.31
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL GALVIN		Date of Receipt
	Mailing Address 25 BALLYMEADE ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	HOPEWELL JUNCTION	NY	12533
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47971
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP/CHIEF INFRASTRUCTURE OFFR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2115.41	<input type="text"/> 192.31

B.	Full Name (Last, First, Middle Initial) MR OMHARISRIRAM GANGAIKONDAN-IYER		Date of Receipt
	Mailing Address 9 CAIRNES ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	MORRIS PLAINS	NJ	07950
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47978
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MR PETER GAYLORD		Date of Receipt
	Mailing Address 1201 BRIDGE STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	ASBURY PARK	NJ	07712
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47581
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP TREASURY & FINANCIAL EVALS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 267.31
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA		Date of Receipt MM / DD / YYYY 05 / 10 / 2008	
	Mailing Address 20 BROOKSHIRE DR		Transaction ID: INC.A.47692	
	City	State	Zip Code	Amount of Each Receipt this Period
	ROBBINSVILLE	NJ	08691	50.00
	FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		

B.	Full Name (Last, First, Middle Initial) MATTHEW GIBBS		Date of Receipt MM / DD / YYYY 05 / 10 / 2008	
	Mailing Address 27 N. WACKER DR. SUITE 246		Transaction ID: INC.A.48018	
	City	State	Zip Code	Amount of Each Receipt this Period
	CHICAGO	IL	60606	75.00
	FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation CHIEF CLINICAL OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 825.00		

C.	Full Name (Last, First, Middle Initial) MR ROBERT GIBBS		Date of Receipt MM / DD / YYYY 05 / 10 / 2008	
	Mailing Address 544 DENMOOR COURT		Transaction ID: INC.A.47636	
	City	State	Zip Code	Amount of Each Receipt this Period
	GALLOWAY	OH	43119	12.50
	FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)	137.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 56 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Mailing Address 2 PELL FARM ROAD

City State Zip Code
SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47942

Amount of Each Receipt this Period
192.31

B.

Full Name (Last, First, Middle Initial)
MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City State Zip Code
MEDINA MN 55340

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRES UHG

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47586

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
MR JONAH GITLITZ

Mailing Address 43 OVERLOOK RIDGE

City State Zip Code
OAKLAND NJ 07436

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47645

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

434.61

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

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

Mailing Address 11 WASHBURN RD

City State Zip Code
CANTON CT 06022

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47649

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 1928 BEVERLY LANE

City State Zip Code
BUFFALO GROVE IL 60089

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCIAL INSIGHTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47707

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47725

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code
CONVENT STATION NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP SALES-SYSTEMED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47764

Amount of Each Receipt this Period
25.00

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

Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47602

Amount of Each Receipt this Period
90.00

C. Full Name (Last, First, Middle Initial)
MS KAVITHA GULLAPALLI

Mailing Address 67 ATHERTON CT

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47706

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code
LONG VALLEY NJ 07853

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CHIEF INFO OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47838

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City State Zip Code
CHASKA MN 55318

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ACCT SVCS & ADMIN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47946

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS KELLY HANZAWA

Mailing Address 1116 OAKCROFT LANE

City State Zip Code
SOMERSET NJ 08873

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47913

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City State Zip Code
POMPTON PLAINS NJ 07444

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47631

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

SHARON HARRIS

Mailing Address 186 N. WHITE STATION RD

City State Zip Code
MEMPHIS TN 38117

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

Name of Employer
ACCREDO HEALTH GROUP

Occupation
DIR HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48035

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
COLORADO SPRINGS CO 80908

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47584

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional) ▶

242.31

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 281

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DAN HAYES

Mailing Address 4679 AYRON TERRACE

City State Zip Code
PALM HARBOR FL 34685

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP OPS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48029

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR BILL HEAD

Mailing Address 501 SLATERS LANE #816

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR GOV AFFAIRS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47998

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City State Zip Code
PHOENIX AZ 85029

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47658

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

100.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR THOMAS HEKKER
 Mailing Address 28 WEST THRID STREET #1332
 City SOUTH ORANGE State NJ Zip Code 07079
 Date of Receipt 05 / 10 / 2008
 Transaction ID: INC.A.47976
 Amount of Each Receipt this Period 20.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 220.00

B. Full Name (Last, First, Middle Initial)
MR SCOTT HELMUS
 Mailing Address 23 VALLEY RD
 City SUCCASUNNA State NJ Zip Code 07876
 Date of Receipt 05 / 10 / 2008
 Transaction ID: INC.A.47641
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT SOLUTIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 550.00

C. Full Name (Last, First, Middle Initial)
MR ERIC HESS
 Mailing Address 10 CARLTON RD
 City FLANDERS State NJ Zip Code 07836
 Date of Receipt 05 / 10 / 2008
 Transaction ID: INC.A.47717
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENGINEERING & OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 550.00

SUBTOTAL of Receipts This Page (optional) ► 120.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Mailing Address 35 CASCADE WAY

City State Zip Code
BUTLER NJ 07405

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47735

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
SHERLYN HOBGOOD

Mailing Address 6635 LAMBERT DR

City State Zip Code
MASON TN 38049

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP BUSINESS UNIT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48040

Amount of Each Receipt this Period

50.00

C.

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

Mailing Address 1 HERITAGE RD

City State Zip Code
FLORHAM PARK NJ 07932

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47810

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 281

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FACILITIES

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47886

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City State Zip Code
CORNWALL ON HUDSON NY 12520

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47730

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47799

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 281
(check only one)

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

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

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

Mailing Address 9222 RANDLE VALLEY DR

City State Zip Code
CORDOVA TN 38018

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

Name of Employer ACCREDO HEALTH GROUP Occupation ASSISTANT GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48054

Amount of Each Receipt this Period
25.00

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

Mailing Address 49 S HILLSIDE AVE

City State Zip Code
ELMSFORD NY 10523

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INTERVENTION DELIVERY SYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47835

Amount of Each Receipt this Period
80.00

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

Mailing Address 9553 ANDREW DR

City State Zip Code
TWINSBURG OH 44087

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CUST SVC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48024

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **155.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 30 AVENUE AT PORT IMPERIAL APT. 415	Transaction ID: INC.A.48002
	City WEST NEW YORK State NJ Zip Code 07093	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) LYNN HOSTMYER	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 6708 N.W. 112TH	Transaction ID: INC.A.48041
	City OKLAHOMA CITY State OK Zip Code 73162	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACCREDO HEALTH GROUP Occupation GENERAL MGR - MULTI BRANCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR JEFFREY HULL	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 2616 S 3B'S & K RD	Transaction ID: INC.A.47815
	City GALENA State OH Zip Code 43021	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR HLTH CARE OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 281
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MS JANE HULSE

Mailing Address 95 GORDON RD

City State Zip Code
ESSEX FELLS NJ 07021

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47870

Amount of Each Receipt this Period
50.00

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

Mailing Address 730 COLUMBUS AVENUE

City State Zip Code
NEW YORK NY 10025

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47588

Amount of Each Receipt this Period
50.00

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

Mailing Address 6366 SW 90TH STREET

City State Zip Code
GAINESVILLE FL 32608

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47598

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS MARIANNE JACKS

Mailing Address 329 MORRIS AVENUE

City State Zip Code
MOUNTAIN LAKES NJ 07046

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47624

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR WILLIAM JACKSON

Mailing Address 56 WARREN RD

City State Zip Code
WEST ORANGE NJ 07052

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47923

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR JASON JAMES

Mailing Address RR 2 BOX 2036

City State Zip Code
CANADENSIS PA 18325

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHYSICIAN ENGAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47592

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **130.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR TODD JEFFREY	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 15 ELIZABETH STREET	Transaction ID: INC.A.47935
	City State Zip Code DUMONT NJ 07628	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) ROBERT JINKS	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 22 PAGE AVE	Transaction ID: INC.A.47633
	City State Zip Code LYNDHURST NJ 07071	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) MR WILLIAM JOEL	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 32 VENTOSA DR	Transaction ID: INC.A.47765
	City State Zip Code MORRISTOWN NJ 07960	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ANALYTICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 281
(check only one)

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

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

A.

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

Mailing Address 12224 MONTCALM STREET

City State Zip Code
CARMEL IN 46032

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47888

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 16357 VICTORIA CURVE SE

City State Zip Code
PRIOR LAKE MN 55372

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT & MKT PROG STRAT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47760

Amount of Each Receipt this Period
35.00

C.

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

Mailing Address 8202 MARSH GLEN CT

City State Zip Code
TAMPA FL 33647

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARMACY COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47864

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS BECKY KAUS	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address N81 W18359 TOURS DR	Transaction ID: INC.A.47746
	City State Zip Code MENOMONEE FALLS WI 53051	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR WILLIAM KEELER	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 63 MOUNTAIN GLEN ROAD	Transaction ID: INC.A.47953
	City State Zip Code RINGWOOD NJ 07456	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MS DEEPTI KEHOE	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 995 PINES TERR	Transaction ID: INC.A.47668
	City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47804

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City State Zip Code
HACKENSACK NJ 07601

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47623

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR PETER KENNY

Mailing Address 6040 BOULEVARD E APT 28G

City State Zip Code
WEST NEW YORK NJ 07093

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47914

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MS LISA KETNER

Mailing Address 7 POINT VIEW

City State Zip Code
OAKLAND NJ 07436

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MEMBER STRATEGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47792

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City State Zip Code
EDISON NJ 08820

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47973

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City State Zip Code
CHESTER NY 10918

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47925

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 281
(check only one)

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

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

A.

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

Mailing Address 295 GLEN PLACE

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRES & CHIEF OPERATING OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47959

Amount of Each Receipt this Period
192.30

B.

Full Name (Last, First, Middle Initial)
RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City State Zip Code
ACWORTH GA 30101

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP AVP MANAGED CARE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48048

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City State Zip Code
BOONTON NJ 07005

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLIENT RETAIL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47917

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **242.30**

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

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

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

FOR LINE NUMBER: PAGE 75 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 920 CLARK STREET

City State Zip Code
BOWLING GREEN OH 43402

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47646

Amount of Each Receipt this Period
50.00

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

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 07430

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47676

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

City State Zip Code
RANDOLPH NJ 07869

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47607

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 76 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code
FRANKLIN LAKES NJ 07417

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47843

Amount of Each Receipt this Period
55.00

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

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47898

Amount of Each Receipt this Period
50.00

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

Mailing Address 7 SUNRISE WAY

City State Zip Code
TOWACO NJ 07082

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47833

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **130.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
MATTHEW KUPFERBERG

Mailing Address 3235 CAMBRIDGE AVENUE, APT. #2J

City State Zip Code
BRONX NY 10463

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48013

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
JAMES LANGLEY

Mailing Address 10921 MAIN RANGE TRAIL

City State Zip Code
LITTLETON CO 80127

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

Name of Employer
ACCREDO HEALTH GROUP

Occupation
VP REIMBURSEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48049

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City State Zip Code
CITRUS HEIGHTS CA 95621

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47794

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional) ▶

200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

Mailing Address 3133 HEATHSTONE COVE

City State Zip Code
GERMANTOWN TN 38138

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

Name of Employer ACCREDO HEALTH GROUP Occupation DIR REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48051

Amount of Each Receipt this Period
25.00

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

Mailing Address 18 HARLIND TERRACE

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47785

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47689

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

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

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

FOR LINE NUMBER: PAGE 79 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 238 WOODLAND AVE

City State Zip Code
SUMMIT NJ 07901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47734

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS VERONA MACMAHON

Mailing Address 1504 WEST CULLOM AVE
UNIT G

City State Zip Code
CHICAGO IL 60613

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47936

Amount of Each Receipt this Period
25.00

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

Mailing Address 764 W. SADDLE RIVER ROAD

City State Zip Code
HO HO KUS NJ 07423

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47719

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

Mailing Address 33 HICKORY TAVERN RD

City State Zip Code
GILLETTE NJ 07933

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47600

Amount of Each Receipt this Period
50.00

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

Mailing Address 351 SOUND BEACH AVENUE

City State Zip Code
OLD GREENWICH CT 06870

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47673

Amount of Each Receipt this Period
25.00

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

Mailing Address 31 UNDERWOOD DRIVE

City State Zip Code
WEST ORANGE NJ 07052

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48017

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

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

FOR LINE NUMBER: PAGE 81 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address W144 N7150 TERRACE DRIVE

City State Zip Code
MENOMONEE FALLS WI 53051

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47742

Amount of Each Receipt this Period
50.00

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

Mailing Address 9536 DOE MEADOW DR

City State Zip Code
GERMANTOWN TN 38139

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48055

Amount of Each Receipt this Period
25.00

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

Mailing Address 1882 E LAUREL HOLLOW

City State Zip Code
GERMANTOWN TN 38139

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP CORP STRAT BUS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.48052

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR TODD MARTIN		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 11825 SHEPPARDS CROSSING		Transaction ID: INC.A.47701
	City CLARKSVILLE	State MD	Zip Code 21029
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2115.30	

B.	Full Name (Last, First, Middle Initial) MR EDWARD MARTINEZ		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 35 SALTER PLACE		Transaction ID: INC.A.47977
	City MAPLEWOOD	State NJ	Zip Code 07040
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PRODUCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR ROBERT MATCHETT		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 27 LAKEVILLE RD		Transaction ID: INC.A.47656
	City SUSSEX	State NJ	Zip Code 07461
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	242.30
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City State Zip Code
HILLSDALE NJ 07642

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP DRUG DISTRIB & CONTROL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47889

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City State Zip Code
CLIFTON NJ 07013

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT SVCS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47791

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City State Zip Code
MORRIS PLAINS NJ 07950

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP SALES AND MARKETING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47723

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR DOUG MCCANN

Mailing Address 10201 E. 92ND STREET N

City State Zip Code
OWASSO OK 74055

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48006

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
THOMAS MCCANN

Mailing Address 9600 DOVE SPRING CV

City State Zip Code
GERMANTOWN TN 38139

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48057

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 0-45 27TH ST

City State Zip Code
FAIR LAWN NJ 07410

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47836

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 87 ROSELAWN RD	Transaction ID: INC.A.47793
	City State Zip Code HIGHLAND MILLS NY 10930	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2112.00	

B.	Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 112 GREEN TERRACE WAY	Transaction ID: INC.A.47932
	City State Zip Code WEST MILFORD NJ 07480	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP BUSINESS OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	

C.	Full Name (Last, First, Middle Initial) MS BARBARA MENZEL	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 921 AMARYLLIS AVE	Transaction ID: INC.A.47639
	City State Zip Code ORADELL NJ 07649	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING & ADMIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	409.31
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 281

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DANETTE MEREDITH		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 600 W 2ND AVE		Transaction ID: INC.A.48027		
	City DERRY	State PA	Zip Code 15627	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 275.00		
	Name of Employer ACCREDO HEALTH GROUP	Occupation AVP SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) DAVID MILLER		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 7 CLOVER LANE		Transaction ID: INC.A.47605		
	City RANDOLPH	State NJ	Zip Code 07869	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 550.00		
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP LABOR RELATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MRS KAREN MILLER		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 34 MACKENZIE LANE NORTH		Transaction ID: INC.A.47599		
	City DENVER	State NJ	Zip Code 07834	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 330.00		
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR INTERNAL AUDIT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City State Zip Code
KINNELON NJ 07405

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47944

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 106 HAMBURG ROAD

City State Zip Code
PARSIPPANY NJ 07054

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47612

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 17584 WEXFORD DR

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR SPECIAL MARKETS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47708

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR PETER MONKHOUSE	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 1320 BRONCO CIR	Transaction ID: INC.A.47716
	City State Zip Code WARRINGTON PA 18976	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 86 WELLINGTON AVENUE	Transaction ID: INC.A.47589
	City State Zip Code SHORT HILLS NJ 07078	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP PHARMACEUTICAL CONTRACTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2112.00	

C.	Full Name (Last, First, Middle Initial) MS THERESA MORMILE	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 59 VALLEY VIEW TER	Transaction ID: INC.A.47890
	City State Zip Code MONTVALE NJ 07645	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	267.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 89 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2 STONEBRIDGE RD

City State Zip Code
SPARTA NJ 07871

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47926

Amount of Each Receipt this Period
20.00

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

Mailing Address 69 FERN PLACE

City State Zip Code
PARAMUS NJ 07652

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP HLTH BUS CLIENT ENROLLMNT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47901

Amount of Each Receipt this Period
50.00

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

Mailing Address 64 WALTER AVE

City State Zip Code
HASBROUCK HEIGHTS NJ 07604

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47644

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 281

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MS BARBARA NEAVERTH

Mailing Address PO BOX 523

City State Zip Code
SUGAR LOAF NY 10981

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47628

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)

MS ARLENE NELSON

Mailing Address 17 GARFIELD PLACE

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47674

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)

MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City State Zip Code
OAKLAND NJ 07436

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKET STRATEGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47784

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

100.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City State Zip Code
TAMPA FL 33635

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR SECURITY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47670

Amount of Each Receipt this Period
25.00

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

Mailing Address 6 PARK DR SOUTH

City State Zip Code
RYE NY 10580

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47915

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City State Zip Code
ROCKAWAY TOWNSHIP NJ 07866

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47613

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

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

Mailing Address 274 E FRANKLIN TPKE

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PROCUREMENT & INVENTORY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47861

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MRS SUE OLIVER

Mailing Address 11 LEE DRIVE

City State Zip Code
NORTH HALEDON NJ 07508

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47873

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City State Zip Code
SUFFERN NY 10901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47906

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

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

FOR LINE NUMBER: PAGE 93 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ALEXANDER ONIK
Mailing Address 1 SCHINDLER CT
City UPPER SADDLE RIVER State NJ Zip Code 07458
FEC ID number of contributing federal political committee. **C**
Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 05 / 10 / 2008
Transaction ID: INC.A.47993
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MS NATALYA ONIK
Mailing Address 1 SCHINDLER CT
City UPPER SADDLE RIVER State NJ Zip Code 07458
FEC ID number of contributing federal political committee. **C**
Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 05 / 10 / 2008
Transaction ID: INC.A.47767
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MS LUDIVINA PACAMARRA
Mailing Address 4 TEAK COURT
City RINGWOOD State NJ Zip Code 07456
FEC ID number of contributing federal political committee. **C**
Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR TECHNOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 05 / 10 / 2008
Transaction ID: INC.A.47849
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MS DAWN PAGANO	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 185 PASCACK ROAD	Transaction ID: INC.A.47848
	City State Zip Code PARK RIDGE NJ 07656	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MR RICHARD PAGANO	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 185 PASCACK RD	Transaction ID: INC.A.47844
	City State Zip Code PARK RIDGE NJ 07656	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 12 MILLBROOK COURT	Transaction ID: INC.A.47762
	City State Zip Code LIVINGSTON NJ 07039	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP RETIREE SOLUTIONS MKTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 95 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City State Zip Code
MONMOUTH JUNCTION NJ 08852

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47756

Amount of Each Receipt this Period
25.00

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

Mailing Address 14 BROWNSTONE TERRACE

City State Zip Code
HAWTHORNE NJ 07506

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47982

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City State Zip Code
LANTANA TX 76226

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47807

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR ROBERT PELLEGRINI

Mailing Address 211 WILTSIE COURT

City State Zip Code
WYCKOFF NJ 07481

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47726

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
JIMMY PERREN

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code
COLLIERVILLE TN 38017

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP REGULATORY COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48031

Amount of Each Receipt this Period
75.00

C.

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

Mailing Address 4769 STAVANGER LANE

City State Zip Code
LAS VEGAS NV 89147

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47831

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 281
(check only one)

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

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

A.

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

Mailing Address 3412 AUTUMN WOODS DRIVE

City State Zip Code
CHASKA MN 55318

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47738

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 8522 UPLAND LN NORTH

City State Zip Code
MAPLE GROVE MN 55311

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47696

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MARTINE PFLIEGER

Mailing Address 44 HENRY TERRACE

City State Zip Code
LINCOLN PARK NJ 07035

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48011

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR THOMAS PIERCE

Mailing Address 1050 S. CLARKSON ST

City State Zip Code
DENVER CO 80209

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP LABOR RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48008

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
DR PAGE PIGG

Mailing Address 9297 ANGLER TRL

City State Zip Code
MECHANICSVILLE VA 23116

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47736

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 29 BLACKWELL AVE

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47601

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City State Zip Code
MONSEY NY 10952

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47699

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City State Zip Code
DUNNELLON FL 34432

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47916

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 10258 WINDSOR WAY

City State Zip Code
POWELL OH 43065

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP HLTH CARE OPS/FORMULARY/CDP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47816

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 875 ALEXANDRIA CT		Transaction ID: INC.A.47776		
	City RAMSEY	State NJ	Zip Code 07446	Amount of Each Receipt this Period 192.30	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP HR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2115.30			

B.	Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 135 HOLLYBERRY DRIVE		Transaction ID: INC.A.47881		
	City HOPEWELL JUNCTION	State NY	Zip Code 12533	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CONTRACT ADMINISTRATION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

C.	Full Name (Last, First, Middle Initial) MR MARK PROULX		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 20 BRANDY RIDGE ROAD		Transaction ID: INC.A.47949		
	City SPARTA	State NJ	Zip Code 07871	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACY & CUST SVC OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2115.41			

SUBTOTAL of Receipts This Page (optional)	▶	409.61
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) SYED QUADRI</p> <p>Mailing Address 6040 KENNEDY BLVD EAST APT 30N</p> <p>City WEST NEW YORK State NJ Zip Code 07093</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRIVACY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 275.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2008</p> <p>Transaction ID: INC.A.47943</p> <p>Amount of Each Receipt this Period 25.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) MR GILBERT RAINES</p> <p>Mailing Address 800 SANDY TRAIL</p> <p>City KELLER State TX Zip Code 76248</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2008</p> <p>Transaction ID: INC.A.47966</p> <p>Amount of Each Receipt this Period 25.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) MS FRANCES RAO</p> <p>Mailing Address 19 ROSS ROAD</p> <p>City SCARSDALE State NY Zip Code 10583</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR REGULATORY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 275.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2008</p> <p>Transaction ID: INC.A.47625</p> <p>Amount of Each Receipt this Period 25.00</p>
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SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MRS DOLORES RAPUANO		Date of Receipt
	Mailing Address 57660 BEAVER VALLEY RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 10 / 2008
	City	State	Zip Code
	QUAKER CITY	OH	43773
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47921
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR ELIGIBILITY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	

B.	Full Name (Last, First, Middle Initial) MS JOANN REED		Date of Receipt
	Mailing Address 4 ANTLER CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 10 / 2008
	City	State	Zip Code
	MATAWAN	NJ	07747
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47869
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SPECIAL ADVISOR TO CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 65.38
		<input type="text"/> 719.18	

C.	Full Name (Last, First, Middle Initial) MRS MONICA REED		Date of Receipt
	Mailing Address 8475 DUNHAM STATION DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 10 / 2008
	City	State	Zip Code
	TAMPA	FL	33647
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47773
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PHARM PRACTICE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 550.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 115.38
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR THOMAS REINCKENS

Mailing Address 43 HAROLD ST.
UNIT B

City State Zip Code
COS COB CT 06807

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR RECONCILIATION

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47714

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City State Zip Code
FLANDERS NJ 07836

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PROCUREMENT & INVENTORY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47918

Amount of Each Receipt this Period

50.00

C.

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

Mailing Address 412 RIVER MEWS LANE

City State Zip Code
EDGEWATER NJ 07020

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 770.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47963

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SUZANNE RICHARDS
 Mailing Address **21357 W 115TH TER**
 City **OLATHE** State **KS** Zip Code **66061**
 Date of Receipt: **05 / 10 / 2008**
Transaction ID: INC.A.48032
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **ACCREDO HEALTH GROUP** Occupation: **SR MGR BUS DEV**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **275.00**

B. Full Name (Last, First, Middle Initial)
MR DAVID ROBARGE
 Mailing Address **4565 QUEENSLAND LN N**
 City **MINNEAPOLIS** State **MN** Zip Code **55446**
 Date of Receipt: **05 / 10 / 2008**
Transaction ID: INC.A.47655
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **DIR CLINICAL SVCS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **275.00**

C. Full Name (Last, First, Middle Initial)
MS SORAYA RODRIGUEZ-BALZAC
 Mailing Address **22 PAPOOSE TRAIL**
 City **ANDOVER** State **NJ** Zip Code **07821**
 Date of Receipt: **05 / 10 / 2008**
Transaction ID: INC.A.47962
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **DIR PUBLIC AFFAIRS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **275.00**

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

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

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

FOR LINE NUMBER: PAGE 105 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 96 LEHMANN STREET

City MAHWAH State NJ Zip Code 07430

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation PRESIDENT SYSTEMED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 10 / 2008
Transaction ID: INC.A.47712
Amount of Each Receipt this Period 192.30

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

Mailing Address 212 SPRING BRANCH ROAD

City WAVERLY State VA Zip Code 23890

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR STATE GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 10 / 2008
Transaction ID: INC.A.48015
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City KINNELON State NJ Zip Code 07405

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS-CLINICAL TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 10 / 2008
Transaction ID: INC.A.47882
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 267.30

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

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

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

FOR LINE NUMBER: PAGE 106 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DR CHRISTINE ROTTAS

Mailing Address 7227 RAMOTH DRIVE

City State Zip Code
JACKSONVILLE FL 32226

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47679

Amount of Each Receipt this Period
50.00

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

Mailing Address 3 APACHE DRIVE

City State Zip Code
OAKLAND NJ 07436

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP FINANCE & CHIEF FIN OFFCR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2123.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47878

Amount of Each Receipt this Period
193.00

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

Mailing Address 21 SKY TOP RIDGE

City State Zip Code
OAKLAND NJ 07436

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP CLINICAL MGMT & SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47728

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **293.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 281
(check only one)

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

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

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

Mailing Address 66 FINCH RD

City RINGWOOD State NJ Zip Code 07456

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROF PRA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47825
Amount of Each Receipt this Period: 20.00

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

Mailing Address 456 RICHMOND AVENUE

City MAPLEWOOD State NJ Zip Code 07040

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARMACY REGULATORY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 861.74

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47868
Amount of Each Receipt this Period: 78.34

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

Mailing Address 4836 MIDDLE RD

City ALLISON PARK State PA Zip Code 15101

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47899
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► **123.34**

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

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

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

FOR LINE NUMBER: PAGE 108 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7 AHERN WAY

City WEST ORANGE State NJ Zip Code 07052

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ENTERPRISE BUS INTELLIG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 10 / 2008
Transaction ID: INC.A.47757
 Amount of Each Receipt this Period 25.00

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

Mailing Address 230 FAIRFIELD AVE.

City RIDGEWOOD State NJ Zip Code 07450

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 10 / 2008
Transaction ID: INC.A.47659
 Amount of Each Receipt this Period 25.00

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

Mailing Address 27 JONES LN

City BLAIRSTOWN State NJ Zip Code 07825

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PHARM OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 10 / 2008
Transaction ID: INC.A.47874
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 339 GRAMERCY PL

City State Zip Code
GLEN ROCK NJ 07452

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP FINANCIAL & ANALYTICAL SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47877

Amount of Each Receipt this Period
50.00

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

Mailing Address 9111 N KARLOV

City State Zip Code
SKOKIE IL 60076

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47651

Amount of Each Receipt this Period
50.00

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

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code
MAPLE GROVE MN 55311

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: INC.A.47920

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) MR LEONARD SCOTT		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
Mailing Address 13514 MOTTLESTONE DRIVE NW		Transaction ID: INC.A.47805
City PICKERINGTON	State OH	Zip Code 43147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation REG DIR ACCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) MS MONICA SCOZZARE		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
Mailing Address 3021 E MILLCREEK ROAD		Transaction ID: INC.A.47597
City SALT LAKE CITY	State UT	Zip Code 84109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.

Full Name (Last, First, Middle Initial) MR ROBERT SENDEWICZ		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
Mailing Address 1220 CROSSING WAY		Transaction ID: INC.A.47627
City WAYNE	State NJ	Zip Code 07470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 281
(check only one)

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

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

A.

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

Mailing Address 66 PROSPECT AVE

City WESTWOOD State NJ Zip Code 07675

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 10 / 2008

Transaction ID: INC.A.47940

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City LAS VEGAS State NV Zip Code 89148

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 05 / 10 / 2008

Transaction ID: INC.A.47790

Amount of Each Receipt this Period 60.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City ALLENDALE State NJ Zip Code 07401

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 10 / 2008

Transaction ID: INC.A.47611

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR FRANK SHEEHY		Date of Receipt
	Mailing Address 119 HAMILTON RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	RIDGEWOOD	NJ	07450
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47667
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP & GENERAL MGR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) MR PETER SHERMAN		Date of Receipt
	Mailing Address 139 GATES AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	MONTCLAIR	NJ	07042
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47590
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation MANAGING COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) MR JAMES SHIVAS		Date of Receipt
	Mailing Address 18 PROSPECT AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	NORTH ARLINGTON	NJ	07031
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47752
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PRICING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 150 CLAREMONT AVE	Transaction ID: INC.A.47682
	City State Zip Code LONG BEACH CA 90803	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) JEFFREY SIMEK	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 704 SAW PALMETTO COURT	Transaction ID: INC.A.47769
	City State Zip Code PORT ORANGE FL 32128	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	

C.	Full Name (Last, First, Middle Initial) MR LEE SIMON	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 2390 GREENVIEW ROAD	Transaction ID: INC.A.47927
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	267.31
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) MR JEFFREY SINKO		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
Mailing Address 10 CHERRY TREE LANE		Transaction ID: INC.A.47800
City KINNELON	State NJ	Zip Code 07405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.

Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
Mailing Address 564 DALE COURT EAST		Transaction ID: INC.A.47626
City RIVER VALE	State NJ	Zip Code 07675
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.

Full Name (Last, First, Middle Initial) MR JOHN SISTO		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
Mailing Address 24 MAYBERRY LANE		Transaction ID: INC.A.47860
City MECHANICSBURG	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PHARMACY REGULATORY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 281
(check only one)

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

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

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

Mailing Address 24 YORKSHIRE AVE

City State Zip Code
SUFFERN NY 10901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47751

Amount of Each Receipt this Period
25.00

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

Mailing Address 437 GLENDALE RD

City State Zip Code
WYCKOFF NJ 07481

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47755

Amount of Each Receipt this Period
25.00

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

Mailing Address 40 JOSHUA DR T

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47897

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 116 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.41

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47955

Amount of Each Receipt this Period
192.31

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

Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47981

Amount of Each Receipt this Period
50.00

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

Mailing Address 3705 MIDDLEBURY WAY

City State Zip Code
GREENSBORO NC 27410

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48030

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **267.31**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE		Date of Receipt
	Mailing Address 6108 HUNTER LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	COLLEYVILLE	TX	76034
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47818
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MR RALPH STAIANO		Date of Receipt
	Mailing Address 1 LAMBROS DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	MONROE	NY	10950
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47604
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR BUSINESS REQUIREMENTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) PETER STARK		Date of Receipt
	Mailing Address 4840 COLE ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	MEMPHIS	TN	38117
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48053
Name of Employer ACCREDITO HEALTH GROUP		Occupation GROUP VP MANUF SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 281
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN		Date of Receipt
	Mailing Address 7 FOREST LAKE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	WEST HARRISON	NY	10604
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47880
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GROUP VP FINANCE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 550.00	

B.	Full Name (Last, First, Middle Initial) CHANNING STAVE		Date of Receipt
	Mailing Address 77 HIGHVIEW AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	TUCKAHOE	NY	10707
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48014
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR MARKETING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	

C.	Full Name (Last, First, Middle Initial) MS JILL STEARNS		Date of Receipt
	Mailing Address 13130 HALSELL DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	AUSTIN	TX	78732
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47930
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR NATL ACCT EXEC	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 550.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 281
(check only one)

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

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

A.

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

Mailing Address 122 DEMAREST AVENUE

City State Zip Code
EMERSON NJ 07630

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47702

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code
ELM GROVE WI 53122

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47744

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP/GM ADVANCED CLINICAL SLTNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.41

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47945

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► **267.31**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 281
(check only one)

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

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

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

Mailing Address 4 APACHE WAY

City State Zip Code
MONTVILLE NJ 07045

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47617

Amount of Each Receipt this Period
25.00

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

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
ORANGE CT 06477

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PRODUCT DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47988

Amount of Each Receipt this Period
50.00

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

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code
MARYSVILLE OH 43040

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL THERAPEUTICS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47650

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 121 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code
MONTVILLE NJ 07045

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47928

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City State Zip Code
KINNELON NJ 07405

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP FINANCIAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47879

Amount of Each Receipt this Period
192.30

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

Mailing Address 16025 PINE VALE PL.

City State Zip Code
MIDLOTHIAN VA 23113

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CS SYSTEMS PLAN & IMPLM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47608

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 242.30

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 281
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL
APPT 209

City WEST NEW YORK State NJ Zip Code 07093

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47671
Amount of Each Receipt this Period 40.00

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

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City TAMPA State FL Zip Code 33647

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47710
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MR NICHOLAS TAYLOR

Mailing Address 4241 CHADBOURNE DRIVE

City UPPER ARLINGTON State OH Zip Code 43220

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47950
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 115.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 281
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR BOOBALAN THANGAVELU

Mailing Address 13 BIRCH TERRACE

City State Zip Code
MT ARLINGTON NJ 07856

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47970

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47681

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS MELISSA THOMET

Mailing Address 721 HINMAN AVE #1E

City State Zip Code
EVANSTON IL 60202

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47614

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS MARY THORSBY
 Mailing Address **17326 ELLEN DR**
 City **LIVONIA** State **MI** Zip Code **48152**
 Date of Receipt: **05 / 10 / 2008**
Transaction ID: INC.A.47724
 Amount of Each Receipt this Period: **75.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SR NATL ACCT EXEC**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **825.00**

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD
 Mailing Address **7974 FLAMETREE CT**
 City **LAS VEGAS** State **NV** Zip Code **89123**
 Date of Receipt: **05 / 10 / 2008**
Transaction ID: INC.A.47783
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **VP/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **550.00**

C. Full Name (Last, First, Middle Initial)
MR WILLIAM TOBIN
 Mailing Address **838 COLONIAL RD**
 City **FRANKLIN LAKES** State **NJ** Zip Code **07417**
 Date of Receipt: **05 / 10 / 2008**
Transaction ID: INC.A.47618
 Amount of Each Receipt this Period: **50.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **VP BENEFIT SYSTEMS SUPPORT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **550.00**

SUBTOTAL of Receipts This Page (optional) ► **150.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 281
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 713 INDIAN CREEK RD		Transaction ID: INC.A.47797		
	City AMHERST	State VA	Zip Code 24521	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR GOVERNMENT AFFAIRS			
		Aggregate Year-to-Date ▼ 825.00			

B.	Full Name (Last, First, Middle Initial) MR GARY TULLY		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 16 FIELDHEDGE DRIVE		Transaction ID: INC.A.47934		
	City HILLSBOROUGH	State NJ	Zip Code 08844	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CLIENT SVC DELIVERY			
		Aggregate Year-to-Date ▼ 330.00			

C.	Full Name (Last, First, Middle Initial) MR KEITH URICH		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 12495 SOUTH 1745 EAST		Transaction ID: INC.A.47747		
	City DRAPER	State UT	Zip Code 84020	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation REGIONAL VP SALES-SYSTEMED			
		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS CARA VAN ZILE
 Mailing Address **31 LINCOLN RD**
 City **KINNELON** State **NJ** Zip Code **07405**
 Date of Receipt: **05 / 10 / 2008**
Transaction ID: INC.A.47720
 Amount of Each Receipt this Period: **50.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **EXEC DIR ANALYTICAL SVCS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **550.00**

B. Full Name (Last, First, Middle Initial)
MRS MICHELLE VANCURA
 Mailing Address **W328 S4230 SPRING RIDGE**
 City **WAUKESHA** State **WI** Zip Code **53189**
 Date of Receipt: **05 / 10 / 2008**
Transaction ID: INC.A.48025
 Amount of Each Receipt this Period: **50.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SVP & GENERAL MGR**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **550.00**

C. Full Name (Last, First, Middle Initial)
MR NICHOLAS VASILOPOULOS
 Mailing Address **105 ARRANDALE RD**
 City **ROCKVILLE CENTRE** State **NY** Zip Code **11570**
 Date of Receipt: **05 / 10 / 2008**
Transaction ID: INC.A.47788
 Amount of Each Receipt this Period: **50.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **VP MKTING**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **550.00**

SUBTOTAL of Receipts This Page (optional) **150.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 281
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CHANTAL VEEVAETE		Date of Receipt
	Mailing Address 7292 OAKVILLE DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	GERMANTOWN	TN	38138
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48042
Name of Employer ACCREDO HEALTH GROUP		Occupation GROUP VP HR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) MR WIL VELARDE		Date of Receipt
	Mailing Address 443 WEST SADDLE RIVER RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	UPPER SADDLE RIVER	NJ	07458
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47669
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR TECHNOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	<input type="text"/> 40.00

C.	Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE		Date of Receipt
	Mailing Address 201 WATCHUNG AVENUE UNIT #17		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 0 / 2 0 0 8
	City	State	Zip Code
	BLOOMFIELD	NJ	07003
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.47665
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR MEDICAL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional) ▶

115.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR GORDON VICKERS	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 436 MOUNTAIN AVENUE	Transaction ID: INC.A.47587
	City WESTFIELD State NJ Zip Code 07090	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR MUNISH VJ	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 11 BOULDER TRAIL	Transaction ID: INC.A.47972
	City MAHWAH State NJ Zip Code 07430	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MS ANNETTE WAGNER	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 8 INDIAN RUN ROAD	Transaction ID: INC.A.47842
	City LONG VALLEY State NJ Zip Code 07853	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR DANIEL WALDEN	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 450 BEECHMONT DR	Transaction ID: INC.A.47851
	City State Zip Code NEW ROCHELLE NY 10804	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP REGULATORY & MC PROGRAMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	

B.	Full Name (Last, First, Middle Initial) MS THERESE WALKER	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 363 MULBERRY CT	Transaction ID: INC.A.47603
	City State Zip Code WYCKOFF NJ 07481	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 5445 GOODWIN AVENUE	Transaction ID: INC.A.47974
	City State Zip Code DALLAS TX 75206	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	

SUBTOTAL of Receipts This Page (optional)	409.62
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 281
(check only one)

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

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

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

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47802

Amount of Each Receipt this Period
50.00

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

Mailing Address 3912 CALLE ANDALUCIA

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATL ACCTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47621

Amount of Each Receipt this Period
50.00

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

Mailing Address 2 MICHELANGELO COURT

City State Zip Code
SOMERSET NJ 08873

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47845

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

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

FOR LINE NUMBER: PAGE 131 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code
MONTVALE NJ 07645

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CORP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47781

Amount of Each Receipt this Period
100.00

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

Mailing Address 1717 DYMOKE DRIVE

City State Zip Code
COLLIERVILLE TN 38017

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

Name of Employer Occupation
ACCREDO HEALTH GROUP AVP QA AND PRODUCT INTEGRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47754

Amount of Each Receipt this Period
25.00

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

Mailing Address 1 BURGESS COURT

City State Zip Code
WESTFIELD NJ 07090

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.48012

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 309 WATERVIEW DR	Transaction ID: INC.A.47691
	City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES, CEO ACCREDO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	

B.	Full Name (Last, First, Middle Initial) MR KENNETH WERMES	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 26037 N WRANGLER RD	Transaction ID: INC.A.47774
	City State Zip Code SCOTTSDALE AZ 85255	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

C.	Full Name (Last, First, Middle Initial) MR PETER WHITE	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 2241 E. PINCHOT AVE. #17F	Transaction ID: INC.A.47609
	City State Zip Code PHOENIX AZ 85016	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	292.31
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MS COLETTE WILSON		Date of Receipt	
	Mailing Address 16608 56TH PL W		M M / D D / Y Y Y Y 05 / 10 / 2008	
	City	State	Zip Code	Transaction ID: INC.A.47698
	LYNNWOOD	WA	98037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

B.	Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER		Date of Receipt	
	Mailing Address 17 LYNWOOD RD		M M / D D / Y Y Y Y 05 / 10 / 2008	
	City	State	Zip Code	Transaction ID: INC.A.47876
	VERONA	NJ	07044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR ORG DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

C.	Full Name (Last, First, Middle Initial) MR MICHAEL WISNIEWSKI		Date of Receipt	
	Mailing Address 23 DRUID HILL DR		M M / D D / Y Y Y Y 05 / 10 / 2008	
	City	State	Zip Code	Transaction ID: INC.A.47929
	PARSIPPANY	NJ	07054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR CONTRACT ADMINISTRATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 281		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) MR STEPHEN WOGEN	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 145 WAUGHAW ROAD	Transaction ID: INC.A.47705
	City State Zip Code TOWACO NJ 07082	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MEDICARE FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MRS ELISSA WOJTOWICZ, RPH	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 43 AZALEA PLACE	Transaction ID: INC.A.47619
	City State Zip Code PISCATAWAY NJ 08854	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR RRA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) MS ANNA WONG	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 64-20 BELL BLVD	Transaction ID: INC.A.47969
	City State Zip Code BAYSIDE NY 11364	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INSURED SOLUTIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS JUDITH WOOD
 Mailing Address **76 COLONIAL ROAD**
 City **STILLWATER** State **NY** Zip Code **12170**
 Date of Receipt **05 / 10 / 2008**
Transaction ID: INC.A.47922
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR ACCT MGMT OPS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **275.00**

B. Full Name (Last, First, Middle Initial)
BRENDA WRIGHT
 Mailing Address **1834 HUNTERS CREEK DRIVE**
 City **GERMANTOWN** State **TN** Zip Code **38138**
 Date of Receipt **05 / 10 / 2008**
Transaction ID: INC.A.48039
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ACCREDITO HEALTH GROUP** Occupation **VP QUALITY INTEGRITY HEALTH**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **550.00**

C. Full Name (Last, First, Middle Initial)
MR SERGEY YANITSKIY
 Mailing Address **793 LINCOLN AVE**
 City **POMPTON LAKES** State **NJ** Zip Code **07442**
 Date of Receipt **05 / 10 / 2008**
Transaction ID: INC.A.47663
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **TECHNICAL SPECIALIST**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **275.00**

SUBTOTAL of Receipts This Page (optional) **100.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 281
(check only one)

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

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

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

Mailing Address 901 ST MARKS AVE

City WESTFIELD State NJ Zip Code 07090

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PRODUCT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47763
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 219 SPOOK ROCK RD.

City SUFFERN State NY Zip Code 10901

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP E-COM DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47834
 Amount of Each Receipt this Period: 50.00

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

Mailing Address 43604 EMERALD DUNES PL

City LEESBURG State VA Zip Code 20176

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CONSOLIDATION PLAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008
Transaction ID: INC.A.47892
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 137 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6550 HERONWOOD DR

City State Zip Code
MEMPHIS TN 38119

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

Name of Employer OCCUPATION
ACCREDO HEALTH GROUP VP BUS DEV AND MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47680

Amount of Each Receipt this Period
50.00

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

Mailing Address 6691 DEERVIEW DRIVE

City State Zip Code
LOVELAND OH 45140

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47741

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2008

Transaction ID: INC.A.47979

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 138 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code
MOUNT LAUREL NJ 08054

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2008

Transaction ID: INC.A.48480

Amount of Each Receipt this Period
15.00

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

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
LAS VEGAS NV 89141

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2008

Transaction ID: INC.A.48076

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City State Zip Code
COLUMBUS OH 43202

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2008

Transaction ID: INC.A.48158

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional) ► 52.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 139 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 MR JASON COLE
 Mailing Address 14917 E BELLA VISTA
 City VERADALE State WA Zip Code 99037
 Date of Receipt: 05 / 17 / 2008
Transaction ID: INC.A.48239
 Amount of Each Receipt this Period: 10.00
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: MEDCO HEALTH SOLUTIONS Occupation: VP OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 220.00

B. Full Name (Last, First, Middle Initial)
 MR KENNETH DANIELS
 Mailing Address 2903 CHUKKAR COURT
 City PLANT CITY State FL Zip Code 33567
 Date of Receipt: 05 / 17 / 2008
Transaction ID: INC.A.48302
 Amount of Each Receipt this Period: 25.00
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: MEDCO HEALTH SOLUTIONS Occupation: VP/GM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 550.00

C. Full Name (Last, First, Middle Initial)
 MR WILLIS DINGLE
 Mailing Address 905 SW SCRUB OAK AVE
 City PALM CITY State FL Zip Code 34990
 Date of Receipt: 05 / 17 / 2008
Transaction ID: INC.A.48174
 Amount of Each Receipt this Period: 25.00
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: MEDCO HEALTH SOLUTIONS Occupation: VP HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 475.00

SUBTOTAL of Receipts This Page (optional) ► 60.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 281
(check only one)

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

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

A.

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2008

Transaction ID: INC.A.48308

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 544 DENMOOR COURT

City State Zip Code
GALLOWAY OH 43119

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2008

Transaction ID: INC.A.48116

Amount of Each Receipt this Period
12.50

C.

Full Name (Last, First, Middle Initial)
MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2008

Transaction ID: INC.A.48368

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **87.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 8

Transaction ID: INC.A.48169

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City State Zip Code
LANTANA TX 76226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 8

Transaction ID: INC.A.48287

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 8

Transaction ID: INC.A.48444

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2008

Transaction ID: INC.A.48253

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2008

Transaction ID: INC.A.48270

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City State Zip Code
COLLEYVILLE TX 76034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2008

Transaction ID: INC.A.48298

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT
 Mailing Address **8362 GOLDEN PRAIRIE DRIVE**
 City **TAMPA** State **FL** Zip Code **33647**
 Date of Receipt **05 / 17 / 2008**
Transaction ID: INC.A.48190
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1100.00**

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD
 Mailing Address **7974 FLAMETREE CT**
 City **LAS VEGAS** State **NV** Zip Code **89123**
 Date of Receipt **05 / 17 / 2008**
Transaction ID: INC.A.48263
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **550.00**

C. Full Name (Last, First, Middle Initial)
MR CALVIN WASDYKE
 Mailing Address **5 APPLE ORCHARD RD**
 City **MOORESTOWN** State **NJ** Zip Code **08057**
 Date of Receipt **05 / 17 / 2008**
Transaction ID: INC.A.48282
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1100.00**

SUBTOTAL of Receipts This Page (optional) ► **125.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI	Date of Receipt MM / DD / YYYY 05 / 17 / 2008
	Mailing Address 6691 DEERVIEW DRIVE	Transaction ID: INC.A.48221
	City Loveland State OH Zip Code 45140	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MS LESLIE ACHTER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 821 ALBEMARLE STREET	Transaction ID: INC.A.48168
	City Wyckoff State NJ Zip Code 07481	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR ANALYTICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 1021 SUNSET RIDGE	Transaction ID: INC.A.48096
	City Bridgewater State NJ Zip Code 08807	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARM CONTRACT & CONSULTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DIANE ADAMS

Mailing Address 34 THOMAS ST.

City State Zip Code
CALDWELL NJ 07006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48476

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City State Zip Code
WARWICK NY 10990

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48167

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City State Zip Code
MIDLOTHIAN VA 23113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48166

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MARENE ALLISON
 Mailing Address 4405 WISMER ROAD
 City DOYLESTOWN State PA Zip Code 18901
 Date of Receipt MM / DD / YYYY 05 / 24 / 2008
 Transaction ID: INC.A.48471
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SECURITY & ASSET PROTECTION
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

B. Full Name (Last, First, Middle Initial)
MR JAMES ALLOCCO
 Mailing Address 19 ROSS ROAD
 City SCARSDALE State NY Zip Code 10583
 Date of Receipt MM / DD / YYYY 05 / 24 / 2008
 Transaction ID: INC.A.48229
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

C. Full Name (Last, First, Middle Initial)
TEJWANSH ANAND
 Mailing Address 10 WHIPPOORWILL LAKE ROAD
 City CHAPPAQUA State NY Zip Code 10514
 Date of Receipt MM / DD / YYYY 05 / 24 / 2008
 Transaction ID: INC.A.48440
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

SUBTOTAL of Receipts This Page (optional) ► 150.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City State Zip Code
LEWISVILLE TX 75056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & CHIEF PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48466

Amount of Each Receipt this Period
192.30

B. Full Name (Last, First, Middle Initial)
MS JAYME ANTONOPLIS

Mailing Address 48 WITTE ROAD

City State Zip Code
HEWITT NJ 07421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR EXEC CORR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48301

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48247

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 242.30

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DENNIS AUCH

Mailing Address **5788 S. WALDEN GLEN DRIVE**

City **MURRAY** State **UT** Zip Code **84123**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ACCREDO HEALTH GROUP** Occupation **VP OPS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48523
 Amount of Each Receipt this Period **50.00**

B.

Full Name (Last, First, Middle Initial)
MS CHARLOTTE BABCOCK

Mailing Address **2636 SHAKER RD**

City **CLEVELAND HEIGHTS** State **OH** Zip Code **44118**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **NATL ACCT EXEC**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48500
 Amount of Each Receipt this Period **25.00**

C.

Full Name (Last, First, Middle Initial)
ERIK BAGIN

Mailing Address **73 HIGHLAND AVENUE**

City **GLEN RIDGE** State **NJ** Zip Code **07028**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **GROUP VP FINANCE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48475
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BECKIE BARATKO
 Mailing Address **80 N. WOODLAND STREET**
 City **ENGLEWOOD** State **NJ** Zip Code **07631**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48383
 Amount of Each Receipt this Period **35.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP PROPOSAL UNIT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **385.00**

B. Full Name (Last, First, Middle Initial)
MR THOMAS BARATTA
 Mailing Address **69 SKYLINE DR**
 City **UPPER SADDLE RIVER** State **NJ** Zip Code **07458**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48313
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP INFO TECHNOLOGY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **550.00**

C. Full Name (Last, First, Middle Initial)
MR MICHAEL BARONE
 Mailing Address **452 MEDWAY RD**
 City **HIGHLAND HEIGHTS** State **OH** Zip Code **44143**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48501
 Amount of Each Receipt this Period **250.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SVP & GENERAL MGR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **2750.00**

SUBTOTAL of Receipts This Page (optional) ► **335.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEPHEN BARROW

Mailing Address 7 SOUTHVIEW ROAD

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48384

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MRS BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City State Zip Code
CARROLLTON TX 75007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATL ACCTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48381

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City State Zip Code
HENDERSON NV 89074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MGR BENEFIT DELIVERY SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48431

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City State Zip Code
VIENNA VA 22182

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48276

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48443

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
JEAN BERGWALL

Mailing Address 2546 HOLLYHOCK COVE

City State Zip Code
GERMANTOWN TN 38138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP DIR PRODUCT LINE II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48538

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 175.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS STAGEY BERNSTEIN

Mailing Address 166 BERKELEY PLACE

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48485

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
MR DAVID BERRY

Mailing Address 11 COBBLESTONE LANE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48311

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48307

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR FLOYD BILLINGS		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 4273 BROGDAN FARM COURT		Transaction ID: INC.A.48322
	City BUFORD	State GA	Zip Code 30518
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) CALVIN BINGHAM		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 13702 W. 48TH ST.		Transaction ID: INC.A.48524
	City SHAWNEE	State KS	Zip Code 66216
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer ACCREDO HEALTH GROUP	Occupation DIR CLINICAL OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) BRYAN BIRCH		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 4 WINDRUSH LANE		Transaction ID: INC.A.48439
	City WESTPORT	State CT	Zip Code 06880
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP PRES, EMPLOYER GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2112.00	

SUBTOTAL of Receipts This Page (optional) ▶

242.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code
MOUNT LAUREL NJ 08054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48481

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City State Zip Code
DEEPHAVEN MN 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP CLIENT & MKT STRATEGIC DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48430

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR MARK BLAKE

Mailing Address 129 NORWOOD AVENUE

City State Zip Code
MONTCLAIR NJ 07043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48487

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **115.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 50 NEW ENGLAND DR		Transaction ID: INC.A.48267		
	City RAMSEY	State NJ	Zip Code 07446	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MKTING & PRODUCT DEV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

B.	Full Name (Last, First, Middle Initial) KEN BODMER		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address P.O. BOX 381947		Transaction ID: INC.A.48353		
	City GERMANTOWN	State TN	Zip Code 38183	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDO HEALTH GROUP	Occupation SVP FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2112.00			

C.	Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 80 LEONA CT		Transaction ID: INC.A.48433		
	City LEVITTOWN	State NY	Zip Code 11756	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional) ▶

267.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
						<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MRS HEATHER BONOME

Mailing Address 305 10TH STREET NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48231

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City State Zip Code
BRYN MAWR PA 19010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48138

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR BARRY BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code
LAS VEGAS NV 89141

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48077

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
RUSS BOURNE

Mailing Address 242 N HIGHLAND

City State Zip Code
MEMPHIS TN 38111

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCUPATION
ACCREDO HEALTH GROUP VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48537

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City State Zip Code
RICHMOND VA 23231

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS VP FORMULARY CONSULTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48389

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
KAREN BOWE

Mailing Address 177 N. MILL ROAD

City State Zip Code
HARRISBURG PA 17112

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCUPATION
ACCREDO HEALTH GROUP AVP COMMUNITY AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48507

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR STRAT PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48427

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City State Zip Code
COLUMBUS OH 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48159

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)
MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City State Zip Code
COATESVILLE PA 19320

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO & PROCESS ENGINEERING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48376

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) ▶

117.50

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR DAVID BREEN		Date of Receipt	
	Mailing Address 27 SEALS DR		M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.48356
	MONROE	NY	10950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR ANALYTICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

B.	Full Name (Last, First, Middle Initial) MS LINDA BRIDGE		Date of Receipt	
	Mailing Address 136 BEECH ST		M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.48210
	BELLEVILLE	NJ	07109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CLIENT/MEMBER COMM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

C.	Full Name (Last, First, Middle Initial) MR PAUL BRISSON		Date of Receipt	
	Mailing Address 469 MANOR LANE		M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.48202
	PELHAM MANOR	NY	10803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR RICHARD BROOKLER
 Mailing Address **9 ROMARY COURT**
 City **GLEN ROCK** State **NJ** Zip Code **07452**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48113
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR FINANCE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **275.00**

B. Full Name (Last, First, Middle Initial)
MR KENNETH BROWN
 Mailing Address **540 GIORDANO DRIVE**
 City **YORKTOWN HEIGHTS** State **NY** Zip Code **10598**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48135
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP ENTERPRISE BUS INTELLIGENCE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **550.00**

C. Full Name (Last, First, Middle Initial)
STEVEN BROWN
 Mailing Address **140 S GROVE PARK**
 City **MEMPHIS** State **TN** Zip Code **38117**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48526
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ACCREDITO HEALTH GROUP** Occupation **DIR PRODUCT LINE II**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **275.00**

SUBTOTAL of Receipts This Page (optional) ► **100.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS VIVIAN BULGER

Mailing Address 120 EAST MAIN ST

City State Zip Code
WASHINGTONVILLE NY 10992

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48352

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
AMANDA BUNDY

Mailing Address 5812 SEVEN POINTS TRACE

City State Zip Code
HERMITAGE TN 37076

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ACCREDO HEALTH GROUP VP REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48517

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
BRIAN BURFORD

Mailing Address 603 CHARLESWOOD DR

City State Zip Code
MARION AR 72364

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ACCREDO HEALTH GROUP DIR BUS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48516

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 95.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR KEVIN BURON	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 25 TIMBERLAND	Transaction ID: INC.A.48251
	City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 23 NUTTING PLACE	Transaction ID: INC.A.48176
	City State Zip Code WEST CALDWELL NJ 07006	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BUSINESS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MRS DOREEN CALDER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 441 S ELM STREET	Transaction ID: INC.A.48074
	City State Zip Code MAYWOOD NJ 07607	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	115.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 119 WASHINGTON AVENUE		Transaction ID: INC.A.48331
	City CHATHAM	State NJ	Zip Code 07928
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP & CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 24 SHERI DRIVE		Transaction ID: INC.A.48346
	City ALLENDALE	State NJ	Zip Code 07401
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.50
Name of Employer ACCREDO HEALTH GROUP		Occupation GROUP VP MARKET STRATEGY & DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 577.50	

C.	Full Name (Last, First, Middle Initial) JOSEPH CASACCIA JR		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 9788 LIPSEY CV		Transaction ID: INC.A.48310
	City GERMANTOWN	State TN	Zip Code 38139
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer ACCREDO HEALTH GROUP		Occupation DIR SPECIALTY OPS CUST SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	127.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MARY CASALE
 Mailing Address **822 CEDAR AVE**
 City **HADDENFIELD** State **NJ** Zip Code **08033**
 Date of Receipt: **05 / 24 / 2008**
Transaction ID: INC.A.48256
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **VP SALES STRATEGY & MARKETING**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **275.00**

B. Full Name (Last, First, Middle Initial)
MS KAREN CATHCART RUSSELL
 Mailing Address **148 CLUBHOUSE DR**
 City **WEST COLUMBIA** State **SC** Zip Code **29172**
 Date of Receipt: **05 / 24 / 2008**
Transaction ID: INC.A.48101
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SR DIR CLINICAL SVCS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **275.00**

C. Full Name (Last, First, Middle Initial)
MR JASON COLE
 Mailing Address **14917 E BELLA VISTA**
 City **VERADALE** State **WA** Zip Code **99037**
 Date of Receipt: **05 / 24 / 2008**
Transaction ID: INC.A.48240
 Amount of Each Receipt this Period: **10.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **VP OPS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **220.00**

SUBTOTAL of Receipts This Page (optional) **60.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code
NEW YORK NY 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48454

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HLTH CARE OPS-TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48128

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
JEFFREY COOLE

Mailing Address 1280 RIVER HOLLOW COVE

City State Zip Code
CORDOVA TN 38016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP VP TAX AND REGULATORY REPORT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48515

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) ANTONIO CORREIA	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 19 WILLIAMS LANE	Transaction ID: INC.A.48489
	City CHAPPAQUA State NY Zip Code 10514	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 25 FAIRWAY TRAIL	Transaction ID: INC.A.48230
	City SPARTA State NJ Zip Code 07871	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACY NETWORK MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) MR HART COVEN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 28 OAK LANE	Transaction ID: INC.A.48321
	City MORRISTOWN State NJ Zip Code 07960	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48214

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
MR PETER CSUTOROS

Mailing Address 16 PLEASANT AVENUE

City State Zip Code
LINCOLN PARK NJ 07035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48447

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City State Zip Code
STATEN ISLAND NY 10312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48261

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JOHN DALY

Mailing Address 46 BLUEBELL CT

City State Zip Code
PARAMUS NJ 07652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48364

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48327

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48303

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR ANDREW DAVIS		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 5616 BROOK DRIVE		Transaction ID: INC.A.48212		
	City EDINA	State MN	Zip Code 55439	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MEDICARE CLIENT & SALES SUP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

B.	Full Name (Last, First, Middle Initial) WARREN DAVIS		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 3131 SADDLEGAIT COVE		Transaction ID: INC.A.48536		
	City GERMANTOWN	State TN	Zip Code 38138	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDO HEALTH GROUP	Occupation DIR FINANCE II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

C.	Full Name (Last, First, Middle Initial) MR DANIEL DAVISON		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 402 HIGHLAND AVE		Transaction ID: INC.A.48347		
	City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP FINANCIAL PLANNING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City CEDARBURG State WI Zip Code 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48277
 Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City GLEN RIDGE State NJ Zip Code 07028

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48249
 Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City WEST MILFORD State NJ Zip Code 07480

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48462
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS ANN-MARGARET DEMARCO

Mailing Address 1 RUGBY ROAD

City State Zip Code
CEDAR GROVE NJ 07009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48129

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City State Zip Code
DENVER NJ 07834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR MEDICARE COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48477

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
DONNA DENARDO

Mailing Address W2996 GIBRALTER ROAD

City State Zip Code
FISH CREEK WI 54212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR MEDICARE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48495

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► 242.30

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR JOHN DERRICO	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 195 HACKENSACK AVENUE	Transaction ID: INC.A.48436
	City State Zip Code HARRINGTON PARK NJ 07640	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MS LAURA DEVEAU	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 2289 BEDFORD ST APT D2	Transaction ID: INC.A.48268
	City State Zip Code STAMFORD CT 06905	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP AVP MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MS KAREN DEZEARN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 3625 PATTERNSTONE DR	Transaction ID: INC.A.48103
	City State Zip Code ALPHARETTA GA 30022	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR WILLIS DINGLE	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 905 SW SCRUB OAK AVE	Transaction ID: INC.A.48175
	City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) ANDREW DOEDYNS	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 117 CREST DRIVE	Transaction ID: INC.A.48505
	City State Zip Code BEAVER PA 15009	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP DIR CLINICAL OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR ROBERT DOLAN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 9 CRANE AVENUE	Transaction ID: INC.A.48328
	City State Zip Code WEST CALDWELL NJ 07006	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 281		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS MERIDITH DORNER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 4448 CREEK ROAD	Transaction ID: INC.A.48119
	City State Zip Code ALLENTOWN PA 18104	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MICHEL DUFRESNE	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 58 INDEPENDENCE WAY	Transaction ID: INC.A.48446
	City State Zip Code MORRIS TWP NJ 07960	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ENTERPRISE BUS INTELLIGENCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

C.	Full Name (Last, First, Middle Initial) MR DANA DUNCAN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 125 COMSTOCK TRAIL	Transaction ID: INC.A.48260
	City State Zip Code EAST HAMPTON CT 06424	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	242.30
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

City KINNELON State NJ Zip Code 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48142
 Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City OVERLAND PARK State KS Zip Code 66221

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES SEGMENT LEADER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48171
 Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
MR MARK DUNN

Mailing Address 2 OLD MILL ROAD

City SANDY HOOK State CT Zip Code 06482

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48145
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) DR SUMIT DUTTA		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 534 HUDSON STREET #3C		Transaction ID: INC.A.48258
City NEW YORK	State NY	Zip Code 10014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 847.00	

B.

Full Name (Last, First, Middle Initial) REBECCA DYER		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 1400 POPLAR ESTATES PKY		Transaction ID: INC.A.48525
City GERMANTOWN	State TN	Zip Code 38138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer ACCREDO HEALTH GROUP	Occupation DIR PROJECT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.

Full Name (Last, First, Middle Initial) MR MICHAEL EDWARDS		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 109 KAREN PLACE		Transaction ID: INC.A.48134
City WYCKOFF	State NJ	Zip Code 07481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	152.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DR WOODY EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MEDICARE CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48465

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City State Zip Code
SADDLE BROOK NJ 07663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48318

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code
BRIARCLIFF MANOR NY 10510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48468

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City

UPPER GRANDVIEW

State

NY

Zip Code

10960

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48066

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR YAKOV ESTERLIS

Mailing Address 100 WINSTON DRIVE
17 C NORTH

City

CLIFFSIDE PARK

State

NJ

Zip Code

07010

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48417

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing federal political committee.

C

Name of Employer
ACCREDO HEALTH GROUP

Occupation
VP HEALTH OUTCOME SOLUTIONS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48534

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
SUSAN FAUST

Mailing Address 6614 HERONSWOOD COVE

City State Zip Code
MEMPHIS TN 38119

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation VP CLIENT SLS AND MGD CARE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48512

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CARE ENHANCING SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48203

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS FEITEL

Mailing Address 58 APPLE HILL DR

City State Zip Code
GILLETTE NJ 07933

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CORP MKTG & E-COMM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1922.30

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48252

Amount of Each Receipt this Period
192.23

SUBTOTAL of Receipts This Page (optional) ► 292.23

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR STUART FELDMAN

Mailing Address 109 MEADOWBROOK ROAD

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR E-COMM STRAT & DELIV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48064

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City State Zip Code
EMERSON NJ 07630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48390

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS FERRAZZANO

Mailing Address 464 SPRING AVE.

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48348

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 181 / 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR DON FISCHER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 10 TRACY CIRCLE	Transaction ID: INC.A.48143
	City State Zip Code CAMPBELL HALL NY 10916	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR EDWARD FISCHER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 465 OLD STONE RD	Transaction ID: INC.A.48196
	City State Zip Code RIDGEWOOD NJ 07450	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CLINICAL PROD INTEGRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 1933 MT. OLIVE AGOSTA ROAD	Transaction ID: INC.A.48293
	City State Zip Code NEW BLOOMINGTON OH 43341	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HLTH CARE OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
CHAD FOREMAN

Mailing Address **9544 DOGWOOD ESTATES**

City **GERMANTOWN** State **TN** Zip Code **38139**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ACCREDO HEALTH GROUP** Occupation **DIR FINANCE II**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 24 / 2008**

Transaction ID: INC.A.48539

Amount of Each Receipt this Period **25.00**

B.

Full Name (Last, First, Middle Initial)
KEVIN FRANCO

Mailing Address **648 RIVERSIDE DR #222**

City **MEMPHIS** State **TN** Zip Code **38103**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ACCREDO HEALTH GROUP** Occupation **VP FINANCE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **05 / 24 / 2008**

Transaction ID: INC.A.48365

Amount of Each Receipt this Period **50.00**

C.

Full Name (Last, First, Middle Initial)
MR JOSEPH FREND

Mailing Address **9 GREEN HILL TRAIL**

City **TROPHY CLUB** State **TX** Zip Code **76262**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP NATIONAL SERVICE CENTER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **05 / 24 / 2008**

Transaction ID: INC.A.48309

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR ANDREW FRIEDEL	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 1434 NARRAGANSETT BLVD	Transaction ID: INC.A.48165
	City State Zip Code CRANSTON RI 02905	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR GOV AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) ROBERT FURTH	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 1450 PORTLAND AVENUE	Transaction ID: INC.A.48522
	City State Zip Code ST PAUL MN 55104	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 24 MOREHOUSE PL	Transaction ID: INC.A.48063
	City State Zip Code NEW PROVIDENCE NJ 07974	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP & COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 720 N. LARRABEE APT 1701	Transaction ID: INC.A.48426
	City State Zip Code CHICAGO IL 60654	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	

B.	Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 842 ASHLER CT	Transaction ID: INC.A.48391
	City State Zip Code COLUMBUS OH 43235	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 69 LAKEVIEW DR	Transaction ID: INC.A.48284
	City State Zip Code OLD TAPPAN NJ 07675	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CLIENT RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	267.31
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MICHAEL GALVIN		Date of Receipt
	Mailing Address 25 BALLYMEADE ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 4 / 2 0 0 8
	City	State	Zip Code
	HOPEWELL JUNCTION	NY	12533
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48450
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP/CHIEF INFRASTRUCTURE OFFR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2115.41	192.31

B.	Full Name (Last, First, Middle Initial) MR OMHARISRIRAM GANGAIKONDAN-IYER		Date of Receipt
	Mailing Address 9 CAIRNES ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 4 / 2 0 0 8
	City	State	Zip Code
	MORRIS PLAINS	NJ	07950
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48457
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	25.00

C.	Full Name (Last, First, Middle Initial) MR PETER GAYLORD		Date of Receipt
	Mailing Address 1201 BRIDGE STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 4 / 2 0 0 8
	City	State	Zip Code
	ASBURY PARK	NJ	07712
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48062
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP TREASURY & FINANCIAL EVALS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	50.00

SUBTOTAL of Receipts This Page (optional)	267.31
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 20 BROOKSHIRE DR	Transaction ID: INC.A.48173
	City State Zip Code ROBBINSVILLE NJ 08691	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MATTHEW GIBBS	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 27 N. WACKER DR. SUITE 246	Transaction ID: INC.A.48497
	City State Zip Code CHICAGO IL 60606	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHIEF CLINICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

C.	Full Name (Last, First, Middle Initial) MR ROBERT GIBBS	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 544 DENMOOR COURT	Transaction ID: INC.A.48117
	City State Zip Code GALLOWAY OH 43119	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	137.50
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR THOMAS GILSON	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 2 PELL FARM ROAD	Transaction ID: INC.A.48421
	City State Zip Code SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	

B.	Full Name (Last, First, Middle Initial) MR SCOTT GILYARD	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 305 BERGAMOT DRIVE	Transaction ID: INC.A.48067
	City State Zip Code MEDINA MN 55340	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES UHG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

C.	Full Name (Last, First, Middle Initial) MR JONAH GITLITZ	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 43 OVERLOOK RIDGE	Transaction ID: INC.A.48126
	City State Zip Code OAKLAND NJ 07436	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	434.61
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City State Zip Code
CANTON CT 06022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLIENT & MKT PROG STRAT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48130

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCIAL INSIGHTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48188

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR E-COM BUSINESS OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48206

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code
CONVENT STATION NJ 07960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP SALES-SYSTEMED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48245

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48083

Amount of Each Receipt this Period
90.00

C.

Full Name (Last, First, Middle Initial)
MS KAVITHA GULLAPALLI

Mailing Address 67 ATHERTON CT

City State Zip Code
WAYNE NJ 07470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48187

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **140.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 / 281		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR MARK HALLORAN		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 19 KINGS RIDGE ROAD		Transaction ID: INC.A.48319		
	City LONG VALLEY	State NJ	Zip Code 07853	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CHIEF INFO OFFICER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2115.41			

B.	Full Name (Last, First, Middle Initial) MR GREGORY HANSEN		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 1659 ISABELLA PARKWAY		Transaction ID: INC.A.48425		
	City CHASKA	State MN	Zip Code 55318	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ACCT SVCS & ADMIN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

C.	Full Name (Last, First, Middle Initial) MS KELLY HANZAWA		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 1116 OAKCROFT LANE		Transaction ID: INC.A.48392		
	City SOMERSET	State NJ	Zip Code 08873	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ACCT MGMT OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional)	▶	267.31
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City State Zip Code
POMPTON PLAINS NJ 07444

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48112

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
SHARON HARRIS

Mailing Address 186 N. WHITE STATION RD

City State Zip Code
MEMPHIS TN 38117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48514

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
COLORADO SPRINGS CO 80908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.41

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48065

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► **242.31**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) DAN HAYES	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 4679 AYRON TERRACE	Transaction ID: INC.A.48508
	City State Zip Code PALM HARBOR FL 34685	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ACCREDO HEALTH GROUP	Occupation VP OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MR BILL HEAD	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 501 SLATERS LANE #816	Transaction ID: INC.A.48478
	City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR GOV AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 13210 N. 11TH AVE.	Transaction ID: INC.A.48139
	City State Zip Code PHOENIX AZ 85029	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶

100.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR THOMAS HEKKER
 Mailing Address 28 WEST THRID STREET #1332
 City SOUTH ORANGE State NJ Zip Code 07079
 Date of Receipt 05 / 24 / 2008
 Transaction ID: INC.A.48455
 Amount of Each Receipt this Period 20.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 220.00

B. Full Name (Last, First, Middle Initial)
MR SCOTT HELMUS
 Mailing Address 23 VALLEY RD
 City SUCCASUNNA State NJ Zip Code 07876
 Date of Receipt 05 / 24 / 2008
 Transaction ID: INC.A.48122
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT SOLUTIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 550.00

C. Full Name (Last, First, Middle Initial)
MR ERIC HESS
 Mailing Address 10 CARLTON RD
 City FLANDERS State NJ Zip Code 07836
 Date of Receipt 05 / 24 / 2008
 Transaction ID: INC.A.48198
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENGINEERING & OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 550.00

SUBTOTAL of Receipts This Page (optional) ► 120.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS JANE HILDEBRANDT	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 35 CASCADE WAY	Transaction ID: INC.A.48216
	City State Zip Code BUTLER NJ 07405	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) SHERLYN HOBGOOD	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 6635 LAMBERT DR	Transaction ID: INC.A.48519
	City State Zip Code MASON TN 38049	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP VP BUSINESS UNIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 1 HERITAGE RD	Transaction ID: INC.A.48291
	City State Zip Code FLORHAM PARK NJ 07932	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FACILITIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48367

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City State Zip Code
CORNWALL ON HUDSON NY 12520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48211

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48280

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
ELIZABETH HOLLOWAY

Mailing Address 9222 RANDLE VALLEY DR

City State Zip Code
CORDOVA TN 38018

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation ASSISTANT GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48532

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City State Zip Code
ELMSFORD NY 10523

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INTERVENTION DELIVERY SYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt: MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48316

Amount of Each Receipt this Period: 80.00

C. Full Name (Last, First, Middle Initial)
MS CYNTHIA HORN

Mailing Address 9553 ANDREW DR

City State Zip Code
TWINSBURG OH 44087

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48503

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 155.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 30 AVENUE AT PORT IMPERIAL APT. 415	Transaction ID: INC.A.48482
	City WEST NEW YORK State NJ Zip Code 07093	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) LYNN HOSTMYER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 6708 N.W. 112TH	Transaction ID: INC.A.48520
	City OKLAHOMA CITY State OK Zip Code 73162	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACCREDO HEALTH GROUP Occupation GENERAL MGR - MULTI BRANCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR JEFFREY HULL	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 2616 S 3B'S & K RD	Transaction ID: INC.A.48296
	City GALENA State OH Zip Code 43021	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR HLTH CARE OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 / 281		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS JANE HULSE

Mailing Address 95 GORDON RD

City ESSEX FELLS State NJ Zip Code 07021

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt MM / DD / YYYY 05 / 24 / 2008

Transaction ID: INC.A.48351

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City NEW YORK State NY Zip Code 10025

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt MM / DD / YYYY 05 / 24 / 2008

Transaction ID: INC.A.48069

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City GAINESVILLE State FL Zip Code 32608

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt MM / DD / YYYY 05 / 24 / 2008

Transaction ID: INC.A.48079

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MARIANNE JACKS

Mailing Address 329 MORRIS AVENUE

City State Zip Code
MOUNTAIN LAKES NJ 07046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48105

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM JACKSON

Mailing Address 56 WARREN RD

City State Zip Code
WEST ORANGE NJ 07052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48402

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR JASON JAMES

Mailing Address RR 2 BOX 2036

City State Zip Code
CANADENSIS PA 18325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHYSICIAN ENGAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48073

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **130.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR TODD JEFFREY

Mailing Address 15 ELIZABETH STREET

City State Zip Code
DUMONT NJ 07628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48414

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
ROBERT JINKS

Mailing Address 22 PAGE AVE

City State Zip Code
LYNDHURST NJ 07071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48114

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR WILLIAM JOEL

Mailing Address 32 VENTOSA DR

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ANALYTICAL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48246

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48369

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City State Zip Code
PRIOR LAKE MN 55372

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT & MKT PROG STRAT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48241

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN KAPIOSKI

Mailing Address 8202 MARSH GLEN CT

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARMACY COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48345

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City State Zip Code
MENOMONEE FALLS WI 53051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48227

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48432

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS DEEPTI KEHOE

Mailing Address 995 PINES TERR

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48149

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 1970 WOODLANDS PL		Transaction ID: INC.A.48285		
	City POWELL	State OH	Zip Code 43065	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

B.	Full Name (Last, First, Middle Initial) MR KEVIN KELLY		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 251 POPLAR AVE		Transaction ID: INC.A.48104		
	City HACKENSACK	State NJ	Zip Code 07601	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

C.	Full Name (Last, First, Middle Initial) MR PETER KENNY		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 6040 BOULEVARD E APT 28G		Transaction ID: INC.A.48393		
	City WEST NEW YORK	State NJ	Zip Code 07093	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ACCT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS LISA KETNER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 7 POINT VIEW	Transaction ID: INC.A.48273
	City State Zip Code OAKLAND NJ 07436	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MEMBER STRATEGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MS INNA KHANIN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 3403 SPRINGBROOK DRIVE	Transaction ID: INC.A.48452
	City State Zip Code EDISON NJ 08820	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 121 CONKLING TOWN ROAD	Transaction ID: INC.A.48404
	City State Zip Code CHESTER NY 10918	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 / 281		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) KENNETH KLEPPER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 295 GLEN PLACE	Transaction ID: INC.A.48438
	City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES & CHIEF OPERATING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

B.	Full Name (Last, First, Middle Initial) RICHARD KLUSOVSKY	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 1016 FAIRWOOD LANE	Transaction ID: INC.A.48527
	City State Zip Code ACWORTH GA 30101	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP AVP MANAGED CARE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 555 FORBUSH STREET	Transaction ID: INC.A.48396
	City State Zip Code BOONTON NJ 07005	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLIENT RETAIL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	242.30
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City State Zip Code
BOWLING GREEN OH 43402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48127

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR PRODUCT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48157

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48088

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP E-COM STRATEGY & DELIVERY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 605.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48324

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48379

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT REQUIREMENTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48314

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

130.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) MATTHEW KUPFERBERG		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 3235 CAMBRIDGE AVENUE, APT. #2J		Transaction ID: INC.A.48492
City BRONX	State NY	Zip Code 10463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) JAMES LANGLEY		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 10921 MAIN RANGE TRAIL		Transaction ID: INC.A.48528
City LITTLETON	State CO	Zip Code 80127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ACCREDO HEALTH GROUP	Occupation VP REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.

Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 7017 COBALT WAY		Transaction ID: INC.A.48275
City CITRUS HEIGHTS	State CA	Zip Code 95621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209 / 281 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<p>A. Full Name (Last, First, Middle Initial) JOSEPH LENZ</p> <p>Mailing Address 6 SHERMAN AVE</p> <p>City State Zip Code WALDWICK NJ 07463</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PERFORMANCE STRATEGY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 24 / 2008</p> <p>Transaction ID: INC.A.48469</p> <p>Amount of Each Receipt this Period 25.00</p>
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<p>B. Full Name (Last, First, Middle Initial) PATRICIA LETCHWORTH</p> <p>Mailing Address 3133 HEATHSTONE COVE</p> <p>City State Zip Code GERMANTOWN TN 38138</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ACCREDO HEALTH GROUP DIR REIMBURSEMENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 275.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 24 / 2008</p> <p>Transaction ID: INC.A.48529</p> <p>Amount of Each Receipt this Period 25.00</p>
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<p>C. Full Name (Last, First, Middle Initial) MR ROBERT LONG</p> <p>Mailing Address 18 HARLIND TERRACE</p> <p>City State Zip Code RAMSEY NJ 07446</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 24 / 2008</p> <p>Transaction ID: INC.A.48266</p> <p>Amount of Each Receipt this Period 50.00</p>
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SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48170

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
MS DEBRA LUDGATE

Mailing Address 238 WOODLAND AVE

City State Zip Code
SUMMIT NJ 07901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48215

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS VERONA MACMAHON

Mailing Address 1504 WEST CULLOM AVE
UNIT G

City State Zip Code
CHICAGO IL 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48415

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR KENNETH MALLEY
 Mailing Address **764 W. SADDLE RIVER ROAD**
 City **HO HO KUS** State **NJ** Zip Code **07423**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48200
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP PRODUCT & CHANNEL MKTING**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **550.00**

B. Full Name (Last, First, Middle Initial)
MR MICHAEL MANDAGLIO
 Mailing Address **33 HICKORY TAVERN RD**
 City **GILLETTE** State **NJ** Zip Code **07933**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48081
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP FINANCE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **550.00**

C. Full Name (Last, First, Middle Initial)
MR JOSEPH MARINELLI
 Mailing Address **351 SOUND BEACH AVENUE**
 City **OLD GREENWICH** State **CT** Zip Code **06870**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48154
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR MEDICARE OPS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **275.00**

SUBTOTAL of Receipts This Page (optional) ► **125.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City WEST ORANGE State NJ Zip Code 07052

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48496

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City MENOMONEE FALLS State WI Zip Code 53051

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48223

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
SHELLY MARTIN

Mailing Address 9536 DOE MEADOW DR

City GERMANTOWN State TN Zip Code 38139

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48533

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) THOMAS MARTIN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 1882 E LAUREL HOLLOW	Transaction ID: INC.A.48530
	City State Zip Code GERMANTOWN TN 38139	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP VP CORP STRAT BUS DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MR TODD MARTIN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 11825 SHEPPARDS CROSSING	Transaction ID: INC.A.48182
	City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

C.	Full Name (Last, First, Middle Initial) MR EDWARD MARTINEZ	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 35 SALTER PLACE	Transaction ID: INC.A.48456
	City State Zip Code MAPLEWOOD NJ 07040	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	267.30
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City State Zip Code
SUSSEX NJ 07461

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48137

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City State Zip Code
HILLSDALE NJ 07642

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP DRUG DISTRIB & CONTROL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48370

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City State Zip Code
CLIFTON NJ 07013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48272

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 242.30

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City State Zip Code
MORRIS PLAINS NJ 07950

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP VP SALES AND MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48204

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR DOUG MCCANN

Mailing Address 10201 E. 92ND STREET N

City State Zip Code
OWASSO OK 74055

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCUPATION
MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48486

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
THOMAS MCCANN

Mailing Address 9600 DOVE SPRING CV

City State Zip Code
GERMANTOWN TN 38139

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48535

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 0-45 27TH ST		Transaction ID: INC.A.48317		
	City FAIR LAWN	State NJ	Zip Code 07410	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

B.	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 87 ROSELAWN RD		Transaction ID: INC.A.48274		
	City HIGHLAND MILLS	State NY	Zip Code 10930	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST GENERAL COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2112.00			

C.	Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 112 GREEN TERRACE WAY		Transaction ID: INC.A.48411		
	City WEST MILFORD	State NJ	Zip Code 07480	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP BUSINESS OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2115.41			

SUBTOTAL of Receipts This Page (optional)

409.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City ORADELL State NJ Zip Code 07649

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS PLANNING & ADMIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48120

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City DERRY State PA Zip Code 15627

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation AVP SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48506

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
DAVID MILLER

Mailing Address 7 CLOVER LANE

City RANDOLPH State NJ Zip Code 07869

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP LABOR RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48086

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City State Zip Code
DENVERLE NJ 07834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR INTERNAL AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48080

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48423

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City State Zip Code
PARSIPPANY NJ 07054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48093

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS JULIANA MOLEK		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 17584 WEXFORD DR		Transaction ID: INC.A.48189		
	City EDEN PRAIRIE	State MN	Zip Code 55347	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR SPECIAL MARKETS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

B.	Full Name (Last, First, Middle Initial) MR PETER MONKHOUSE		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 1320 BRONCO CIR		Transaction ID: INC.A.48197		
	City WARRINGTON	State PA	Zip Code 18976	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

C.	Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 86 WELLINGTON AVENUE		Transaction ID: INC.A.48070		
	City SHORT HILLS	State NJ	Zip Code 07078	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACEUTICAL CONTRACTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2112.00			

SUBTOTAL of Receipts This Page (optional)	▶	242.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City State Zip Code
MONTVALE NJ 07645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48371

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48405

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
MR ROBERT MULLER

Mailing Address 69 FERN PLACE

City State Zip Code
PARAMUS NJ 07652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP HLTH BUS CLIENT ENROLLMNT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48382

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City HASBROUCK HEIGHTS State NJ Zip Code 07604

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY 05 / 24 / 2008

Transaction ID: INC.A.48125

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MS BARBARA NEAVERTH

Mailing Address PO BOX 523

City SUGAR LOAF State NY Zip Code 10981

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY 05 / 24 / 2008

Transaction ID: INC.A.48109

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MS ARLENE NELSON

Mailing Address 17 GARFIELD PLACE

City RIDGEWOOD State NJ Zip Code 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt MM / DD / YYYY 05 / 24 / 2008

Transaction ID: INC.A.48155

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City OAKLAND State NJ Zip Code 07436

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MARKET STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48265
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City TAMPA State FL Zip Code 33635

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR SECURITY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48151
 Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City RYE State NY Zip Code 10580

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48394
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 281
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City State Zip Code
ROCKAWAY TOWNSHIP NJ 07866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48094

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PROCUREMENT & INVENTORY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48342

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MRS SUE OLIVER

Mailing Address 11 LEE DRIVE

City State Zip Code
NORTH HALEDON NJ 07508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48354

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48387

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48473

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48248

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City RINGWOOD State NJ Zip Code 07456

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48330

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City PARK RIDGE State NJ Zip Code 07656

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48329

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City PARK RIDGE State NJ Zip Code 07656

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48325

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE		Date of Receipt	
	Mailing Address 12 MILLBROOK COURT		M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.48243
	LIVINGSTON	NJ	07039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP RETIREE SOLUTIONS MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

B.	Full Name (Last, First, Middle Initial) MS GIRA PATEL		Date of Receipt	
	Mailing Address 5 FOXHILL RUN		M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.48237
	MONMOUTH JUNCTION	NJ	08852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

C.	Full Name (Last, First, Middle Initial) MR JAY PATEL		Date of Receipt	
	Mailing Address 14 BROWNSTONE TERRACE		M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.48461
	HAWTHORNE	NJ	07506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City LANTANA State TX Zip Code 76226

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2008
Transaction ID: INC.A.48288
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT PELLEGRINI

Mailing Address 211 WILTSIE COURT

City WYCKOFF State NJ Zip Code 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 24 / 2008
Transaction ID: INC.A.48207
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
JIMMY PERREN

Mailing Address 1250 BRAY PARK DR EAST

City COLLIERVILLE State TN Zip Code 38017

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation VP REGULATORY COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 05 / 24 / 2008
Transaction ID: INC.A.48510
Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
 MR MICHAEL PETEROY
 Mailing Address 4769 STAVANGER LANE
 City State Zip Code
LAS VEGAS NV 89147
 Date of Receipt
 M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8
Transaction ID: INC.A.48312
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

B. Full Name (Last, First, Middle Initial)
 MR NATHAN PETERSON
 Mailing Address 3412 AUTUMN WOODS DRIVE
 City State Zip Code
CHASKA MN 55318
 Date of Receipt
 M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8
Transaction ID: INC.A.48219
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS NATL ACCT EXEC
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

C. Full Name (Last, First, Middle Initial)
 MR THOMAS PETTYES
 Mailing Address 8522 UPLAND LN NORTH
 City State Zip Code
MAPLE GROVE MN 55311
 Date of Receipt
 M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8
Transaction ID: INC.A.48177
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MARTINE PFLIEGER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 44 HENRY TERRACE	Transaction ID: INC.A.48490
	City State Zip Code LINCOLN PARK NJ 07035	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR THOMAS PIERCE	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 1050 S. CLARKSON ST	Transaction ID: INC.A.48488
	City State Zip Code DENVER CO 80209	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP LABOR RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) DR PAGE PIGG	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 9297 ANGLER TRL	Transaction ID: INC.A.48217
	City State Zip Code MECHANICSVILLE VA 23116	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City MORRISTOWN State NJ Zip Code 07960

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 05 / 24 / 2008
Transaction ID: INC.A.48082
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City MONSEY State NY Zip Code 10952

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2008
Transaction ID: INC.A.48180
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City DUNNELLON State FL Zip Code 34432

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2008
Transaction ID: INC.A.48395
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR NEIL PREZIOSO

Mailing Address 10258 WINDSOR WAY

City State Zip Code
POWELL OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48297

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48257

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
MR ROBERT PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CONTRACT ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48362

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **267.30**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMACY & CUST SVC OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.41

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48428

Amount of Each Receipt this Period
192.31

B. Full Name (Last, First, Middle Initial)
SYED QUADRI

Mailing Address 6040 KENNEDY BLVD EAST
APT 30N

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PRIVACY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48422

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48445

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 242.31

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS FRANCES RAO		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 19 ROSS ROAD		Transaction ID: INC.A.48106		
	City SCARSDALE	State NY	Zip Code 10583	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR REGULATORY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

B.	Full Name (Last, First, Middle Initial) MRS DOLORES RAPUANO		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 57660 BEAVER VALLEY RD		Transaction ID: INC.A.48400		
	City QUAKER CITY	State OH	Zip Code 43773	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ELIGIBILITY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

C.	Full Name (Last, First, Middle Initial) MS JOANN REED		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 4 ANTLER CT		Transaction ID: INC.A.48350		
	City MATAWAN	State NJ	Zip Code 07747	Amount of Each Receipt this Period 65.38	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SPECIAL ADVISOR TO CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 719.18			

SUBTOTAL of Receipts This Page (optional)	115.38
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City Tampa State FL Zip Code 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2008
Transaction ID: INC.A.48254
 Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS REINCKENS

Mailing Address 43 HAROLD ST. UNIT B

City COS COB State CT Zip Code 06807

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR RECONCILIATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2008
Transaction ID: INC.A.48195
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City FLANDERS State NJ Zip Code 07836

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROCUREMENT & INVENTORY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2008
Transaction ID: INC.A.48397
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City State Zip Code
EDGEWATER NJ 07020

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48442

Amount of Each Receipt this Period 70.00

B.

Full Name (Last, First, Middle Initial)
SUZANNE RICHARDS

Mailing Address 21357 W 115TH TER

City State Zip Code
OLATHE KS 66061

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ACCREDO HEALTH GROUP SR MGR BUS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48511

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code
MINNEAPOLIS MN 55446

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48136

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 236 / 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS SORAYA RODRIGUEZ-BALZAC	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 22 PAPOOSE TRAIL	Transaction ID: INC.A.48441
	City ANDOVER State NJ Zip Code 07821	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR MICHAEL ROMANZO	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 96 LEHMANN STREET	Transaction ID: INC.A.48193
	City MAHWAH State NJ Zip Code 07430	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation PRESIDENT SYSTEMED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

C.	Full Name (Last, First, Middle Initial) DAVID ROOT	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 212 SPRING BRANCH ROAD	Transaction ID: INC.A.48494
	City WAVERLY State VA Zip Code 23890	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR STATE GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	242.30
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS DONNA ROSEN
 Mailing Address **7 RED OAK LANE**
 City **KINNELON** State **NJ** Zip Code **07405**
 Date of Receipt: **05 / 24 / 2008**
Transaction ID: INC.A.48363
 Amount of Each Receipt this Period: **50.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **VP OPS-CLINICAL TECH**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **550.00**

B. Full Name (Last, First, Middle Initial)
DR CHRISTINE ROTTAS
 Mailing Address **7227 RAMOTH DRIVE**
 City **JACKSONVILLE** State **FL** Zip Code **32226**
 Date of Receipt: **05 / 24 / 2008**
Transaction ID: INC.A.48160
 Amount of Each Receipt this Period: **50.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **EXEC DIR CLINICAL SVCS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **550.00**

C. Full Name (Last, First, Middle Initial)
MR RICHARD RUBINO
 Mailing Address **3 APACHE DRIVE**
 City **OAKLAND** State **NJ** Zip Code **07436**
 Date of Receipt: **05 / 24 / 2008**
Transaction ID: INC.A.48359
 Amount of Each Receipt this Period: **193.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SVP FINANCE & CHIEF FIN OFFCR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **2123.00**

SUBTOTAL of Receipts This Page (optional) ► **293.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City OAKLAND State NJ Zip Code 07436

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation VP CLINICAL MGMT & SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48209
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City RINGWOOD State NJ Zip Code 07456

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROF PRA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48306
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City MAPLEWOOD State NJ Zip Code 07040

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARMACY REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 861.74

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48349
Amount of Each Receipt this Period 78.34

SUBTOTAL of Receipts This Page (optional) ► 148.34

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS		Date of Receipt
	Mailing Address 4836 MIDDLE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 0 8
	City	State	Zip Code
	ALLISON PARK	PA	15101
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48380
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR BUSINESS REQUIREMENTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE		Date of Receipt
	Mailing Address 7 AHERN WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 0 8
	City	State	Zip Code
	WEST ORANGE	NJ	07052
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48238
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR ENTERPRISE BUS INTELLIG	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MR MATTHEW SARDY		Date of Receipt
	Mailing Address 230 FAIRFIELD AVE.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 0 8
	City	State	Zip Code
	RIDGEWOOD	NJ	07450
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48140
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FINANCE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS BETH SAVARE	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 27 JONES LN	Transaction ID: INC.A.48355
	City State Zip Code BLAIRSTOWN NJ 07825	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PHARM OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR DAVID SCHLETT	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 339 GRAMERCY PL	Transaction ID: INC.A.48358
	City State Zip Code GLEN ROCK NJ 07452	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP FINANCIAL & ANALYTICAL SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 9111 N KARLOV	Transaction ID: INC.A.48132
	City State Zip Code SKOKIE IL 60076	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code
MAPLE GROVE MN 55311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48399

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR LEONARD SCOTT

Mailing Address 13514 MOTTLESTONE DRIVE NW

City State Zip Code
PICKERINGTON OH 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REG DIR ACCT MGMT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48286

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City State Zip Code
SALT LAKE CITY UT 84109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48078

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City State Zip Code
WAYNE NJ 07470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48108

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City State Zip Code
WESTWOOD NJ 07675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48419

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48271

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► 135.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
 MR JOHN SHEA
 Mailing Address 62 FRANKLIN TURNPIKE
 City State Zip Code
ALLENDALE NJ 07401
 Date of Receipt
 M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8
Transaction ID: INC.A.48092
 Amount of Each Receipt this Period
 40.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS ASST COUNSEL
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 440.00

B. Full Name (Last, First, Middle Initial)
 MR FRANK SHEEHY
 Mailing Address 119 HAMILTON RD
 City State Zip Code
RIDGEWOOD NJ 07450
 Date of Receipt
 M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8
Transaction ID: INC.A.48148
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

C. Full Name (Last, First, Middle Initial)
 MR PETER SHERMAN
 Mailing Address 139 GATES AVENUE
 City State Zip Code
MONTCLAIR NJ 07042
 Date of Receipt
 M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8
Transaction ID: INC.A.48071
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS MANAGING COUNSEL
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

SUBTOTAL of Receipts This Page (optional) ► **140.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City NORTH ARLINGTON State NJ Zip Code 07031

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRICING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48233

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City LONG BEACH State CA Zip Code 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48163

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City PORT ORANGE State FL Zip Code 32128

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CORP COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.41

Date of Receipt: MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48250

Amount of Each Receipt this Period 192.31

SUBTOTAL of Receipts This Page (optional) ► 242.31

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR LEE SIMON	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 2390 GREENVIEW ROAD	Transaction ID: INC.A.48406
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) MR JEFFREY SINKO	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 10 CHERRY TREE LANE	Transaction ID: INC.A.48281
	City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 564 DALE COURT EAST	Transaction ID: INC.A.48107
	City State Zip Code RIVER VALE NJ 07675	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 / 281		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR JOHN SISTO	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 24 MAYBERRY LANE	Transaction ID: INC.A.48341
	City State Zip Code MECHANICSBURG PA 17050	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PHARMACY REGULATORY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR DAVID SITVER	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 24 YORKSHIRE AVE	Transaction ID: INC.A.48232
	City State Zip Code SUFFERN NY 10901	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) ANN SMITH	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 437 GLENDALE RD	Transaction ID: INC.A.48236
	City State Zip Code WYCKOFF NJ 07481	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48378

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.41

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48434

Amount of Each Receipt this Period
192.31

C. Full Name (Last, First, Middle Initial)
MR ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48460

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **292.31**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
BARRY SOUTHERN

Mailing Address 3705 MIDDLEBURY WAY

City Greensboro State NC Zip Code 27410

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48509

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City Colleyville State TX Zip Code 76034

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48299

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR RALPH STAIANO

Mailing Address 1 LAMBROS DRIVE

City Monroe State NY Zip Code 10950

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2008

Transaction ID: INC.A.48085

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
PETER STARK

Mailing Address 4840 COLE ROAD

City State Zip Code
MEMPHIS TN 38117

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation GROUP VP MANUF SVCS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	0	8

Transaction ID: INC.A.48531

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City State Zip Code
WEST HARRISON NY 10604

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP VP FINANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	0	8

Transaction ID: INC.A.48361

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
CHANNING STAVE

Mailing Address 77 HIGHVIEW AVE

City State Zip Code
TUCKAHOE NY 10707

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MARKETING

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	0	8

Transaction ID: INC.A.48493

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS JILL STEARNS		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 13130 HALSELL DR		Transaction ID: INC.A.48409		
	City AUSTIN	State TX	Zip Code 78732	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

B.	Full Name (Last, First, Middle Initial) MR CRAIG STEEL		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 122 DEMAREST AVENUE		Transaction ID: INC.A.48183		
	City EMERSON	State NJ	Zip Code 07630	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

C.	Full Name (Last, First, Middle Initial) MS AMY STEINKELLNER		Date of Receipt MM / DD / YYYY 05 / 24 / 2008		
	Mailing Address 1740 HIGHLAND DRIVE		Transaction ID: INC.A.48225		
	City ELM GROVE	State WI	Zip Code 53122	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CLINICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 251 / 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) DR GLEN STETTIN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 8 MILL GLEN CT	Transaction ID: INC.A.48424
	City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP/GM ADVANCED CLINICAL SLTNS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.41	

B.	Full Name (Last, First, Middle Initial) MS JANNA STOUL	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 4 APACHE WAY	Transaction ID: INC.A.48098
	City State Zip Code MONTVILLE NJ 07045	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MR SCOTT STRATTON	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 351 TIMBERLANE DRIVE	Transaction ID: INC.A.48467
	City State Zip Code ORANGE CT 06477	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	267.31
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 252 / 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS PATRICIA STRETE	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 19275 PAVER BARNES ROAD	Transaction ID: INC.A.48131
	City State Zip Code MARYSVILLE OH 43040	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL THERAPEUTICS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MS COLEEN SULLIVAN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 38 BARKMILL TERRACE	Transaction ID: INC.A.48407
	City State Zip Code MONTVILLE NJ 07045	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MS CYNTHIA SULLIVAN	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 21 DENISE DRIVE	Transaction ID: INC.A.48360
	City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP FINANCIAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

SUBTOTAL of Receipts This Page (optional)	242.30
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City MIDLOTHIAN State VA Zip Code 23113

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48089
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL APPT 209

City WEST NEW YORK State NJ Zip Code 07093

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48152
 Amount of Each Receipt this Period: 40.00

C.

Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City TAMPA State FL Zip Code 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48191
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 115.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 / 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR NICHOLAS TAYLOR	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 4241 CHADBOURNE DRIVE	Transaction ID: INC.A.48429
	City State Zip Code UPPER ARLINGTON OH 43220	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR BOOBALAN THANGAVELU	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 13 BIRCH TERRACE	Transaction ID: INC.A.48449
	City State Zip Code MT ARLINGTON NJ 07856	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MS MELINDA THIEL	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 27 GARVEY ROAD	Transaction ID: INC.A.48162
	City State Zip Code WAYNE NJ 07470	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) MS MELISSA THOMET		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 721 HINMAN AVE #1E		Transaction ID: INC.A.48095
City EVANSTON	State IL	Zip Code 60202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) MS MARY THORSBY		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 17326 ELLEN DR		Transaction ID: INC.A.48205
City LIVONIA	State MI	Zip Code 48152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

C.

Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 7974 FLAMETREE CT		Transaction ID: INC.A.48264
City LAS VEGAS	State NV	Zip Code 89123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BENEFIT SYSTEMS SUPPORT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48099

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City State Zip Code
AMHERST VA 24521

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48278

Amount of Each Receipt this Period 75.00

C.

Full Name (Last, First, Middle Initial)
MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City State Zip Code
HILLSBOROUGH NJ 08844

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT SVC DELIVERY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48413

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) 155.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR KEITH URICH

Mailing Address 12495 SOUTH 1745 EAST

City State Zip Code
DRAPER UT 84020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP SALES-SYSTEMED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48228

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR ANALYTICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48201

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code
WAUKESHA WI 53189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48504

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City State Zip Code
ROCKVILLE CENTRE NY 11570

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MKTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48269

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
CHANTAL VEEVAETE

Mailing Address 7292 OAKVILLE DRIVE

City State Zip Code
GERMANTOWN TN 38138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP GROUP VP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48521

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48150

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **140.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 201 WATCHUNG AVENUE UNIT #17		Transaction ID: INC.A.48146
City BLOOMFIELD	State Zip Code NJ 07003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MEDICAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) MR GORDON VICKERS		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 436 MOUNTAIN AVENUE		Transaction ID: INC.A.48068
City WESTFIELD	State Zip Code NJ 07090	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.

Full Name (Last, First, Middle Initial) MR MUNISH VJ		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 11 BOULDER TRAIL		Transaction ID: INC.A.48451
City MAHWAH	State Zip Code NJ 07430	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS ANNETTE WAGNER

Mailing Address 8 INDIAN RUN ROAD

City State Zip Code
LONG VALLEY NJ 07853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48323

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City State Zip Code
NEW ROCHELLE NY 10804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP REGULATORY & MC PROGRAMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.41

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48332

Amount of Each Receipt this Period
192.31

C.

Full Name (Last, First, Middle Initial)
MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48084

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **242.31**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR WILLIAM WALLACE
 Mailing Address **5445 GOODWIN AVENUE**
 City **DALLAS** State **TX** Zip Code **75206**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48453
 Amount of Each Receipt this Period **192.31**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP SALES SEGMENT LEADER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **2115.41**

B. Full Name (Last, First, Middle Initial)
MR CALVIN WASDYKE
 Mailing Address **5 APPLE ORCHARD RD**
 City **MOORESTOWN** State **NJ** Zip Code **08057**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48283
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1100.00**

C. Full Name (Last, First, Middle Initial)
MS CATHERINE WASSON
 Mailing Address **3912 CALLE ANDALUCIA**
 City **SAN CLEMENTE** State **CA** Zip Code **92673**
 Date of Receipt **05 / 24 / 2008**
Transaction ID: INC.A.48102
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP NATL ACCTS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **550.00**

SUBTOTAL of Receipts This Page (optional) **292.31**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial) MS BEVERLY WATSON		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 2 MICHELANGELO COURT		Transaction ID: INC.A.48326
City SOMERSET	State NJ	Zip Code 08873
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR BENEFIT DELIVERY SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) MRS KELLY WEBBER		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 107 UPPER SADDLE RIVER ROAD		Transaction ID: INC.A.48262
City MONTVALE	State NJ	Zip Code 07645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

C.

Full Name (Last, First, Middle Initial) MARK WEGRYN		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 1717 DYMOKE DRIVE		Transaction ID: INC.A.48235
City COLLIERVILLE	State TN	Zip Code 38017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer ACCREDO HEALTH GROUP	Occupation AVP QA AND PRODUCT INTEGRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 281
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
LOWELL WEINER

Mailing Address 1 BURGESS COURT

City WESTFIELD State NJ Zip Code 07090

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CORP COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48491
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City FRANKLIN LAKES State NJ Zip Code 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation PRES, CEO ACCREDO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.41

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48172
 Amount of Each Receipt this Period: 192.31

C.

Full Name (Last, First, Middle Initial)
MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City SCOTTSDALE State AZ Zip Code 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48255
 Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ► **317.31**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.
#17F

City PHOENIX State AZ Zip Code 85016

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48090

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS COLETTE WILSON

Mailing Address 16608 56TH PL W

City LYNNWOOD State WA Zip Code 98037

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48179

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City VERONA State NJ Zip Code 07044

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ORG DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48357

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL WISNIEWSKI

Mailing Address 23 DRUID HILL DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48408

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICARE FINANCE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48186

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City

PISCATAWAY

State

NJ

Zip Code

08854

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR RRA

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48100

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City BAYSIDE State NY Zip Code 11364

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INSURED SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48448
 Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City STILLWATER State NY Zip Code 12170

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48401
 Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
BRENDA WRIGHT

Mailing Address 1834 HUNTERS CREEK DRIVE

City GERMANTOWN State TN Zip Code 38138

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation VP QUALITY INTEGRITY HEALTH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 24 / 2008
Transaction ID: INC.A.48518
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City State Zip Code
POMPTON LAKES NJ 07442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48144

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48244

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP E-COM DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2008

Transaction ID: INC.A.48315

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code
LEESBURG VA 20176

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR CONSOLIDATION PLAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48373

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
ANDREA ZICCARELLI

Mailing Address 6550 HERONWOOD DR

City State Zip Code
MEMPHIS TN 38119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP VP BUS DEV AND MARKETING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48161

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 8

Transaction ID: INC.A.48222

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 / 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO	Date of Receipt MM / DD / YYYY 05 / 24 / 2008
	Mailing Address 726 HIGH MOUNTAIN ROAD	Transaction ID: INC.A.48458
	City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO	Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 26 DAYLILY DRIVE	Transaction ID: INC.A.48960
	City State Zip Code MOUNT LAUREL NJ 08054	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX	Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 3380 SADDLEBROOK STREET	Transaction ID: INC.A.48559
	City State Zip Code LAS VEGAS NV 89141	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City State Zip Code
COLUMBUS OH 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Transaction ID: INC.A.48641

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City State Zip Code
VERADALE WA 99037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Transaction ID: INC.A.48722

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Transaction ID: INC.A.48785

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

47.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR WILLIS DINGLE

Mailing Address 905 SW SCRUB OAK AVE

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP HR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Transaction ID: INC.A.48657

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Transaction ID: INC.A.48791

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City State Zip Code
GALLOWAY OH 43119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Transaction ID: INC.A.48599

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
 MR RICHARD JONES
 Mailing Address 12224 MONTCALM STREET
 City State Zip Code
 CARMEL IN 46032
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 8
Transaction ID: INC.A.48851
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP/GM
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

B. Full Name (Last, First, Middle Initial)
 MR ROSS LUCE
 Mailing Address 1066 WEST GROVE CT
 City State Zip Code
 GIBSONIA PA 15044
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 8
Transaction ID: INC.A.48652
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP/GM
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 435.00

C. Full Name (Last, First, Middle Initial)
 MRS CATHY PATTEN
 Mailing Address 2001 MEADOWS AVENUE
 City State Zip Code
 LANTANA TX 76226
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 8
Transaction ID: INC.A.48770
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP/GM
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

SUBTOTAL of Receipts This Page (optional) ► 80.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 281
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2008

Transaction ID: INC.A.48925

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2008

Transaction ID: INC.A.48736

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2008

Transaction ID: INC.A.48753

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 281
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City State Zip Code
COLLEYVILLE TX 76034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Transaction ID: INC.A.48781

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Transaction ID: INC.A.48673

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code
LAS VEGAS NV 89123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Transaction ID: INC.A.48746

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 275 / 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE		Date of Receipt
	Mailing Address 5 APPLE ORCHARD RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 3 1 / 2 0 0 8
	City	State	Zip Code
	MOORESTOWN	NJ	08057
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM	Transaction ID: INC.A.48765
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1100.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI		Date of Receipt
	Mailing Address 6691 DEERVIEW DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 3 1 / 2 0 0 8
	City	State	Zip Code
	LOVELAND	OH	45140
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM	Transaction ID: INC.A.48704
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 550.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/> 41098.58

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 276 / 281	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) BANK OF MARIN		Date of Receipt
	Mailing Address 50 MADERA BLVD.		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CORTE MADERA	CA	94925
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: INC.A.48540
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="517.90"/>	<input type="text" value="115.37"/>
			INTEREST EARNED

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="115.37"/>
TOTAL This Period (last page this line number only)	<input type="text" value="115.37"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 277 / 281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) DON PAYNE FOR CONGRESS <hr/> Mailing Address P.O. BOX 2406 <hr/> City NEWARK State NJ Zip Code 07114 <hr/> Purpose of Disbursement <hr/> Candidate Name DON PAYNE FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.47078 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) LUNGREN FOR CONGRESS <hr/> Mailing Address 9321 SILVERBEND LANE <hr/> City ELK GROVE State CA Zip Code 95624 <hr/> Purpose of Disbursement <hr/> Candidate Name LUNGREN FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.47080 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN <hr/> Mailing Address P.O. BOX 12612 <hr/> City SAN ANTONIO State CA Zip Code 78212 <hr/> Purpose of Disbursement <hr/> Candidate Name CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.47570 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 278 / 281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC. <hr/> Mailing Address P.O. BOX 640 <hr/> City TOTOWA State NJ Zip Code 07511 <hr/> Purpose of Disbursement <hr/> Candidate Name PASCRELL FOR CONGRESS INC. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.47568 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS <hr/> Mailing Address 81 S. FIFTH ST. <hr/> City COLUMBUS State OH Zip Code 43215 <hr/> Purpose of Disbursement <hr/> Candidate Name STIVERS FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.47569 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

TOTAL This Period (last page this line number only) ►

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) HOUSE DEMOCRATIC COMMITTEE Mailing Address 220 HILLSBOROUGH ST. City RALEIGH State NC Zip Code 27603 Purpose of Disbursement Candidate Name HOUSE DEMOCRATIC COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.47564 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) NORTH CAROLINA REPUBLICAN SENATE COMMITTEE Mailing Address 1506 HILLSBOROUGH ST. City RALEIGH State NC Zip Code 27603 Purpose of Disbursement Candidate Name NORTH CAROLINA REPUBLICAN SENATE COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.47565 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) SENATE DEMOCRATIC COMMITTEE Mailing Address 220 HILLSBOROUGH ST. City RALEIGH State NC Zip Code 27603 Purpose of Disbursement Candidate Name SENATE DEMOCRATIC COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.47563 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 280 / 281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
THE REPUBLICAN HOUSE MAJORITY COMMITTEE

Mailing Address 1506 HILLSBOROUGH ST.

City State Zip Code
RALEIGH NC 27603

Purpose of Disbursement

Category/
Type

Candidate Name
THE REPUBLICAN HOUSE MAJORITY COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.47566

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 281 / 281	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP			Nature of Debt (Purpose): LEGAL & ACCOUNTING FEES
Mailing Address 1415 L STREET, STE. 1200			
City	State	ZIP Code	
SACRAMENTO	CA	95814	

Outstanding Balance Beginning This Period		Transaction ID: PAY:D:47567	
1913.23			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1913.23	

1) SUBTOTALS This Period This Page (optional).....	1913.23
2) TOTALS This Period (last page this line number only).....	1913.23
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1913.23