

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

Office Use Only

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

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

ADDRESS (number and street)

591 REDWOOD HWY., #4000

Check if different
than previously
reported. (ACC)

MILL VALLEY

CA

94941

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS
REPORTNEW
(N)

OR

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

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

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

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

04

30

2006

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

Type or Print Name of Treasurer

JASON D. KAUNE

Signature of Treasurer

Electronically Filed by JASON D. KAUNE

Date

05

16

2006

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		225102.30
(b) Cash on Hand at Beginning of Reporting Period	239112.56	
(c) Total Receipts (from Line 19)	47256.14	147231.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	286368.70	372333.70
7. Total Disbursements (from Line 31)	16000.00	101965.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	270368.70	270368.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	1 1 0 2 2 0 0 4	CA

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	42968.90	102939.74
(i) Itemized (use Schedule A)	4212.18	43990.55
(ii) Unitemized	47181.08	146930.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	47181.08	146930.29
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	75.06	301.11
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))	47256.14	147231.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47256.14	147231.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	265.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	265.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		16000.00	83000.00
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.....		0.00	18700.00
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))..		16000.00	101965.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		16000.00	101965.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	47181.08	146930.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47181.08	146930.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	265.00
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	265.00

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

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

FOR LINE NUMBER: PAGE 6 / 238

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS LUCILLE ACCETTA
Mailing Address 11 ANDOVER CT

City State Zip Code
CORTLANDT MANOR NY 10567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR SALES & NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22411

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR EDWARD ADAMCIK
Mailing Address 1021 SUNSET RIDGE

City State Zip Code
BRIDGEWATER NJ 08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22347

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR STEPHEN ADLER
Mailing Address 139 BELLVALE LAKES RD

City State Zip Code
WARWICK NY 10990

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22394

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City State Zip Code
DOYLESTOWN PA 18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22658

Amount of Each Receipt this Period

35.00

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

MR JAMES ALLOCCO

Mailing Address 146 JOHNSON RD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22446

Amount of Each Receipt this Period

25.00

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

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code
CHAPPAQUA NY 10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22637

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City State Zip Code
LEWISVILLE TX 75056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22655

Amount of Each Receipt this Period

50.00

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

Mailing Address 417 MILLS COURT

City State Zip Code
FLORHAM PARK NJ 07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR EXEC CORR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22512

Amount of Each Receipt this Period

25.00

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

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22460

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 9 / 238

(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 BECKIE BARATKO Mailing Address 80 N. WOODLAND STREET City ENGLEWOOD State NJ Zip Code 07631 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROPOSAL UNIT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22582 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR MICHAEL BARONE Mailing Address 452 MEDWAY RD City HIGHLAND HEIGHTS State OH Zip Code 44143 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22663 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) MRS BRENDA BASSETT Mailing Address 1752 BLACKSTONE DRIVE City CARROLLTON State TX Zip Code 75007 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP NATL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22581 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 238

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22627 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS PATRICE BAVARO Mailing Address 9933 TOLEDO DRIVE NORTH City Brooklyn Park State MN Zip Code 55443 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MEDICARE OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22598 Amount of Each Receipt this Period 25.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22486 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City State Zip Code
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22640

Amount of Each Receipt this Period

50.00

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

MR ROBERT BENSON

Mailing Address 304 BERKSHIRE AVE

City State Zip Code
 NEW MILFORD NJ 07646

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22520

Amount of Each Receipt this Period

50.00

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

MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
 BUFORD GA 30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22531

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 12 / 238

(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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1728.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22635 Amount of Each Receipt this Period 192.00
B. Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN Mailing Address 50 NEW ENGLAND DR City RAMSEY State NJ Zip Code 07446 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLIENT & MKT PROG STRAT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22473 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR KENNETH BODMER Mailing Address 15 WEISS DR City TOWACO State NJ Zip Code 07082 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22558 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

267.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City State Zip Code
 LEVITTOWN NY 11756

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22629

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
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22380

Amount of Each Receipt this Period

25.00

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

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City State Zip Code
 RICHMOND VA 23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22587

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 14 / 238

(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
MEDCO HEALTH SOLUTIONSOccupation
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22623

Amount of Each Receipt this Period

30.00

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

Mailing Address 280 INDIAN RUN ROAD

City	State	Zip Code
GLENMORE	PA	19343

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22577

Amount of Each Receipt this Period

50.00

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

Mailing Address 27 SEALS DR

City	State	Zip Code
MONROE	NY	10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22559

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR KENNETH BROWN
Mailing Address 540 GIORDANO DRIVE

City State Zip Code
YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22377

Amount of Each Receipt this Period

50.00

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

City State Zip Code
GRANITE BAY CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22463

Amount of Each Receipt this Period

25.00

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

City State Zip Code
WEST CALDWELL NJ 07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22402

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 DOREEN CALDER Mailing Address 441 S ELM STREET City MAYWOOD State NJ Zip Code 07607 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt MM / DD / YYYY 04 / 01 / 2006 Transaction ID: INC:A:22332 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI Mailing Address 24 SHERI DRIVE City ALLENDALE State NJ Zip Code 07401 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 ▼ 472.50		Date of Receipt MM / DD / YYYY 04 / 01 / 2006 Transaction ID: INC:A:22551 Amount of Each Receipt this Period 52.50
C. Full Name (Last, First, Middle Initial) MS MARY CASALE Mailing Address 822 CEDAR AVE City HADDENFIELD State NJ Zip Code 08033 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 04 / 01 / 2006 Transaction ID: INC:A:22466 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

117.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 CLARKE			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 211 CLAIRMONT TERRACE			Transaction ID: INC:A:22488	
City ORANGE	State NJ	Zip Code 07050	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
B. Full Name (Last, First, Middle Initial) MR JOSEPH CONOSHENTI, JR			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 5 MAGNOLIA DRIVE			Transaction ID: INC:A:22356	
City MARLBORO	State NJ	Zip Code 07746	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 DUR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
C. Full Name (Last, First, Middle Initial) WILLIAM CONSIDINE			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 130 WEST 67TH STREET, #4J			Transaction ID: INC:A:22649	
City NEW YORK	State NY	Zip Code 10023	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 PLANNING & DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22370

Amount of Each Receipt this Period

25.00

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

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
 SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22447

Amount of Each Receipt this Period

25.00

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

Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code
 RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22534

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22514

Amount of Each Receipt this Period

25.00

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

Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22427

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MRS EDITH DAVIS

Mailing Address 386 WHITTIER AVENUE

City State Zip Code
DUNELLEN NJ 08812

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22485

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

MR DANIEL DAVISON

Mailing Address 402 HIGHLAND AVE

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22552

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
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22487

Amount of Each Receipt this Period

25.00

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

MR PAUL DENIS

Mailing Address 101 HALIFAX ROAD

City State Zip Code
 MAHWAH NJ 07430

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22567

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS KAREN DEZEARN Mailing Address 3625 PATTERNSTONE DR City State Zip Code ALPHARETTA GA 30022 FEC ID number of contributing federal political committee. C Name of Employer 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 ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22352 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR WILLIS DINGLE Mailing Address 17826 ARBOR GREENE DR City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22401 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR ROBERT DOLAN Mailing Address 9 CRANE AVENUE City State Zip Code WEST CALDWELL NJ 07006 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22535 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 22 / 238

(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 MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City	State	Zip Code
ALLENTOWN	PA	18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22362

Amount of Each Receipt this Period

25.00

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

Mailing Address 17 DAYBREAK

City	State	Zip Code
IRVINE	CA	92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22588

Amount of Each Receipt this Period

50.00

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

Mailing Address 8 FRANKLIN PL

City	State	Zip Code
SUMMIT	NJ	07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22643

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 DANA DUNCAN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 72 HALLEY DR		Transaction ID: INC:A:22469
City POMONA	State NY	Zip Code 10970
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 ENGINEERING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) MR YAACOV DUSHEK		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 312 MEGAN CT		Transaction ID: INC:A:22526
City WYCKOFF	State NJ	Zip Code 07481
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 BENEFIT DELIVERY SYS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C. Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 908 EDGEMEER LANE		Transaction ID: INC:A:22612
City SOUTHLAKE	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.45
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 ▼ 585.65	

SUBTOTAL of Receipts This Page (optional)

84.45

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 24 / 238

(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 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 SOLUTIONSOccupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22376

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR EDWARD EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City

UPPER MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP UTILIZATION MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22654

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City

SADDLE BROOK

State

NJ

Zip Code

07663

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22528

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code
 BRIARCLIFF MANOR NY 10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22657

Amount of Each Receipt this Period

40.00

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

Mailing Address 75 TWEED BLVD

City State Zip Code
 UPPER GRANDVIEW NY 10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP MEDICAL AFFAIRS & CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22327

Amount of Each Receipt this Period

120.00

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

Mailing Address 25 STONEHEDGE DR

City State Zip Code
 WEST NYACK NY 10994

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22614

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 EDWARD FARGIS			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 216 ELMWOOD AVENUE			Transaction ID: INC:A:22636	
City State Zip Code HO-HO-KUS NJ 07423			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
B. Full Name (Last, First, Middle Initial) DR RICHARD FEIFER			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 32 EILEEN DR			Transaction ID: INC:A:22432	
City State Zip Code MAHWAH NJ 07430			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		
C. Full Name (Last, First, Middle Initial) MR THOMAS FEITEL			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 58 APPLE HILL DR			Transaction ID: INC:A:22464	
City State Zip Code GILLETTE NJ 07933			Amount of Each Receipt this Period 192.23	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP CORP MKTG & E-COMM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1730.07		

SUBTOTAL of Receipts This Page (optional)

267.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MR EDWARD FERACA

Mailing Address 929 CANDLEWOOD LAKE ROAD SOUTH

City State Zip Code
 NEW MILFORD CT 06776

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR E-COMM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22527

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR THOMAS FERRAZZANO

Mailing Address 138 HEIGHTS ROAD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22553

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22422

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1933 MT. OLIVE
AGOSTA ROAD

City State Zip Code
NEW BLOOMINGTON OH 43341

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22505

Amount of Each Receipt this Period

25.00

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22518

Amount of Each Receipt this Period

50.00

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

Mailing Address 55 WHEELER

City State Zip Code
EDGEWOOD RI 02905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR MGR POLICY & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22393

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 24 MOREHOUSE PL		Transaction ID: INC:A:22325
City NEW PROVIDENCE	State NJ	Zip Code 07974
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MANAGING COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B. Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 333 N. CANAL ST. #1804		Transaction ID: INC:A:22622
City CHICAGO	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C. Full Name (Last, First, Middle Initial) MICHAEL GALVIN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 4 LONE PINE LANE		Transaction ID: INC:A:22645
City WESTPORT	State CT	Zip Code 06880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP/CHIEF INFRASTRUCTURE OFFR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 30 / 238

(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 GAYLORD Mailing Address 1201 BRIDGE STREET City ASBURY PARK State NJ Zip Code 07712 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCIAL EVALUATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22324 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA Mailing Address 20 BROOKSHIRE DR City ROBBINSVILLE State NJ Zip Code 08691 FEC ID number of contributing federal political committee. 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 ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22399 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR THOMAS GILSON Mailing Address 2 PELL FARM ROAD City SADDLE RIVER State NJ Zip Code 07458 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22618 Amount of Each Receipt this Period 192.31

SUBTOTAL of Receipts This Page (optional)**292.31****TOTAL** This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 MICHELE GLYNN

Mailing Address 26 FURMAN CT

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22538

Amount of Each Receipt this Period

25.00

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

Mailing Address 11 WASHBURN RD

City State Zip Code
CANTON CT 06022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22371

Amount of Each Receipt this Period

25.00

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

Mailing Address 1928 BEVERLY LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22412

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22434

Amount of Each Receipt this Period

25.00

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

Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code
CONVENT STATION NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22459

Amount of Each Receipt this Period

25.00

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

Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22338

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 33 / 238

(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 LONG VALLEY State NJ Zip Code 07853 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 ▼ 720.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22529 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">80.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	6	80.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		0	1		2	0	0	6																							
80.00																																
B. Full Name (Last, First, Middle Initial) MR GREGORY HANSEN Mailing Address 1659 ISABELLA PARKWAY City CHASKA State MN Zip Code 55318 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 ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22621 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		0	1		2	0	0	6																							
50.00																																
C. Full Name (Last, First, Middle Initial) MS KELLY HANZAWA Mailing Address 1116 OAKCROFT LANE City SOMERSET State NJ Zip Code 08873 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLIENT REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22590 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		0	1		2	0	0	6																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR PETER HARTY			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 19520 YELLOW WING COURT			Transaction ID: INC:A:22326	
City	State	Zip Code	Amount of Each Receipt this Period 160.00	
COLORADO SPRINGS	CO	80908		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP POLICY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1504.62		
B. Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 13210 N. 11TH AVE.			Transaction ID: INC:A:22381	
City	State	Zip Code	Amount of Each Receipt this Period 25.00	
PHOENIX	AZ	85029		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
C. Full Name (Last, First, Middle Initial) MR SCOTT HELMUS			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 23 VALLEY RD			Transaction ID: INC:A:22364	
City	State	Zip Code	Amount of Each Receipt this Period 50.00	
SUCCASUNNA	NJ	07876		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP PHARMACIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 35 / 238

(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 ERIC HESS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 10 CARLTON RD		Transaction ID: INC:A:22424
City FLANDERS	State NJ	
Zip Code 07836		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ENGINEERING & OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B. Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 1 HERITAGE RD		Transaction ID: INC:A:22503
City FLORHAM PARK	State NJ	
Zip Code 07932		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C. Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 974 HILLCREST ROAD		Transaction ID: INC:A:22570
City RIDGEWOOD	State NJ	
Zip Code 07450		Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FACILITIES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 HOGAN

Mailing Address 9 HIRLE ST

City State Zip Code
 CORNWALL ON HUDSON NY 12520

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22437

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22524

Amount of Each Receipt this Period

80.00

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

Mailing Address 95 GORDON RD

City State Zip Code
 ESSEX FELLS NJ 07021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22556

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 730 COLUMBUS AVENUE

City State Zip Code
NEW YORK NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22329

Amount of Each Receipt this Period

25.00

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

Mailing Address 6366 SW 90TH STREET

City State Zip Code
GAINESVILLE FL 32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22334

Amount of Each Receipt this Period

50.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22610

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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)
MISS ANNE JOHNSTON

Mailing Address 256 MADISON AVE

City State Zip Code
RIVER EDGE NJ 07661

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22608

Amount of Each Receipt this Period

30.00

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

Mailing Address 12 WADE HAMPTON TRAIL

City State Zip Code
HENDERSON NV 89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22572

Amount of Each Receipt this Period

15.08

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

Mailing Address 16357 VICTORIA CRUVE SE

City State Zip Code
PRIOR LAKE MN 55372

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22455

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

70.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 238

(check only one)

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

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22445

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

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22628

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22497

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22353

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS LISA KETNER
Mailing Address 7 POINT VIEW

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22480

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS KARIN KLEINEGGER
Mailing Address 121 CONKLING TOWN ROAD

City State Zip Code
CHESTER NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22600

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 295 GLEN PLACE

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22634

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MR JON KLINE

Mailing Address 36 CORTLAND TL

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.86

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22630

Amount of Each Receipt this Period

50.54

C. Full Name (Last, First, Middle Initial)
MR RODGER KORMYLO

Mailing Address 1310 43RD AVE

City State Zip Code
KENOSHA WI 53144

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22451

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 MEDCO HEALTH SOLUTIONS Occupation VP E-COM STRATEGY & DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22532 Amount of Each Receipt this Period 40.00
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 MEDCO HEALTH SOLUTIONS Occupation REGIONAL VP PHARMACIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22579 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 DIR STATE GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 900.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22482 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 LONG

Mailing Address 18 HARLIND TERRACE

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22472

Amount of Each Receipt this Period

25.00

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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CREATIVE SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22439

Amount of Each Receipt this Period

25.00

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

MS CHERYL MACDONALD

Mailing Address 15011 EAGLEPARK PLACE

City State Zip Code
 LITHIA FL 33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22519

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR KENNETH MALLEY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 764 W. SADDLE RIVER ROAD		Transaction ID: INC:A:22426
City HO HO KUS	State NJ	Zip Code 07423
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 PRODUCT & CHANNEL MKTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B. Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 33 HICKORY TAVERN RD		Transaction ID: INC:A:22336
City GILLETTE	State NJ	Zip Code 07933
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C. Full Name (Last, First, Middle Initial) MS TAMARA MARSHALL		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address W144 N7150 TERRACE DRIVE		Transaction ID: INC:A:22441
City MENOMONEE FALLS	State WI	Zip Code 53051
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 NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 TODD MARTIN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 11825 SHEPPARDS CROSSING		Transaction ID: INC:A:22409
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 GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

B. Full Name (Last, First, Middle Initial) MR ROBERT MATCHETT		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 27 LAKEVILLE RD		Transaction ID: INC:A:22379
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 ▼ 225.00	

C. Full Name (Last, First, Middle Initial) MR JEFFREY MAY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 137 WASHINGTON AVE		Transaction ID: INC:A:22573
City HILLSDALE	State NJ	Zip Code 07642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP DRUG DISTRIB & CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

SUBTOTAL of Receipts This Page (optional)

409.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 56 PENOBSCOT ST

City State Zip Code
CLIFTON NJ 07013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22478

Amount of Each Receipt this Period

25.00

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

Mailing Address 0-45 27TH ST

City State Zip Code
FAIR LAWN NJ 07410

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22525

Amount of Each Receipt this Period

25.00

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

Mailing Address 87 ROSELAWN RD

City State Zip Code
HIGHLAND MILLS NY 10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1044.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22481

Amount of Each Receipt this Period

116.00

SUBTOTAL of Receipts This Page (optional)

166.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code
WEST MILFORD NJ 07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22607

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MRS WENDY MELLO

Mailing Address PO BOX 43232

City State Zip Code
MONTCLAIR NJ 07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR MKTING & STRATEGIC ANAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22373

Amount of Each Receipt this Period

25.00

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

Mailing Address 7 CLOVER LANE

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22340

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 KAREN MILLER
Mailing Address 14 ANDERSON RD

City State Zip Code
WHARTON NJ 07885

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22335

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
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22619

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
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22345

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
 SHORT HILLS NJ 07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22330

Amount of Each Receipt this Period

50.00

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

Mailing Address 105 COVENTRY LN

City State Zip Code
 TRUMBULL CT 06611

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22367

Amount of Each Receipt this Period

75.00

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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22368

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ARTHUR NARDIN

Mailing Address 28 POWDERHORN DR

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22574

Amount of Each Receipt this Period

192.00

B. Full Name (Last, First, Middle Initial)
MR HAIK NOVSHADIAN

Mailing Address 45 DAVIS ROAD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22444

Amount of Each Receipt this Period

26.00

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

Mailing Address 6 PARK DR SOUTH

City State Zip Code
RYE NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22591

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

268.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 MELVIN OHL
Mailing Address 274 E FRANKLIN TPKE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22548

Amount of Each Receipt this Period

50.00

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

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22585

Amount of Each Receipt this Period

25.00

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

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22461

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ROSE OWEN			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 4108 MOUNTAIN ROAD			Transaction ID: INC:A:22489	
City State Zip Code GLEN ALLEN VA 23060			Amount of Each Receipt this Period 40.00	
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 ▼ 360.00		
B. Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 4 TEAK COURT			Transaction ID: INC:A:22537	
City State Zip Code RINGWOOD NJ 07456			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 TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		
C. Full Name (Last, First, Middle Initial) MS DAWN PAGANO			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 185 PASCACK ROAD			Transaction ID: INC:A:22536	
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 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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 12 MILLBROOK COURT			Transaction ID: INC:A:22457	
City State Zip Code LIVINGSTON NJ 07039			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR MARKET STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
B. Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 18 MOUNTAIN VIEW CT			Transaction ID: INC:A:22521	
City State Zip Code RIVERDALE NJ 07457			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
C. Full Name (Last, First, Middle Initial) MR THOMAS PETTYES			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 8522 UPLAND LN NORTH			Transaction ID: INC:A:22403	
City State Zip Code MAPLE GROVE MN 55311			Amount of Each Receipt this Period 30.00	
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 ▼ 270.00		

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22337 Amount of Each Receipt this Period 50.00
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 BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22406 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE Mailing Address 875 ALEXANDRIA CT City RAMSEY State NJ Zip Code 07446 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 ▼ 1730.70		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22467 Amount of Each Receipt this Period 192.30
SUBTOTAL of Receipts This Page (optional) ▶		267.30
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 55 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22565

Amount of Each Receipt this Period

25.00

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

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22624

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
MS THERESA RAFKIN

Mailing Address 50 GLORIA DRIVE

City State Zip Code
ALLENDALE NJ 07401

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22484

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 FRANCES RAO Mailing Address 146 JOHNSON RD City SCARSDALE State NY Zip Code 10583 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PRIVACY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 04 / 01 / 2006 Transaction ID: INC:A:22354 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS JOANN REED Mailing Address 4 ANTLER CT City MATAWAN State NJ Zip Code 07747 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP FINANCE & CHIEF FIN OFFCR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 588.42		Date of Receipt MM / DD / YYYY 04 / 01 / 2006 Transaction ID: INC:A:22555 Amount of Each Receipt this Period 65.38
C. Full Name (Last, First, Middle Initial) MR DAVID REILLY Mailing Address 1170 FIFTH AVENUE APT # 15D City NEW YORK State NY Zip Code 10029 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP LABOR RELATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt MM / DD / YYYY 04 / 01 / 2006 Transaction ID: INC:A:22539 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)

130.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 412 RIVER MEWS LANE

City State Zip Code
EDGEWATER NJ 07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22639

Amount of Each Receipt this Period

70.00

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

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code
MINNEAPOLIS MN 55446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22378

Amount of Each Receipt this Period

25.00

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

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code
ANDOVER NJ 07821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22638

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 State Zip Code
 MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP ACCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22419

Amount of Each Receipt this Period

50.00

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

MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City State Zip Code
 KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22566

Amount of Each Receipt this Period

50.00

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

MR RICHARD RUBINO

Mailing Address 3103 RIO VISTA DRIVE

City State Zip Code
 MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22562

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 59 / 238

(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 STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City	State	Zip Code
OAKLAND	NJ	07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22436

Amount of Each Receipt this Period

50.00

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

Mailing Address 456 RICHMOND AVENUE

City	State	Zip Code
MAPLEWOOD	NJ	07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP CORP REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22554

Amount of Each Receipt this Period

78.34

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

Mailing Address 7 AHERN WAY

City	State	Zip Code
WEST ORANGE	NJ	07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22454

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

153.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 339 GRAMERCY PL

City State Zip Code
 GLEN ROCK NJ 07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22561

Amount of Each Receipt this Period

50.00

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

Mailing Address 3556 DAVIS

City State Zip Code
 EVANSTON IL 60203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22374

Amount of Each Receipt this Period

25.00

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
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22594

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 2300 MCCUE ROAD - SUITE 212

City State Zip Code
HOUSTON TX 77056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22498

Amount of Each Receipt this Period

25.00

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

Mailing Address 1220 CROSSING WAY

City State Zip Code
WAYNE NJ 07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22357

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
MEDCO HEALTH SOLUTIONS

Occupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22477

Amount of Each Receipt this Period

28.85

SUBTOTAL of Receipts This Page (optional)

78.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 JOHN SHEA Mailing Address 62 FRANKLIN TURNPIKE City State Zip Code ALLENDALE NJ 07401 FEC ID number of contributing federal political committee. C Name of Employer 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 ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22344 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) MR FRANK SHEEHY Mailing Address 119 HAMILTON RD City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22386 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR PETER SHERMAN Mailing Address 139 GATES AVENUE City State Zip Code MONTCLAIR NJ 07042 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS MANAGING COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22331 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ELWOOD SIDES III Mailing Address 150 CLAREMONT AVE City State Zip Code LONG BEACH CA 90803 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22391 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) JEFFREY SIMEK Mailing Address 197 OXFORD RD City State Zip Code CHESTER NY 10918 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PUBLIC AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79			Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22462 Amount of Each Receipt this Period 192.31
C. Full Name (Last, First, Middle Initial) MR LEE SIMON Mailing Address 2390 GREENVIEW ROAD City State Zip Code NORTHBROOK IL 60062 FEC ID number of contributing federal political committee. C Name of Employer 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 ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22602 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 SINKO			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 10 CHERRY TREE LANE			Transaction ID: INC:A:22492	
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 MEDCO HEALTH SOLUTIONS		Occupation COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
B. Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 564 DALE COURT EAST			Transaction ID: INC:A:22355	
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 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 ▼ 270.00		
C. Full Name (Last, First, Middle Initial) ANN SMITH			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 437 GLENDALE RD			Transaction ID: INC:A:22453	
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 MEDCO HEALTH SOLUTIONS		Occupation Sr Dir Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 40 JOSHUA DR T

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22578

Amount of Each Receipt this Period

50.00

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

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
 DARIEN CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22631

Amount of Each Receipt this Period

192.31

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

Mailing Address 30 MICHELLE WAY

City State Zip Code
 PINE BROOK NJ 07058

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22651

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

282.31

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR RALPH STAIANO

Mailing Address 32 ALDEN RD

City State Zip Code
MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22339

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City State Zip Code
WEST HARRISON NY 10604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22564

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City State Zip Code
AUSTIN TX 78732

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22604

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22410

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS SUSAN STEELE

Mailing Address 501 CONTINENTAL DR

City

SAGAMORE HILLS

State

OH

Zip Code

44067

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22665

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City

ELM GROVE

State

WI

Zip Code

53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22442

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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

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

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

Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PLAN MGMT PRODUCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22620

Amount of Each Receipt this Period

100.00

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

MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
ORANGE CT 06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22656

Amount of Each Receipt this Period

50.00

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

MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code
MARYSVILLE OH 43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22372

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 69 / 238

(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 COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City	State	Zip Code
MONTVILLE	NJ	07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22603

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City	State	Zip Code
KINNELON	NJ	07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22563

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR MARK SULLIVAN

Mailing Address 821 SUMMIT CT

City	State	Zip Code
MANAKIN SABOT	VA	23103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22342

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS IRENE SUTTON
Mailing Address 374 KINGSTON CT

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22387

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
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22417

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS MARY THORSBY
Mailing Address 17326 ELLEN DR

City State Zip Code
LIVONIA MI 48152

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22433

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22349 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 DIR STATE GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22490 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22609 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code
WAUKESHA WI 53188

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22666

Amount of Each Receipt this Period

20.00

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

Mailing Address 105 ARRANDALE RD

City State Zip Code
ROCKVILLE CENTRE NY 11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22475

Amount of Each Receipt this Period

50.00

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

Mailing Address 436 MOUNTAIN AVENUE

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22328

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 MUNISH VJ		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 2108 HENRY COURT		Transaction ID: INC:A:22646	
City MAHWAH	State NJ	Zip Code 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 ▼ 225.00		
B. Full Name (Last, First, Middle Initial) MR DANIEL WALDEN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 450 BEECHMONT DR		Transaction ID: INC:A:22540	
City NEW ROCHELLE	State NY	Zip Code 10804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.31	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP REGULATORY & MC PROGRAMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.79		
C. Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 5445 GOODWIN AVENUE		Transaction ID: INC:A:22648	
City DALLAS	State TX	Zip Code 75206	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.31	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES SEGMENT LEADER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.79		

SUBTOTAL of Receipts This Page (optional)

409.62

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 74 / 238

(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		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22494 Amount of Each Receipt this Period 12.50
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50		
B. Full Name (Last, First, Middle Initial) MS CATHERINE WASSON Mailing Address 26072 HARBOR VIEW City State Zip Code CAPISTRANO BEACH CA 92624 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22351 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP NATL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		
C. Full Name (Last, First, Middle Initial) MRS KELLY WEBBER Mailing Address 9 LOCUST ST City State Zip Code MONTVALE NJ 07645 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22471 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional)

112.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 WEGRYN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 867 STANDISH AVE		Transaction ID: INC:A:22452
City MOUNTAINSIDE	State NJ	Zip Code 07092
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 INTERNAL BUSINESS DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 309 WATERVIEW DR		Transaction ID: INC:A:22398
City FRANKLIN LAKES	State NJ	Zip Code 07417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES, CEO ACCREDO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.79	

C. Full Name (Last, First, Middle Initial) MR KENNETH WERMES		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 26037 N WRANGLER RD		Transaction ID: INC:A:22465
City SCOTTSDALE	State AZ	Zip Code 85255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 ▼ 675.00	

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 76 / 238

(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 WILSONMailing Address 1 RIVER COURT
APARTMENT 2809City State Zip Code
JERSEY CITY NJ 07310FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP CONSULT SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22449

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City State Zip Code
VERONA NJ 07044FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22560

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City State Zip Code
COLUMBUS OH 43235FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	6

Transaction ID: INC:A:22502

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 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 BENEFIT PLAN MANAGMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22644 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22596 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR JORDAN WOUK Mailing Address 554 CUMBERLAND AVE City TEANECK State NJ Zip Code 07666 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 ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Transaction ID: INC:A:22616 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City State Zip Code
POMPTON LAKES NJ 07442

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22384

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22458

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22523

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MS ANDREA ZICCARELLI

Mailing Address 48379 HILLTOP DR E

City State Zip Code
 PLYMOUTH MI 48170

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22390

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City State Zip Code
 FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 6

Transaction ID: INC:A:22650

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. ANTHONY PALMISANO, JR.

Mailing Address 1 STIRLING ROAD

City State Zip Code
 BERNARDSVILLE NJ 07924

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS,
INC.

Occupation
ASSISTANT COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 6

Transaction ID: INC:A:22318

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 8 / 2 0 0 6 Transaction ID: INC:A:22975 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 2903 CHUKKAR COURT City State Zip Code PLANT CITY FL 33567 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 8 / 2 0 0 6 Transaction ID: INC:A:22858 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR WILLIS DINGLE Mailing Address 17826 ARBOR GREENE DR City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 8 / 2 0 0 6 Transaction ID: INC:A:22746 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.65

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 6

Transaction ID: INC:A:22960

Amount of Each Receipt this Period

34.45

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

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 6

Transaction ID: INC:A:22864

Amount of Each Receipt this Period

50.00

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

City State Zip Code
HENDERSON NV 89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 6

Transaction ID: INC:A:22919

Amount of Each Receipt this Period

15.08

SUBTOTAL of Receipts This Page (optional)

99.53

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 KELLEY, III

Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 6

Transaction ID: INC:A:22841

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.65

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 6

Transaction ID: INC:A:22821

Amount of Each Receipt this Period

28.85

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

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 6

Transaction ID: INC:A:22762

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

78.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 6

Transaction ID: INC:A:22838

Amount of Each Receipt this Period

12.50

B. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City State Zip Code
COLUMBUS OH 43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 6

Transaction ID: INC:A:22846

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS LUCILLE ACCETTA

Mailing Address 11 ANDOVER CT

City State Zip Code
CORTLANDT MANOR NY 10567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR SALES & NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22757

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

62.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City State Zip Code
BRIDGEWATER NJ 08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22694

Amount of Each Receipt this Period

50.00

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
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22740

Amount of Each Receipt this Period

50.00

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

Mailing Address 4405 WISMER ROAD

City State Zip Code
DOYLESTOWN PA 18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:23007

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 85 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 146 JOHNSON RD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22792

Amount of Each Receipt this Period

25.00

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

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code
CHAPPAQUA NY 10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22986

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City State Zip Code
LEWISVILLE TX 75056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:23004

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS JAYME ANTONOPLOS
Mailing Address 417 MILLS COURT

City State Zip Code
FLORHAM PARK NJ 07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR EXEC CORR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22857

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR DAVID ARCISZEWSKI
Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22806

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS BECKIE BARATKO
Mailing Address 80 N. WOODLAND STREET

City State Zip Code
ENGLEWOOD NJ 07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22931

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR MICHAEL BARONE Mailing Address 452 MEDWAY RD City State Zip Code HIGHLAND HEIGHTS OH 44143 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:23013 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) MRS BRENDA BASSETT Mailing Address 1752 BLACKSTONE DRIVE City State Zip Code CARROLLTON TX 75007 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP NATL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22930 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22976 Amount of Each Receipt this Period 25.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 238

(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 PATRICE BAVARO Mailing Address 9933 TOLEDO DRIVE NORTH City State Zip Code BROOKLYN PARK MN 55443 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MEDICARE OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22947 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
25.00																																
B. Full Name (Last, First, Middle Initial) MR PETER BEGANS Mailing Address 1605 CHARNITA CT City State Zip Code VIENNA VA 22182 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22831 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
100.00																																
C. Full Name (Last, First, Middle Initial) MR STEPHEN BELL Mailing Address 24 GLENWOOD ROAD City State Zip Code UPPER SADDLE RIVER NJ 07458 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22989 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 BENSON

Mailing Address 304 BERKSHIRE AVE

City State Zip Code
NEW MILFORD NJ 07646

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22867

Amount of Each Receipt this Period

50.00

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

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
BUFORD GA 30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22878

Amount of Each Receipt this Period

25.00

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

Mailing Address 4 WINDRUSH LANE

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRES, EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22984

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

267.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22819

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR KENNETH BODMER

Mailing Address 15 WEISS DR

City State Zip Code
 TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22906

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City State Zip Code
 LEVITTOWN NY 11756

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22978

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 109 ARBOR PL

City State Zip Code
BRYN MAWR PA 19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22727

Amount of Each Receipt this Period

25.00

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

Mailing Address 5259 FISHERCREST LN

City State Zip Code
RICHMOND VA 23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22936

Amount of Each Receipt this Period

200.00

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

Mailing Address 15 DAWN LANE

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22972

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 280 INDIAN RUN ROAD

City State Zip Code
GLENMORE PA 19343

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22926

Amount of Each Receipt this Period

75.00

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

Mailing Address 27 SEALS DR

City State Zip Code
MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22907

Amount of Each Receipt this Period

25.00

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

Mailing Address 540 GIORDANO DRIVE

City State Zip Code
YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22724

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 KEVIN BURON
Mailing Address 301 TEMPLETON CT

City State Zip Code
GRANITE BAY CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22809

Amount of Each Receipt this Period

25.00

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

City State Zip Code
WEST CALDWELL NJ 07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22748

Amount of Each Receipt this Period

25.00

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

City State Zip Code
MAYWOOD NJ 07607

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22680

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 24 SHERI DRIVE

City State Zip Code
 ALLENDALE NJ 07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22899

Amount of Each Receipt this Period

52.50

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

Mailing Address 822 CEDAR AVE

City State Zip Code
 HADDENFIELD NJ 08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22812

Amount of Each Receipt this Period

25.00

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

Mailing Address 211 CLAIMONT TERRACE

City State Zip Code
 ORANGE NJ 07050

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22833

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

102.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

City State Zip Code
MARLBORO NJ 07746

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR DUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22703

Amount of Each Receipt this Period

25.00

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

City State Zip Code
NEW YORK NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22998

Amount of Each Receipt this Period

25.00

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

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22717

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 96 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 25 FAIRWAY TRAIL

City	State	Zip Code
SPARTA	NJ	07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22793

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
MEDCO HEALTH SOLUTIONSOccupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22882

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
MEDCO HEALTH SOLUTIONSOccupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22859

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 DASCHNER
Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22773

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MRS EDITH DAVIS
Mailing Address 386 WHITTIER AVENUE

City State Zip Code
DUNELLEN NJ 08812

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22830

Amount of Each Receipt this Period

25.00

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

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22900

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City State Zip Code
CEDARBURG WI 53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22832

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR PAUL DENIS

Mailing Address 101 HALIFAX ROAD

City State Zip Code
MAHWAH NJ 07430

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22915

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS KAREN DEZEARN

Mailing Address 3625 PATTERNSTONE DR

City State Zip Code
ALPHARETTA GA 30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22699

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22747

Amount of Each Receipt this Period

25.00

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

MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City State Zip Code
WEST CALDWELL NJ 07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22883

Amount of Each Receipt this Period

25.00

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

MS MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City State Zip Code
ALLENTOWN PA 18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22709

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 100 / 238

(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
MEDCO HEALTH SOLUTIONSOccupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22937

Amount of Each Receipt this Period

50.00

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

MICHEL DUFRESNE

Mailing Address 8 FRANKLIN PL

City	State	Zip Code
SUMMIT	NJ	07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22992

Amount of Each Receipt this Period

192.30

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

MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City	State	Zip Code
POMONA	NY	10970

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22815

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 YAACOV DUSHEK

Mailing Address 312 MEGAN CT

City State Zip Code
 WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22873

Amount of Each Receipt this Period

25.00

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

Mailing Address 908 EDGEMEER LANE

City State Zip Code
 SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.65

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22961

Amount of Each Receipt this Period

34.45

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

Mailing Address 109 KAREN PLACE

City State Zip Code
 WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22723

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

84.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 EDWARD EISENBERG, MD			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 128 SUMMIT AVENUE			Transaction ID: INC:A:23003	
City State Zip Code UPPER MONTCLAIR NJ 07043			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP UTILIZATION MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00		
B. Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 106 GRAHAM TERRACE			Transaction ID: INC:A:22875	
City State Zip Code SADDLE BROOK NJ 07663			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
C. Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 359 LONG HILL ROAD EAST			Transaction ID: INC:A:23006	
City State Zip Code BRIARCLIFF MANOR NY 10510			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP CORP COMMUNICATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP MEDICAL AFFAIRS & CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22675

Amount of Each Receipt this Period

120.00

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

Mailing Address 25 STONEHEDGE DR

City State Zip Code
WEST NYACK NY 10994

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22963

Amount of Each Receipt this Period

25.00

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

Mailing Address 216 ELMWOOD AVENUE

City State Zip Code
HO-HO-KUS NJ 07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22985

Amount of Each Receipt this Period

25.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DR RICHARD FEIFER Mailing Address 32 EILEEN DR City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22778 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR THOMAS FEITEL Mailing Address 58 APPLE HILL DR City GILLETTE State NJ Zip Code 07933 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CORP MKTG & E-COMM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.07		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22810 Amount of Each Receipt this Period 192.23
C. Full Name (Last, First, Middle Initial) MR EDWARD FERACA Mailing Address 929 CANDLEWOOD LAKE ROAD SOUTH City NEW MILFORD State CT Zip Code 06776 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR E-COMM STRAT & DELIV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22874 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

267.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 138 HEIGHTS ROAD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22901

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
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22768

Amount of Each Receipt this Period

25.00

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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22850

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 106 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22865

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR ANDREW FRIEDEL
Mailing Address 55 WHEELER

City State Zip Code
EDGEWOOD RI 02905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR MGR POLICY & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22739

Amount of Each Receipt this Period

30.00

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
MEDCO HEALTH SOLUTIONS

Occupation
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22673

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 PAMELA GALASSINI

Mailing Address 333 N. CANAL ST. #1804

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22971

Amount of Each Receipt this Period

100.00

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

Mailing Address 4 LONE PINE LANE

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/CHIEF INFRASTRUCTURE OFFR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22994

Amount of Each Receipt this Period

125.00

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

Mailing Address 1201 BRIDGE STREET

City State Zip Code
ASBURY PARK NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL EVALUATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22672

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 108 / 238

(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 FRANK GENTILELLA Mailing Address 20 BROOKSHIRE DR City State Zip Code ROBBINSVILLE NJ 08691 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22745 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		
B. 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		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22967 Amount of Each Receipt this Period 192.31
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1730.79		
C. Full Name (Last, First, Middle Initial) MS MICHELE GLYNN Mailing Address 26 FURMAN CT City State Zip Code MAHWAH NJ 07430 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22886 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 109 / 238

(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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">225.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22718 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">225.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22758 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">215.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22780 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
SUBTOTAL of Receipts This Page (optional) ▶		<div style="text-align: right;">75.00</div>
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 110 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS GINA GRUHN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 13 WEATHER VANE DRIVE		Transaction ID: INC:A:22805	
City CONVENT STATION	State NJ	Zip Code 07960	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
B. Full Name (Last, First, Middle Initial) MR RICHARD GUIOR		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 50 BELLEVUE AVE		Transaction ID: INC:A:22686	
City SUMMIT	State NJ	Zip Code 07901	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00		
C. Full Name (Last, First, Middle Initial) MR MARK HALLORAN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 19 KINGS RIDGE ROAD		Transaction ID: INC:A:22876	
City LONG VALLEY	State NJ	Zip Code 07853	Amount of Each Receipt this Period 80.00
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 ▼ 720.00		

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 111 / 238

(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 GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City	State	Zip Code
CHASKA	MN	55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22970

Amount of Each Receipt this Period

50.00

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

Mailing Address 1116 OAKCROFT LANE

City	State	Zip Code
SOMERSET	NJ	08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22939

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 SOLUTIONSOccupation
VP POLICY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1504.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22674

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City State Zip Code
PHOENIX AZ 85029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22728

Amount of Each Receipt this Period

25.00

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

Mailing Address 23 VALLEY RD

City State Zip Code
SUCCASUNNA NJ 07876

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22711

Amount of Each Receipt this Period

50.00

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

Mailing Address 10 CARLTON RD

City State Zip Code
FLANDERS NJ 07836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22770

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1 HERITAGE RD

City State Zip Code
 FLORHAM PARK NJ 07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22848

Amount of Each Receipt this Period

50.00

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

Mailing Address 974 HILLCREST ROAD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FACILITIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22918

Amount of Each Receipt this Period

30.00

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

Mailing Address 9 HIRLE ST

City State Zip Code
 CORNWALL ON HUDSON NY 12520

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22783

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 49 S HILLSIDE AVE

City State Zip Code
ELMSFORD NY 10523

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22871

Amount of Each Receipt this Period

80.00

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

Mailing Address 95 GORDON RD

City State Zip Code
ESSEX FELLS NJ 07021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22904

Amount of Each Receipt this Period

50.00

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

Mailing Address 730 COLUMBUS AVENUE

City State Zip Code
NEW YORK NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22677

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 SUSAN ITO
Mailing Address 6366 SW 90TH STREET

City State Zip Code
GAINESVILLE FL 32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22682

Amount of Each Receipt this Period

50.00

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22959

Amount of Each Receipt this Period

25.00

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

City State Zip Code
RIVER EDGE NJ 07661

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22957

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 12 WADE HAMPTON TRAIL

City State Zip Code
 HENDERSON NV 89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.36

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22920

Amount of Each Receipt this Period

15.08

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

Mailing Address 16357 VICTORIA CRUVE SE

City State Zip Code
 PRIOR LAKE MN 55372

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22801

Amount of Each Receipt this Period

25.00

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

Mailing Address N81 W18359 TOURS DR

City State Zip Code
 MENOMONEE FALLS WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22791

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

65.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 63 MOUNTAIN GLEN ROAD

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22977

Amount of Each Receipt this Period

25.00

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

Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22842

Amount of Each Receipt this Period

25.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22700

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 118 / 238

(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
MEDCO HEALTH SOLUTIONSOccupation
VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22825

Amount of Each Receipt this Period

50.00

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

Mailing Address 121 CONKLING TOWN ROAD

City	State	Zip Code
CHESTER	NY	10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22949

Amount of Each Receipt this Period

50.00

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

Mailing Address 295 GLEN PLACE

City	State	Zip Code
FRANKLIN LAKES	NJ	07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22983

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

292.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR JON KLINE Mailing Address 36 CORTLAND TL City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 454.86		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22979 Amount of Each Receipt this Period 50.54
B. Full Name (Last, First, Middle Initial) MR RODGER KORMYLO Mailing Address 1310 43RD AVE City KENOSHA State WI Zip Code 53144 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22797 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS BARBARA KRZAK Mailing Address 495 ISLAND WAY City FRANKLIN LAKES State NJ Zip Code 07417 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP E-COM STRATEGY & DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22879 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)

115.54

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 120 / 238

(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 KRZAN

Mailing Address 2735 YORK RD

City	State	Zip Code
COLUMBUS	OH	43221

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22928

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City	State	Zip Code
CITRUS HEIGHTS	CA	95621

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22827

Amount of Each Receipt this Period

100.00

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

Mailing Address 18 HARLIND TERRACE

City	State	Zip Code
RAMSEY	NJ	07446

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22818

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 SUMMIT State NJ Zip Code 07901 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CREATIVE SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 04 / 15 / 2006 Transaction ID: INC:A:22785 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS CHERYL MACDONALD Mailing Address 15011 EAGLEPARK PLACE City LITHIA State FL Zip Code 33547 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 04 / 15 / 2006 Transaction ID: INC:A:22866 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 HO HO KUS State NJ Zip Code 07423 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PRODUCT & CHANNEL MKTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt MM / DD / YYYY 04 / 15 / 2006 Transaction ID: INC:A:22772 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 33 HICKORY TAVERN RD			Transaction ID: INC:A:22684	
City State Zip Code GILLETTE NJ 07933			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		
B. Full Name (Last, First, Middle Initial) MS TAMARA MARSHALL			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address W144 N7150 TERRACE DRIVE			Transaction ID: INC:A:22787	
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 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 ▼ 225.00		
C. Full Name (Last, First, Middle Initial) MR TODD MARTIN			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 11825 SHEPPARDS CROSSING			Transaction ID: INC:A:22755	
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 MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1730.70		

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 MATCHETT

Mailing Address 27 LAKEVILLE RD

City State Zip Code
 SUSSEX NJ 07461

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22726

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
MEDCO HEALTH SOLUTIONS

Occupation
VP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22921

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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22823

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 124 / 238

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD Mailing Address 0-45 27TH ST City FAIR LAWN State NJ Zip Code 07410 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22872 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
25.00																																
B. Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH Mailing Address 87 ROSELAWN RD City HIGHLAND MILLS State NY Zip Code 10930 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1044.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22826 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">116.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	116.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
116.00																																
C. Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA Mailing Address 112 GREEN TERRACE WAY City WEST MILFORD State NJ Zip Code 07480 FEC ID number of contributing federal political committee. 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 ▼ 1730.79		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22956 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
192.31																																

SUBTOTAL of Receipts This Page (optional)

333.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 125 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 WENDY MELLO Mailing Address PO BOX 43232 City MONTCLAIR State NJ Zip Code 07043 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR MKTING & STRATEGIC ANAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 04 / 15 / 2006 Transaction ID: INC:A:22720 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) DAVID MILLER Mailing Address 7 CLOVER LANE City RANDOLPH State NJ Zip Code 07869 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP LABOR RELATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 04 / 15 / 2006 Transaction ID: INC:A:22688 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MRS KAREN MILLER Mailing Address 14 ANDERSON RD City WHARTON State NJ Zip Code 07885 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt MM / DD / YYYY 04 / 15 / 2006 Transaction ID: INC:A:22683 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22968

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City State Zip Code
PARSIPPANY NJ 07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22692

Amount of Each Receipt this Period

25.00

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

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
SHORT HILLS NJ 07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22678

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 KEVIN MURPHY, JR
Mailing Address 105 COVENTRY LN

City State Zip Code
TRUMBULL CT 06611

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22714

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
MS BECKY NAGLE
Mailing Address 64 WALTER AVE

City State Zip Code
HASBROUCK HEIGHTS NJ 07604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22715

Amount of Each Receipt this Period

25.00

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

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22923

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 HAIK NOVSHADIAN Mailing Address 45 DAVIS ROAD City State Zip Code SPARTA NJ 07871 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 234.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22790 Amount of Each Receipt this Period 26.00
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 VP E-COM STRATEGY & DELIVERY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22940 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR MELVIN OHL Mailing Address 274 E FRANKLIN TPKE City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PROCUREMENT & INVENTORY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22896 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 129 / 238

(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 SUFFERN State NY Zip Code 10901 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22934 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
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 TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22807 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
25.00																																
C. Full Name (Last, First, Middle Initial) MS ROSE OWEN Mailing Address 4108 MOUNTAIN ROAD City GLEN ALLEN State VA Zip Code 23060 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 ▼ 360.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22834 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	40.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
40.00																																

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 130 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 4 TEAK COURT

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22885

Amount of Each Receipt this Period

50.00

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

Mailing Address 185 PASCACK ROAD

City State Zip Code
PARK RIDGE NJ 07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22884

Amount of Each Receipt this Period

50.00

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

Mailing Address 12 MILLBROOK COURT

City State Zip Code
LIVINGSTON NJ 07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22803

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 18 MOUNTAIN VIEW CT

City State Zip Code
RIVERDALE NJ 07457

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22868

Amount of Each Receipt this Period

25.00

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

Mailing Address 8522 UPLAND LN NORTH

City State Zip Code
MAPLE GROVE MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22749

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22685

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 132 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 JANET PORAT
Mailing Address 5 CRABAPPLE CT

City State Zip Code
MONSEY NY 10952

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22752

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS KARIN PRINCIVALLE
Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22813

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MR ROBERT PRITCHET
Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22913

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22973

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
MS THERESA RAFKIN

Mailing Address 50 GLORIA DRIVE

City State Zip Code
ALLENDALE NJ 07401

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22829

Amount of Each Receipt this Period

25.00

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

Mailing Address 146 JOHNSON RD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22701

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 134 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

MS JOANN REED

Mailing Address 4 ANTLER CT

City State Zip Code
MATAWAN NJ 07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.42

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22903

Amount of Each Receipt this Period

65.38

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

MR DAVID REILLY

Mailing Address 1170 FIFTH AVENUE
APT # 15D

City State Zip Code
NEW YORK NY 10029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22887

Amount of Each Receipt this Period

40.00

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

MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City State Zip Code
EDGEWATER NJ 07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22988

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

175.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 135 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code
MINNEAPOLIS MN 55446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22725

Amount of Each Receipt this Period

25.00

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

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code
ANDOVER NJ 07821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22987

Amount of Each Receipt this Period

25.00

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

Mailing Address 96 LEHMANN STREET

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP ACCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22765

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 136 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 7 RED OAK LANE			Transaction ID: INC:A:22914	
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 MEDCO HEALTH SOLUTIONS		Occupation VP OPS-CLINICAL TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		
B. Full Name (Last, First, Middle Initial) MR RICHARD RUBINO			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 3103 RIO VISTA DRIVE			Transaction ID: INC:A:22910	
City State Zip Code MAHWAH NJ 07430			Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP & CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 765.00		
C. Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 21 SKY TOP RIDGE			Transaction ID: INC:A:22782	
City State Zip Code OAKLAND NJ 07436			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FORMULARY & COVERAGE MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 137 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS MARY RYAN Mailing Address 456 RICHMOND AVENUE City MAPLEWOOD State NJ Zip Code 07040 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CORP REGULATORY AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 705.06		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22902 Amount of Each Receipt this Period 78.34
B. Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE Mailing Address 7 AHERN WAY City WEST ORANGE State NJ Zip Code 07052 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22800 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR DAVID SCHLETT Mailing Address 339 GRAMERCY PL City GLEN ROCK State NJ Zip Code 07452 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ANALYTICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22909 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

153.34

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 138 / 238

(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 ALLEN SCHWARTZ Mailing Address 3556 DAVIS City EVANSTON State IL Zip Code 60203 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22721 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
25.00																																
B. Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT Mailing Address 7330 EVEREST LANE - NORTH City MAPLE GROVE State MN Zip Code 55311 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22943 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
25.00																																
C. Full Name (Last, First, Middle Initial) MR LEONARD SCOTT Mailing Address 2300 MCCUE ROAD - SUITE 212 City HOUSTON State TX Zip Code 77056 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation REG DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22843 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 139 / 238

(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
MEDCO HEALTH SOLUTIONSOccupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22704

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22822

Amount of Each Receipt this Period

28.85

C. Full Name (Last, First, Middle Initial)
MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City State Zip Code
ALLENDALE NJ 07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22691

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

93.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 119 HAMILTON RD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22733

Amount of Each Receipt this Period

50.00

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

Mailing Address 139 GATES AVENUE

City State Zip Code
 MONTCLAIR NJ 07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22679

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City State Zip Code
 LONG BEACH CA 90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22737

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JEFFREY SIMEK

Mailing Address 197 OXFORD RD

City State Zip Code
CHESTER NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22808

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

B. MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22951

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22837

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 142 / 238

(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 SIRICO

Mailing Address 564 DALE COURT EAST

City State Zip Code
RIVER VALE NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22702

Amount of Each Receipt this Period

30.00

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

Mailing Address 437 GLENDALE RD

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
Sr Dir Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22799

Amount of Each Receipt this Period

25.00

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

Mailing Address 40 JOSHUA DR T

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22927

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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
MEDCO HEALTH SOLUTIONS

Occupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22980

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MR ALAN SOKALER
Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:23000

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
MR RALPH STAIANO
Mailing Address 32 ALDEN RD

City State Zip Code
MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22687

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

257.31

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 144 / 238

(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

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 SOLUTIONSOccupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	6

Transaction ID: INC:A:22912

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City	State	Zip Code
AUSTIN	TX	78732

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	6

Transaction ID: INC:A:22953

Amount of Each Receipt this Period

25.00

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

Mailing Address 122 DEMAREST AVENUE

City	State	Zip Code
EMERSON	NJ	07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	6

Transaction ID: INC:A:22756

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 145 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MS SUSAN STEELE

Mailing Address 501 CONTINENTAL DR

City State Zip Code
 SAGAMORE HILLS OH 44067

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:23015

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code
 ELM GROVE WI 53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22788

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City State Zip Code
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PLAN MGMT PRODUCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22969

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 146 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
ORANGE CT 06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:23005

Amount of Each Receipt this Period

50.00

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

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code
MARYSVILLE OH 43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22719

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code
MONTVILLE NJ 07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22952

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 147 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 21 DENISE DRIVE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22911

Amount of Each Receipt this Period

50.00

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

Mailing Address 821 SUMMIT CT

City State Zip Code
MANAKIN SABOT VA 23103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22689

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 374 KINGSTON CT

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22734

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 148 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE			Transaction ID: INC:A:22763	
City State Zip Code TAMPA FL 33647			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 335.00		
B. Full Name (Last, First, Middle Initial) MS MARY THORSBY			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 17326 ELLEN DR			Transaction ID: INC:A:22779	
City State Zip Code LIVONIA MI 48152			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 DIR SPECIAL MARKETS		
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 TOBIN			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 838 COLONIAL RD			Transaction ID: INC:A:22696	
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 MEDCO HEALTH SOLUTIONS		Occupation VP BENEFIT SYSTEMS SUPPORT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 149 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 CLAUDIA TUCKER
Mailing Address 713 INDIAN CREEK RD

City State Zip Code
AMHERST VA 24521

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22835

Amount of Each Receipt this Period

75.00

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22958

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MRS MICHELLE VANCURA
Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code
WAUKESHA WI 53188

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:23016

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 150 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City State Zip Code
 ROCKVILLE CENTRE NY 11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22820

Amount of Each Receipt this Period

50.00

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

MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City State Zip Code
 WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22676

Amount of Each Receipt this Period

25.00

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

MR MUNISH VIJ

Mailing Address 2108 HENRY COURT

City State Zip Code
 MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22995

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 151 / 238

(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 WALDEN Mailing Address 450 BEECHMONT DR City NEW ROCHELLE State NY Zip Code 10804 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP REGULATORY & MC PROGRAMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22888 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
192.31																																
B. Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE Mailing Address 5445 GOODWIN AVENUE City DALLAS State TX Zip Code 75206 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES SEGMENT LEADER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22997 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
192.31																																
C. Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD City MOORESTOWN State NJ Zip Code 08057 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:22839 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">12.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	6	12.50									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	5		2	0	0	6																							
12.50																																

SUBTOTAL of Receipts This Page (optional)

397.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 152 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 CATHERINE WASSON
Mailing Address 26072 HARBOR VIEW

City State Zip Code
CAPISTRANO BEACH CA 92624

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22698

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MRS KELLY WEBBER
Mailing Address 9 LOCUST ST

City State Zip Code
MONTVALE NJ 07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22817

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR MARK WEGRYN
Mailing Address 867 STANDISH AVE

City State Zip Code
MOUNTAINSIDE NJ 07092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR INTERNAL BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22798

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 153 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 WENTWORTH Mailing Address 309 WATERVIEW DR City State Zip Code FRANKLIN LAKES NJ 07417 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES, CEO ACCREDO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22744 Amount of Each Receipt this Period 192.31
B. Full Name (Last, First, Middle Initial) MR KENNETH WERMES Mailing Address 26037 N WRANGLER RD City State Zip Code SCOTTSDALE AZ 85255 FEC ID number of contributing federal political committee. 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 ▼ 675.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22811 Amount of Each Receipt this Period 75.00
C. Full Name (Last, First, Middle Initial) MR CHRISTOPHER WILSON Mailing Address 1 RIVER COURT APARTMENT 2809 City State Zip Code JERSEY CITY NJ 07310 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CONSULT SUPPORT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22795 Amount of Each Receipt this Period 50.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 238

(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 BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City	State	Zip Code
VERONA	NJ	07044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22908

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City	State	Zip Code
COLUMBUS	OH	43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22847

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City	State	Zip Code
BAYSIDE	NY	11364

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP BENEFIT PLAN MANAGMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

Transaction ID: INC:A:22993

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 155 / 238

(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 JUDITH WOOD Mailing Address 76 COLONIAL ROAD City State Zip Code STILLWATER NY 12170 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22945 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		
B. Full Name (Last, First, Middle Initial) MR JORDAN WOUK Mailing Address 554 CUMBERLAND AVE City State Zip Code TEANECK NJ 07666 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22965 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		
C. 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		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6 Transaction ID: INC:A:22731 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 156 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City State Zip Code
 WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22804

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 State Zip Code
 SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22870

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City State Zip Code
 FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: INC:A:22999

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 157 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. VICKI KNIGHTON

Mailing Address 15811 GLACIER COURT

City State Zip Code
 N. POTOMAC MD 20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
STATE DIRECTOR, GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 6

Transaction ID: INC:A:22668

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. ROBIN C. WENTWORTH

Mailing Address 309 WATERVIEW DRIVE

City State Zip Code
 FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 6

Transaction ID: INC:A:22669

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City State Zip Code
 HENDERSON NV 89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 2 / 2 0 0 6

Transaction ID: INC:A:23339

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

5675.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 158 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
 PLANT CITY FL 33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 2 / 2 0 0 6

Transaction ID: INC:A:23217

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code
 TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 2 / 2 0 0 6

Transaction ID: INC:A:23104

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City State Zip Code
 SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.65

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 2 / 2 0 0 6

Transaction ID: INC:A:23324

Amount of Each Receipt this Period

34.45

SUBTOTAL of Receipts This Page (optional)

84.45

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 6

Transaction ID: INC:A:23223

Amount of Each Receipt this Period

50.00

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

City State Zip Code
HENDERSON NV 89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 6

Transaction ID: INC:A:23281

Amount of Each Receipt this Period

15.08

C. Full Name (Last, First, Middle Initial)
MR WILLIAM KELLEY, III
Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 6

Transaction ID: INC:A:23200

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 160 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 266 BRUSHY CREEK AVE City LAS VEGAS State NV Zip Code 89148 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 259.65		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 6 Transaction ID: INC:A:23180 Amount of Each Receipt this Period 28.85
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 335.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 6 Transaction ID: INC:A:23121 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 MOORESTOWN State NJ Zip Code 08057 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 6 Transaction ID: INC:A:23197 Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional)

66.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 161 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City State Zip Code
COLUMBUS OH 43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 6

Transaction ID: INC:A:23205

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS LUCILLE ACCETTA

Mailing Address 11 ANDOVER CT

City State Zip Code
CORTLANDT MANOR NY 10567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR SALES & NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23116

Amount of Each Receipt this Period

25.00

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

Mailing Address 1021 SUNSET RIDGE

City State Zip Code
BRIDGEWATER NJ 08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23052

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 162 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ADLER

Mailing Address 139 BELLVALE LAKES RD

City State Zip Code
WARWICK **NY** **10990**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 **2 9** **2 0 0 6**

Transaction ID: INC:A:23098

Amount of Each Receipt this Period

50.00

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

Mailing Address 4405 WISMER ROAD

City State Zip Code
DOYLESTOWN **PA** **18901**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 **2 9** **2 0 0 6**

Transaction ID: INC:A:23374

Amount of Each Receipt this Period

35.00

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

Mailing Address 146 JOHNSON RD

City State Zip Code
SCARSDALE **NY** **10583**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 **2 9** **2 0 0 6**

Transaction ID: INC:A:23151

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 238

(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) TEJWANSI ANAND Mailing Address 10 WHIPPOORWILL LAKE ROAD City CHAPPAQUA State NY Zip Code 10514 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23350 Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		
B. Full Name (Last, First, Middle Initial) DR ROGER ANDERSON Mailing Address 833 OXFORD COURT City LEWISVILLE State TX Zip Code 75056 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23370 Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CHIEF PHARMACIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		
C. Full Name (Last, First, Middle Initial) MS JAYME ANTONOPLOS Mailing Address 417 MILLS COURT City FLORHAM PARK State NJ Zip Code 07932 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23216 Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR EXEC CORR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		
SUBTOTAL of Receipts This Page (optional)		125.00
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER: PAGE 164 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23165

Amount of Each Receipt this Period

25.00

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

Mailing Address 80 N. WOODLAND STREET

City State Zip Code
ENGLEWOOD NJ 07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23294

Amount of Each Receipt this Period

25.00

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

Mailing Address 452 MEDWAY RD

City State Zip Code
HIGHLAND HEIGHTS OH 44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23379

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1752 BLACKSTONE DRIVE

City State Zip Code
 CARROLLTON TX 75007

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23293

Amount of Each Receipt this Period

50.00

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

Mailing Address 1813 ADONIS AVE

City State Zip Code
 HENDERSON NV 89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23340

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS PATRICE BAVARO

Mailing Address 9933 TOLEDO DRIVE NORTH

City State Zip Code
 BROOKLYN PARK MN 55443

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23311

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 166 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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
MEDCO HEALTH SOLUTIONS

Occupation
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23190

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
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23353

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT BENSON
Mailing Address 304 BERKSHIRE AVE

City State Zip Code
NEW MILFORD NJ 07646

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23226

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
 BUFORD GA 30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23238

Amount of Each Receipt this Period

25.00

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

Mailing Address 4 WINDRUSH LANE

City State Zip Code
 WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRES, EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23348

Amount of Each Receipt this Period

192.00

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

Mailing Address 50 NEW ENGLAND DR

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23178

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 15 WEISS DR

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23268

Amount of Each Receipt this Period

50.00

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

Mailing Address 80 LEONA CT

City State Zip Code
LEVITTOWN NY 11756

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23342

Amount of Each Receipt this Period

25.00

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

Mailing Address 109 ARBOR PL

City State Zip Code
BRYN MAWR PA 19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23085

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 169 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 SALLIE BOWDEN
Mailing Address 5259 FISHERCREST LN

City State Zip Code
RICHMOND VA 23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23299

Amount of Each Receipt this Period

200.00

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
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23336

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MS PATRICIA BRANUM
Mailing Address 280 INDIAN RUN ROAD

City State Zip Code
GLENMORE PA 19343

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23289

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

305.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 170 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 BREEN

Mailing Address 27 SEALS DR

City State Zip Code
 MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23269

Amount of Each Receipt this Period

25.00

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

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City State Zip Code
 YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23082

Amount of Each Receipt this Period

50.00

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

MR KEVIN BURON

Mailing Address 301 TEMPLETON CT

City State Zip Code
 GRANITE BAY CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23168

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 171 / 238

(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 PEGEEN BUTTERFIELD Mailing Address 23 NUTTING PLACE City WEST CALDWELL State NJ Zip Code 07006 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MEMBER STRATEGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23106 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
25.00																																
B. Full Name (Last, First, Middle Initial) MRS DOREEN CALDER Mailing Address 441 S ELM STREET City MAYWOOD State NJ Zip Code 07607 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23038 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	40.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
40.00																																
C. Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI Mailing Address 24 SHERI DRIVE City ALLENDALE State NJ Zip Code 07401 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 ▼ 472.50		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23261 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">52.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	52.50									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
52.50																																

SUBTOTAL of Receipts This Page (optional)

117.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 172 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 State Zip Code
HADDENFIELD NJ 08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23171

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL CLARKE
Mailing Address 211 CLAIRMONT TERRACE

City State Zip Code
ORANGE NJ 07050

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23192

Amount of Each Receipt this Period

25.00

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

City State Zip Code
MARLBORO NJ 07746

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR DUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23061

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 173 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code
 NEW YORK NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23362

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23075

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
 SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23152

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 174 / 238

(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 ROSELIN DANIEL Mailing Address 17 DEVONSHIRE DRIVE City RANDOLPH State NJ Zip Code 07869 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BENEFIT DELIVERY SYS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23242 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 2903 CHUKKAR COURT City PLANT CITY State FL Zip Code 33567 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23218 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS MARY DASCHNER Mailing Address 2926 EWING AVE S City MINNEAPOLIS State MN Zip Code 55416 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23132 Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 175 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 EDITH DAVIS
Mailing Address 386 WHITTIER AVENUE

City State Zip Code
DUNELLEN NJ 08812

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23189

Amount of Each Receipt this Period

25.00

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

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23262

Amount of Each Receipt this Period

50.00

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

City State Zip Code
CEDARBURG WI 53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23191

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 176 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR PAUL DENIS Mailing Address 101 HALIFAX ROAD City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CONTRACT ADMINISTRATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23277 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) MS KAREN DEZEARN Mailing Address 3625 PATTERNSTONE DR City ALPHARETTA State GA Zip Code 30022 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 ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23057 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR WILLIS DINGLE Mailing Address 17826 ARBOR GREENE DR City TAMPA State FL Zip Code 33647 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23105 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 177 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 DOLAN
Mailing Address 9 CRANE AVENUE

City State Zip Code
WEST CALDWELL NJ 07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23243

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS MERIDITH DORNER
Mailing Address 4448 CREEK ROAD

City State Zip Code
ALLENTOWN PA 18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23067

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR H. RONALD DRIZIN
Mailing Address 17 DAYBREAK

City State Zip Code
IRVINE CA 92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23300

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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) MICHEL DUFRESNE Mailing Address 8 FRANKLIN PL City State Zip Code SUMMIT NJ 07901 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 ▼ 1730.70			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23356 Amount of Each Receipt this Period 192.30
B. Full Name (Last, First, Middle Initial) MR DANA DUNCAN Mailing Address 72 HALLEY DR City State Zip Code POMONA NY 10970 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ENGINEERING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23174 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR YAACOV DUSHEK Mailing Address 312 MEGAN CT City State Zip Code WYCKOFF NJ 07481 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BENEFIT DELIVERY SYS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23233 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)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.65

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23325

Amount of Each Receipt this Period

34.45

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

Mailing Address 109 KAREN PLACE

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23081

Amount of Each Receipt this Period

25.00

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

Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP UTILIZATION MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23369

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

99.45

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 106 GRAHAM TERRACE

City State Zip Code
SADDLE BROOK NJ 07663

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23235

Amount of Each Receipt this Period

25.00

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

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code
BRIARCLIFF MANOR NY 10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23373

Amount of Each Receipt this Period

40.00

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

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP MEDICAL AFFAIRS & CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23032

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MR YAKOV ESTERLIS

Mailing Address 25 STONEHEDGE DR

City State Zip Code
 WEST NYACK NY 10994

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23327

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR EDWARD FARGIS

Mailing Address 216 ELMWOOD AVENUE

City State Zip Code
 HO-HO-KUS NJ 07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23349

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. 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 CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23137

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR 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 Occupation MEDCO HEALTH SOLUTIONS SVP CORP MKTG & E-COMM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.07		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23169 Amount of Each Receipt this Period 192.23
B. Full Name (Last, First, Middle Initial) MR EDWARD FERACA Mailing Address 929 CANDLEWOOD LAKE ROAD SOUTH City State Zip Code NEW MILFORD CT 06776 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR E-COMM STRAT & DELIV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23234 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 138 HEIGHTS ROAD City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23263 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

242.23

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 465 OLD STONE RD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23127

Amount of Each Receipt this Period

25.00

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

Mailing Address 1933 MT. OLIVE
AGOSTA ROAD

City State Zip Code
 NEW BLOOMINGTON OH 43341

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23209

Amount of Each Receipt this Period

25.00

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
 TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23224

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**

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NAME OF 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 55 WHEELER

City State Zip Code
EDGEWOOD RI 02905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR MGR POLICY & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23097

Amount of Each Receipt this Period

30.00

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

Mailing Address 24 MOREHOUSE PL

City State Zip Code
NEW PROVIDENCE NJ 07974

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23030

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS PAMELA GALASSINI

Mailing Address 333 N. CANAL ST. #1804

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23335

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 4 LONE PINE LANE

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23358

Amount of Each Receipt this Period

125.00

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

Mailing Address 1201 BRIDGE STREET

City State Zip Code
ASBURY PARK NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL EVALUATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23029

Amount of Each Receipt this Period

50.00

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

Mailing Address 20 BROOKSHIRE DR

City State Zip Code
ROBBINSVILLE NJ 08691

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23103

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR THOMAS GILSON Mailing Address 2 PELL FARM ROAD City State Zip Code SADDLE RIVER NJ 07458 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23331 Amount of Each Receipt this Period 192.31
B. Full Name (Last, First, Middle Initial) MS MICHELE GLYNN Mailing Address 26 FURMAN CT City State Zip Code MAHWAH NJ 07430 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 ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23246 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR JAMES GORMAN Mailing Address 11 WASHBURN RD City State Zip Code CANTON CT 06022 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLIENT & MKT PROG STRAT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23076 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR JAMES GRANT, JR			Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6	
Mailing Address 1928 BEVERLY LANE			Transaction ID: INC:A:23117	
City State Zip Code BUFFALO GROVE IL 60089			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 FINANCIAL INSIGHTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
B. Full Name (Last, First, Middle Initial) MR EDWARD GRIX			Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6	
Mailing Address 525 ORANGEBURG RD			Transaction ID: INC:A:23139	
City State Zip Code PEARL RIVER NY 10965			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 E-COM BUSINESS OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00		
C. Full Name (Last, First, Middle Initial) MS GINA GRUHN			Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6	
Mailing Address 13 WEATHER VANE DRIVE			Transaction ID: INC:A:23164	
City State Zip Code CONVENT STATION NJ 07960			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR RICHARD GUIOR
Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23044

Amount of Each Receipt this Period

90.00

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

City State Zip Code
LONG VALLEY NJ 07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23236

Amount of Each Receipt this Period

80.00

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

City State Zip Code
CHASKA MN 55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23334

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 189 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 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 CLIENT REQUIREMENTS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23303 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR PETER HARTY Mailing Address 19520 YELLOW WING COURT City State Zip Code COLORADO SPRINGS CO 80908 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP POLICY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1504.62		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23031 Amount of Each Receipt this Period 192.31
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 DIR SALES Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23086 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 190 / 238

(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 SCOTT HELMUS Mailing Address 23 VALLEY RD City SUCCASUNNA State NJ Zip Code 07876 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARMACIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23069 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR ERIC HESS Mailing Address 10 CARLTON RD City FLANDERS State NJ Zip Code 07836 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENGINEERING & OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23129 Amount of Each Receipt this Period 40.00
C. Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON Mailing Address 1 HERITAGE RD City FLORHAM PARK State NJ Zip Code 07932 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 ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23207 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional) ▶		140.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 191 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FACILITIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23280

Amount of Each Receipt this Period

30.00

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

MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City State Zip Code
 CORNWALL ON HUDSON NY 12520

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23142

Amount of Each Receipt this Period

25.00

C. 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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23231

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 192 / 238

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23266 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 SR DIR BUSINESS DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23034 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS SUSAN ITO Mailing Address 6366 SW 90TH STREET City GAINESVILLE State FL Zip Code 32608 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23040 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 193 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 TODD JEFFREY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address 15 ELIZABETH STREET		Transaction ID: INC:A:23323 Amount of Each Receipt this Period 25.00
City DUMONT	State NJ	
Zip Code 07628		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARM CONTRACT & CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) MISS ANNE JOHNSTON		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address 256 MADISON AVE		Transaction ID: INC:A:23321 Amount of Each Receipt this Period 30.00
City RIVER EDGE	State NJ	
Zip Code 07661		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C. Full Name (Last, First, Middle Initial) MR RICHARD JONES		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address 12 WADE HAMPTON TRAIL		Transaction ID: INC:A:23282 Amount of Each Receipt this Period 15.08
City HENDERSON	State NV	
Zip Code 89052		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.36	

SUBTOTAL of Receipts This Page (optional)

70.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 194 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address 16357 VICTORIA CRUVE SE		Transaction ID: INC:A:23160
City PRIOR LAKE	State MN	Zip Code 55372
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 CLIENT & MKT PROG STRAT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) MS BECKY KAUS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address N81 W18359 TOURS DR		Transaction ID: INC:A:23150
City MENOMONEE FALLS	State WI	Zip Code 53051
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 CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C. Full Name (Last, First, Middle Initial) MR WILLIAM KEELER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address 63 MOUNTAIN GLEN ROAD		Transaction ID: INC:A:23341
City RINGWOOD	State NJ	Zip Code 07456
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 ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 195 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 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 VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>425.00</div>		Date of Receipt <div>04 / 29 / 2006</div> Transaction ID: INC:A:23201 Amount of Each Receipt this Period <div>25.00</div>
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 CLIENT SVC DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>225.00</div>		Date of Receipt <div>04 / 29 / 2006</div> Transaction ID: INC:A:23058 Amount of Each Receipt this Period <div>25.00</div>
C. 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 MKTING & PRODUCT DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>450.00</div>		Date of Receipt <div>04 / 29 / 2006</div> Transaction ID: INC:A:23184 Amount of Each Receipt this Period <div>50.00</div>

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 196 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City State Zip Code
CHESTER NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23313

Amount of Each Receipt this Period

50.00

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

Mailing Address 295 GLEN PLACE

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23347

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MR JON KLINE

Mailing Address 36 CORTLAND TL

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.86

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23343

Amount of Each Receipt this Period

50.54

SUBTOTAL of Receipts This Page (optional)

292.84

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR RODGER KORMYLO

Mailing Address 1310 43RD AVE

City State Zip Code
KENOSHA WI 53144

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23156

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23239

Amount of Each Receipt this Period

40.00

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

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23291

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 198 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS CYNTHIA 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
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23186

Amount of Each Receipt this Period

100.00

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
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23177

Amount of Each Receipt this Period

25.00

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

Mailing Address 238 WOODLAND AVE

City State Zip Code
SUMMIT NJ 07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CREATIVE SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23144

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 199 / 238

(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 CHERYL MACDONALD Mailing Address 15011 EAGLEPARK PLACE City LITHIA State FL Zip Code 33547 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23225 Amount of Each Receipt this Period 25.00
B. 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 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PRODUCT & CHANNEL MKTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23131 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO Mailing Address 33 HICKORY TAVERN RD City GILLETTE State NJ Zip Code 07933 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23042 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 200 / 238

(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 TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City	State	Zip Code
MENOMONEE FALLS	WI	53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23146

Amount of Each Receipt this Period

25.00

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

Mailing Address 11825 SHEPPARDS CROSSING

City	State	Zip Code
CLARKSVILLE	MD	21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23113

Amount of Each Receipt this Period

192.30

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

Mailing Address 27 LAKEVILLE RD

City	State	Zip Code
SUSSEX	NJ	07461

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23084

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 201 / 238

(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 HILLSDALE State NJ Zip Code 07642 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP DRUG DISTRIB & CONTROL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23283 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.30</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	192.30									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
192.30																																
B. Full Name (Last, First, Middle Initial) MS PATRICIA MAZZONE Mailing Address 56 PENOBSCOT ST City CLIFTON State NJ Zip Code 07013 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PRODUCT SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23182 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
25.00																																
C. Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD Mailing Address 0-45 27TH ST City FAIR LAWN State NJ Zip Code 07410 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23232 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 202 / 238

(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 COLLEEN MCINTOSH Mailing Address 87 ROSELAWN RD City State Zip Code HIGHLAND MILLS NY 10930 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1044.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23185 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">116.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	116.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
116.00																																
B. Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA Mailing Address 112 GREEN TERRACE WAY City State Zip Code WEST MILFORD NJ 07480 FEC ID number of contributing federal political committee. C Name of Employer 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 ▼ 1730.79		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23320 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
192.31																																
C. Full Name (Last, First, Middle Initial) MRS WENDY MELLO Mailing Address PO BOX 43232 City State Zip Code MONTCLAIR NJ 07043 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR MKTING & STRATEGIC ANAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23078 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

333.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 203 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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) DAVID MILLER Mailing Address 7 CLOVER LANE City State Zip Code RANDOLPH NJ 07869 FEC ID number of contributing federal political committee. C Name of Employer 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 ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23046 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MRS KAREN MILLER Mailing Address 14 ANDERSON RD City State Zip Code WHARTON NJ 07885 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23041 Amount of Each Receipt this Period 30.00
C. 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 E-COM STRAT & DELI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23332 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 204 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City State Zip Code
 PARSIPPANY NJ 07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23050

Amount of Each Receipt this Period

25.00

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

MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
 SHORT HILLS NJ 07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23035

Amount of Each Receipt this Period

50.00

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

MR KEVIN MURPHY, JR

Mailing Address 105 COVENTRY LN

City State Zip Code
 TRUMBULL CT 06611

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23072

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 205 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS BECKY NAGLE Mailing Address 64 WALTER AVE City HASBROUCK HEIGHTS State NJ Zip Code 07604 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23073 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR ARTHUR NARDIN Mailing Address 28 POWDERHORN DR City KINNELON State NJ Zip Code 07405 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACEUTICAL CONTRACTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1728.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23285 Amount of Each Receipt this Period 192.00
C. Full Name (Last, First, Middle Initial) MR HAIK NOVSHADIAN Mailing Address 45 DAVIS ROAD City SPARTA State NJ Zip Code 07871 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR E-COM STRAT & DELIV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23149 Amount of Each Receipt this Period 26.00

SUBTOTAL of Receipts This Page (optional)

243.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 206 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City State Zip Code
 RYE NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23304

Amount of Each Receipt this Period

50.00

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

Mailing Address 274 E FRANKLIN TPKE

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23258

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City State Zip Code
 SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23297

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 207 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 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 TECHNICAL SPECIALIST Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23166 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS ROSE OWEN Mailing Address 4108 MOUNTAIN ROAD City State Zip Code GLEN ALLEN VA 23060 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR STATE GOVERNMENT AFFAIRS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23193 Amount of Each Receipt this Period 40.00
C. Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA Mailing Address 4 TEAK COURT City State Zip Code RINGWOOD NJ 07456 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23245 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 208 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 DAWN PAGANO Mailing Address 185 PASCACK ROAD City State Zip Code PARK RIDGE NJ 07656 FEC ID number of contributing federal political committee. C Name of Employer 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 ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23244 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE Mailing Address 12 MILLBROOK COURT City State Zip Code LIVINGSTON NJ 07039 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MARKET STRATEGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23162 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY Mailing Address 18 MOUNTAIN VIEW CT City State Zip Code RIVERDALE NJ 07457 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23227 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 209 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 PETTYES

Mailing Address 8522 UPLAND LN NORTH

City State Zip Code
 MAPLE GROVE MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23107

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City State Zip Code
 MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23043

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City State Zip Code
 MONSEY NY 10952

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23110

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 875 ALEXANDRIA CT

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23172

Amount of Each Receipt this Period

192.30

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

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
 HOPEWELL JUNCTION NY 12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23275

Amount of Each Receipt this Period

25.00

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

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
 SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23337

Amount of Each Receipt this Period

100.00

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)
or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS THERESA RAFKIN
Mailing Address 50 GLORIA DRIVE

City State Zip Code
ALLENDALE NJ 07401

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23188

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS FRANCES RAO
Mailing Address 146 JOHNSON RD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23059

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS JOANN REED
Mailing Address 4 ANTLER CT

City State Zip Code
MATAWAN NJ 07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.42

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23265

Amount of Each Receipt this Period

65.38

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 212 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 REILLY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6	
Mailing Address 1170 FIFTH AVENUE APT # 15D		Transaction ID: INC:A:23247	
City State Zip Code NEW YORK NY 10029		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP LABOR RELATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	
B. Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6	
Mailing Address 412 RIVER MEWS LANE		Transaction ID: INC:A:23352	
City State Zip Code EDGEWATER NJ 07020		Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.00	
C. Full Name (Last, First, Middle Initial) MR DAVID ROBARGE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6	
Mailing Address 4565 QUEENSLAND LN N		Transaction ID: INC:A:23083	
City State Zip Code MINNEAPOLIS MN 55446		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 ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 213 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS SORAYA RODRIGUEZ-BALZAC
Mailing Address 22 PAPOOSE TRAIL

City State Zip Code
ANDOVER NJ 07821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23351

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL ROMANZO
Mailing Address 96 LEHMANN STREET

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP ACCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23124

Amount of Each Receipt this Period

50.00

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

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23276

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR RICHARD RUBINO
Mailing Address 3103 RIO VISTA DRIVE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23272

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
MR STEVEN RUSSEK
Mailing Address 21 SKY TOP RIDGE

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23141

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS MARY RYAN
Mailing Address 456 RICHMOND AVENUE

City State Zip Code
MAPLEWOOD NJ 07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.06

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23264

Amount of Each Receipt this Period

78.34

SUBTOTAL of Receipts This Page (optional)

213.34

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 215 / 238

(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 SARDONE

Mailing Address 7 AHERN WAY

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23159

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23271

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ALLEN SCHWARTZ

Mailing Address 3556 DAVIS

City

EVANSTON

State

IL

Zip Code

60203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23079

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 216 / 238

(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 SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City	State	Zip Code
MAPLE GROVE	MN	55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23307

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR LEONARD SCOTT

Mailing Address 2300 MCCUE ROAD - SUITE 212

City	State	Zip Code
HOUSTON	TX	77056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23202

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City	State	Zip Code
WAYNE	NJ	07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23062

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 266 BRUSHY CREEK AVE City LAS VEGAS State NV Zip Code 89148 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 259.65		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23181 Amount of Each Receipt this Period 28.85
B. Full Name (Last, First, Middle Initial) MR JOHN SHEA Mailing Address 62 FRANKLIN TURNPIKE City ALLENDALE State NJ Zip Code 07401 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23049 Amount of Each Receipt this Period 40.00
C. Full Name (Last, First, Middle Initial) MR FRANK SHEEHY Mailing Address 119 HAMILTON RD City RIDGEWOOD State NJ Zip Code 07450 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23091 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

118.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 218 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

City State Zip Code
MONTCLAIR NJ 07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23036

Amount of Each Receipt this Period

50.00

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

City State Zip Code
LONG BEACH CA 90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23095

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
JEFFREY SIMEK
Mailing Address 197 OXFORD RD

City State Zip Code
CHESTER NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23167

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 219 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 LEE SIMON		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6	
Mailing Address 2390 GREENVIEW ROAD		Transaction ID: INC:A:23315	
City NORTHBROOK	State IL	Zip Code 60062	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 ▼ 450.00		
B. Full Name (Last, First, Middle Initial) MR JEFFREY SINKO		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6	
Mailing Address 10 CHERRY TREE LANE		Transaction ID: INC:A:23196	
City KINNELON	State NJ	Zip Code 07405	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
C. Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6	
Mailing Address 564 DALE COURT EAST		Transaction ID: INC:A:23060	
City RIVER VALE	State NJ	Zip Code 07675	Amount of Each Receipt this Period 30.00
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 ▼ 270.00		

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23158 Amount of Each Receipt this Period 25.00
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23290 Amount of Each Receipt this Period 50.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23344 Amount of Each Receipt this Period 192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 221 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23365

Amount of Each Receipt this Period

40.00

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

MR RALPH STAIANO

Mailing Address 32 ALDEN RD

City State Zip Code
MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23045

Amount of Each Receipt this Period

25.00

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

MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City State Zip Code
WEST HARRISON NY 10604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23274

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 222 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MS JILL STEARNS Mailing Address 13130 HALSELL DR City AUSTIN State TX Zip Code 78732 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23317 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	9		2	0	0	6														
25.00																							
B. Full Name (Last, First, Middle Initial) MR CRAIG STEEL Mailing Address 122 DEMAREST AVENUE City EMERSON State NJ Zip Code 07630 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 ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23114 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	9		2	0	0	6														
25.00																							
C. Full Name (Last, First, Middle Initial) MS SUSAN STEELE Mailing Address 501 CONTINENTAL DR City SAGAMORE HILLS State OH Zip Code 44067 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23381 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	9		2	0	0	6														
25.00																							

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 223 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23147

Amount of Each Receipt this Period

50.00

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

Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PLAN MGMT PRODUCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23333

Amount of Each Receipt this Period

100.00

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

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
ORANGE CT 06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23372

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code
 MARYSVILLE OH 43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23077

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code
 MONTVILLE NJ 07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23316

Amount of Each Receipt this Period

25.00

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

Mailing Address 21 DENISE DRIVE

City State Zip Code
 KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23273

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MR MARK SULLIVAN
Mailing Address 821 SUMMIT CT

City State Zip Code
MANAKIN SABOT VA 23103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23047

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS IRENE SUTTON
Mailing Address 374 KINGSTON CT

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23092

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT
Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23122

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME 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 State Zip Code
 LIVONIA MI 48152

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23138

Amount of Each Receipt this Period

75.00

B. 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
MEDCO HEALTH SOLUTIONS

Occupation
VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23054

Amount of Each Receipt this Period

50.00

C. 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
MEDCO HEALTH SOLUTIONS

Occupation
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23194

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 227 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23322

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City

WAUKESHA

State

WI

Zip Code

53188

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ACCT MGMT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23382

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City

ROCKVILLE CENTRE

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23179

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 436 MOUNTAIN AVENUE

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23033

Amount of Each Receipt this Period

25.00

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

Mailing Address 2108 HENRY COURT

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23359

Amount of Each Receipt this Period

25.00

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

Mailing Address 450 BEECHMONT DR

City State Zip Code
NEW ROCHELLE NY 10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23248

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 229 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES SEGMENT LEADER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23361 Amount of Each Receipt this Period 192.31
B. Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD City MOORESTOWN State NJ Zip Code 08057 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23198 Amount of Each Receipt this Period 12.50
C. Full Name (Last, First, Middle Initial) MS CATHERINE WASSON Mailing Address 26072 HARBOR VIEW City CAPISTRANO BEACH State CA Zip Code 92624 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP NATL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: INC:A:23056 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

254.81

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 230 / 238

(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 KELLY WEBBER Mailing Address 9 LOCUST ST City MONTVALE State NJ Zip Code 07645 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CORP HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23176 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
50.00																																
B. Full Name (Last, First, Middle Initial) MR MARK WEGRYN Mailing Address 867 STANDISH AVE City MOUNTAINSIDE State NJ Zip Code 07092 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR INTERNAL BUSINESS DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23157 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
25.00																																
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.79		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:23102 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	6	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	9		2	0	0	6																							
192.31																																

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 231 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 26037 N WRANGLER RD

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23170

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER WILSON

Mailing Address 1 RIVER COURT
APARTMENT 2809

City State Zip Code
JERSEY CITY NJ 07310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONSULT SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23154

Amount of Each Receipt this Period

50.00

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

Mailing Address 17 LYNWOOD RD

City State Zip Code
VERONA NJ 07044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23270

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 232 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City State Zip Code
COLUMBUS OH 43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23206

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City State Zip Code
BAYSIDE NY 11364

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BENEFIT PLAN MANAGMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23357

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City State Zip Code
STILLWATER NY 12170

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23309

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 233 / 238

(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 JORDAN WOUK

Mailing Address 554 CUMBERLAND AVE

City State Zip Code
TEANECK NJ 07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23329

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City State Zip Code
POMPTON LAKES NJ 07442

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23089

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	6

Transaction ID: INC:A:23163

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 234 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR DANIEL ZELEM, JR
Mailing Address 219 SPOOK ROCK RD.

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23230

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR ANTHONY ZOLFO
Mailing Address 726 HIGH MOUNTAIN ROAD

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: INC:A:23364

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)

42968.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 238

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City State Zip Code
 CORTE MADERA CA 94925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.11

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 6

Transaction ID: INC:A:23025

Amount of Each Receipt this Period

75.06

INTEREST EARNED

SUBTOTAL of Receipts This Page (optional)

75.06

TOTAL This Period (last page this line number only)

75.06

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 236 / 238

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 5458

City
SPRINGFIELD

State
IL

Zip Code
62705

Purpose of Disbursement

011

Category/
Type

Candidate Name
JOHN M. SHIMKUS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: EXP:B:22316

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PEOPLE WITH HART

Mailing Address PO BOX 435

City
WEXFORD

State
PA

Zip Code
15090

Purpose of Disbursement

011

Category/
Type

Candidate Name
MELISSA HART

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: EXP:B:22317

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HULSHOF FOR CONGRESS - DISTRICT 09 MISSOURI

Mailing Address PO BOX 1621

City
COLUMBIA

State
MO

Zip Code
65205

Purpose of Disbursement

011

Category/
Type

Candidate Name
KENNY CHARLES HULSHOF

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: EXP:B:22320

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City
PITTSBURGH

State
PA

Zip Code
15234

Purpose of Disbursement

011

Category/
Type

Candidate Name
TIM MURPHY

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: EXP:B:22319

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CANTOR FOR CONGRESS

Mailing Address POST OFFICE BOX 17813

City
RICHMOND

State
VA

Zip Code
23226

Purpose of Disbursement

011

Category/
Type

Candidate Name
ERIC CANTOR

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: EXP:B:22321

Date of Disbursement

04 / 07 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JIM SAXTON

Mailing Address POST OFFICE BOX 795

City
MT HOLLY

State
NJ

Zip Code
08060

Purpose of Disbursement

011

Category/
Type

Candidate Name
JIM SAXTON

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: EXP:B:22323

Date of Disbursement

04 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. MCHENRY FOR CONGRESS

Mailing Address P.O. BOX 1406

City
HICKORY

State
NC

Zip Code
28601

Purpose of Disbursement

011

Category/
Type

Candidate Name

PATRICK TIMOTHY MCHENRY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 10

Transaction ID: EXP:B:22322

Date of Disbursement

04 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RON LEWIS FOR CONGRESS

Mailing Address PO BOX 307

City
ELIZABETHTOWN

State
KY

Zip Code
42702

Purpose of Disbursement

011

Category/
Type

Candidate Name

RON LEWIS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 2

Transaction ID: EXP:B:22670

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MENENDEZ FOR SENATE

Mailing Address PO BOX 848

City
UNION CITY

State
NJ

Zip Code
07087

Purpose of Disbursement

011

Category/
Type

Candidate Name

ROBERT MENENDEZ

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2006

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP:B:22671

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

16000.00