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### FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) 2350 KERNER BLVD., SUITE 250 ADDRESS (number and street) Check if different than previously SAN RAFAEL CA 94901 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS **AMENDED** NEW C00384362 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2010 06 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. JASON D. KAUNE Type or Print Name of Treasurer Electronically Filed by JASON D. KAUNE 08 16 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

A. Form/Schedule: F3XA AMENDMENT TO CORRECT RECIPIENT COMMITTEE NAMES

Transaction ID:

11 04 2008 CA

## SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 3 / 409

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

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

| F   | Report Covering the Period: From:   | 0 1 Y Y Y Y Y 2 0 1 0   | To: 0 6 3 0 2 0 1 0               |
|-----|---|-------------------------|-----------------------------------|
|     | _   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
| 6.  | (a) Cash on Hand  January 1 2010  |                         | 671416.04                         |
|     | (b) Cash on Hand at Begining of Reporting Period  | 682138.42               |                                   |
|     | (c) Total Receipts (from Line 19)   | 59735.91                | 362437.48                         |
|     | (d) Subtotal (add lines 6(b) and  |                         |                                   |
|     | 6(c) for Column A and Lines<br>6(a) and 6(c) for Column B)                                | 741874.33               | 1033853.52                        |
| 7.  | Total Disbursements (from Line 31)  | 91037.55                | 383016.74                         |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                | 650836.78               | 650836.78                         |
| 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)                               | 286.50                  |                                   |
|     |   |                         |                                   |

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

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 409

<sup>D</sup> 3 0

2 0 1 0

Write or Type Committee Name

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

Report Covering the Period: From: M M M 0 6 0 1 2 0 1 0 To: M M M 0 6

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: (a) Individuals/Persons Other |                               |                                   |
| Than Political Committees (i) Itemized (use Schedule A)                  | 56887.10                      | 270673.62                         |
| (ii) Unitemized  | 2818.64                       | 91605.36                          |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)                              | 59705.74                      | 362278.98                         |
| (b) Political Party Committees   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs)                            | 0.00                          | 0.00                              |
| 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)                | 59705.74                      | 362278.98                         |
| 12. Transfers From Affiliated/Other Party Committees                     | 0.00                          | 0.00                              |
| 13. All Loans Received   | 0.00                          | 0.00                              |
| Loan Repayments Received      Offsets To Operating Expenditures          | 0.00                          | 0.00                              |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)               | 0.00                          | 0.00                              |
| to Federal candidates and Other Political Committees                     | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.)                   | 30.17                         | 158.50                            |
| 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))  | 59735.91                      | 362437.48                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)            | 59735.91                      | 362437.48                         |

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 409

|     | II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B Calendar Year-to-Date |
|-----|--|-------------------------------|--------------------------------|
| 21. | Operating Expenditures:  (a) Shared Federal/Non-Federal                          |                               | 1                              |
|     | Activity (from Schedule H4)  | 0.00                          | 0.00                           |
|     | (i) Federal Share  |                               |                                |
|     | (ii) Non-Federal Share   | 0.00                          | 0.00                           |
|     | (b) Other Federal Operating  | 27.55                         | 1766.74                        |
|     | Expenditures(c) Total Operating Expenditures                                     | 37.55                         | 1766.74                        |
|     | (add 21(a)(i), (a)(ii) and (b))  | 37.55                         | 1766.74                        |
| 22. | Transfers to Affiliated/Other Party  |                               |                                |
| 23. | Committees   | 0.00                          | 0.00                           |
|     | Federal Candidates/Committeesand Other Political Committees                      | 90500.00                      | 296500.00                      |
| 24. | Independent Expenditure  | 0.00                          | 0.00                           |
| 5.  | (use Schedule E)   | 0.00                          | 0.00                           |
|     | Committees (2 U.S.C. 441a(d)) (use Schedule F)                                   | 0.00                          | 0.00                           |
| 96  | Loan Repayments Made   | 0.00                          | 0.00                           |
| υ.  | Loan repayments made   |                               |                                |
| 28. | Loans Made  Refunds of Contributions To:   | 0.00                          | 0.00                           |
|     | (a) Individuals/Persons Other Than Political Committees                          | 0.00                          | 0.00                           |
|     |  |                               |                                |
|     | (b) Political Party Committees   | 0.00                          | 0.00                           |
|     | (c) Other Political Committees<br>(such as PACs)                                 | 0.00                          | 0.00                           |
|     | (d) Total Contribution Refunds   |                               |                                |
|     | (add Lines 28(a), (b), and (c))  | 0.00                          | 0.00                           |
| 29. | Other Disbursements  | 500.00                        | 84750.00                       |
| ın. | Federal Election Activity (2 U.S.C 431(20))                                      |                               |                                |
|     | (a) Shared Federal Election Activity   |                               |                                |
|     | (from Schedule H6)   | 0.00                          | 0.00                           |
|     | (i) Federal Share  | 0.00                          | 0.00                           |
|     | (ii) "Levin" Share   | 0.00                          | 0.00                           |
|     | (b) Federal Election Activity Paid Entirely                                      | 0.00                          | 0.00                           |
|     | With Federal Funds   | 0.00                          | 0.00                           |
|     | (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00                          | 0.00                           |
| 1.  | Total Disbursements (add Lines 21(c), 22,  |                               |                                |
|     | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))   | 91037.55                      | 383016.74                      |
| 32. | Total Federal Disbursements  |                               |                                |
|     | (subtract Line 21(a)(ii) and Line 30(a)(ii)                                      |                               |                                |
|     | from Line 31)  | 91037.55                      | 383016.74                      |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 409

| III. Net Contributions/Operating<br>Expenditures                           | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|----------------------------|-----------------------------------|
| from Line 11(d), page 3)   | 59705.74                   | 362278.98                         |
| 4. Total Contribution Refunds (from Line 28(d))                            | 0.00                       | 0.00                              |
| Net Contributions (other than loans)     (subtract Line 34 from Line 33)   | 59705.74                   | 362278.98                         |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 37.55                      | 1766.74                           |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                       | 0.00                              |
| 88. Net Operating Expenditures (subtract Line 37 from Line 36)             | 37.55                      | 1766.74                           |

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|            | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|------------|---|----------------------|---|---|
| 7          | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad          | dress of any political committee to   | solicit contributions from such committee.                                      |
|            | MEDCO HEALTH SOLUTIONS INC. P   | POLITICAL            | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| <b>A</b> . | Full Name (Last, First, Middle Initial) ANTHONY PELOSI, JR.   |                      |   | Date of Receipt   |
|            | Mailing Address 46 CHANNING DR.   |                      |   | 06 04 2010  |
|            | City<br>RINGWOOD  | State<br>NJ          | Zip Code<br>07456   | Transaction ID: INC.A.81600  Amount of Each Receipt this Period                 |
|            | FEC ID number of contributing federal political committee.  | C                    | 07430   | 250.00  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS,<br>INC.   |                      | OR, FINANCIAL EVALUATION  | ONS   |
|            | Receipt For: Primary General Other (specify)  | Aggregate            | e Year-to-Date ▼<br>250.00  |   |
| В.         | Full Name (Last, First, Middle Initial) MR THOMAS ABSON Mailing Address 57 SYCAMORE DRIVE                                   | =                    |   | Date of Receipt   |
|            |   |                      | 7:- O-d-  | 06 05 2010  |
|            | City<br>WALDWICK  | State<br>NJ          | Zip Code<br>07463   | Transaction ID: INC.A.81784  Amount of Each Receipt this Period                 |
|            | FEC ID number of contributing federal political committee.  | C                    | 0.100   | 25.00   |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR FOF | n<br>RMULARY & COVERAGE M   | ──<br>GMT   |
|            | Receipt For:  Primary General  Other (specify) ▼  | Aggregate            | e Year-to-Date ▼<br>325.00  |   |
| _<br>С.    | Full Name (Last, First, Middle Initial) MS LESLIE ACHTER  |                      |   | Date of Receipt   |
| <b>o</b> . | Mailing Address 821 ALBEMARLE STR   | EET                  |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
|            | City  | State                | Zip Code  | Transaction ID: INC.A.81771   |
|            | WYCKOFF FEC ID number of contributing   | NJ<br>C              | 07481   | Amount of Each Receipt this Period  50.00                                       |
|            | federal political committee.  |                      |   | 30.00   |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP ANAI | n<br>LYTICAL SVCS   |   |
|            | Receipt For: Primary General Other (specify)  | Aggregate            | e Year-to-Date ▼ 650.00   | ]   |
|            | SUBTOTAL of Receipts This Page (optional)   |                      | <b>)</b>  | 325.00  |
| t          | TOTAL This Period (last page this line number   |                      | <u> </u>  |   |

| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                                   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 8 / 409 (check only one)  X 11a 11b 11c 12 |
|---|-----------------------------------|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may<br>ne name and add | not be sold or used by any persol<br>lress of any political committee to | 13 14 15 16 1 16 1 17 1 18 1 19 1 19 1 19 1 19 1 19 1 19         |
| MEDCO HEALTH SOLUTIONS INC.   | POLITICAL A                       | CTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK   |                                   |  | Date of Receipt  |
| Mailing Address 1021 SUNSET RIDG  |                                   | 7'- 0-4-   | 06 05 2010   |
| City  | State                             | Zip Code   | Transaction ID: INC.A.81679                                      |
| BRIDGEWATER   | NJ                                | 08807  | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.  | C                                 |  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP PHAF                | RM CONTRACT & CONSUL   | TING   |
| Receipt For:  | Aggregate                         | Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   |                                   | 650.00   | ]  |
| Full Name (Last, First, Middle Initial) DIANE ADAMS   |                                   |  | Date of Receipt  |
| Mailing Address 34 THOMAS ST.   |                                   |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
| City  | State                             | Zip Code   | Transaction ID: INC.A.82157                                      |
| CALDWELL  | NJ                                | 07006  | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.  | C                                 |  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR E               | BUSINESS REQUIREMENT   | <del>-</del><br>s  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                         | Year-to-Date ▼ 325.00  |  |
| Full Name (Last, First, Middle Initial)<br>MR STEPHEN ADLER   |                                   |  | Date of Receipt  |
| Mailing Address 139 BELLVALE LAKI   | ES RD                             |  | 06 05 2010   |
| City  | State                             | Zip Code   | Transaction ID: INC.A.81769                                      |
| WARWICK   | NY                                | 10990  | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.  | C                                 |  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP INFO                | TECHNOLOGY   |  |
| Receipt For:  | Aggregate                         | Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 0 0                               | 650.00   | ]  |
|   |                                   |  | 125.00   |

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

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 409 (check only one)    X |
|--|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | o solicit contributions from such committee. |   |   |
| Full Name (Last, First, Middle Initial)  MS KELLY AGNEW  Mailing Address 1360 N. SANDBURG  |  |   | Date of Receipt  0 6 0 5 2 0 1 0                    |
| #1602<br>City  | State  | Zip Code  | Transaction ID: INC.A.81692                         |
| CHICAGO  | IL   | 60610   | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.   | C  |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL ACC                          | CT EXEC   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate `                                  | Year-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial) MS MICHELE AGNEW Mailing Address 2433 ANDERSON PARK DRIVE  |  |   | Date of Receipt                                     |
|  |  |   | 06 05 2010  |
| City   | State  | Zip Code  | Transaction ID: INC.A.81667                         |
| HENDERSON FEC ID number of contributing federal political committee.   | C  | 89044   | Amount of Each Receipt this Period  12.50           |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR HR                            |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate `                                  | Year-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial) JANET ALEXANDER  |  |   |   |
| Mailing Address 32 WEST 83RD STR<br>APT #2   | EET  |   | 06 05 7 2010  |
| City<br>NEW YORK   | State<br>NY                                  | Zip Code  | Transaction ID: INC.A.82212                         |
| FEC ID number of contributing federal political committee.   | C  | 10024   | Amount of Each Receipt this Period 25.00            |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL ACC                          | CT EXEC   |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del></del>                                  | Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (optional)  | 1  |   | 62.50   |

| SCHEDULE A (F   | •  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 10 / 409   (check only one)     X   11a |
|---|--|---|---|
| Any information copied from for commercial purpose      | m such Reports and Statements mass, other than using the name and ac | ay not be sold or used by any perso<br>ddress of any political committee to   | o solicit contributions from such committee.                    |
| NAME OF COMMITTE<br>MEDCO HEALTH                        | EE (In Full)<br>SOLUTIONS INC. POLITICAL                             | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, DR JODY ALLEN                   | Middle Initial)  |   | Date of Receipt   |
| Mailing Address 303                                     | 1 MOUNT HILL DR  |   | 06 05 2010  |
| City  | State  | Zip Code  | Transaction ID: INC.A.81768                                     |
| MIDLOTHIAN FEC ID number of confederal political commit |  | 23113   | Amount of Each Receipt this Period  50.00                       |
| Name of Employer<br>MEDCO HEALTH SO                     | LUTIONS Occupation VP CLIN   | on<br>NICAL POLICY-GOV AFFAIR   | <br>RS  |
| Receipt For: Primary Other (specify)                    | General  | te Year-to-Date ▼ 650.00  |   |
| Full Name (Last, First, MARENE ALLISON                  | Middle Initial)  | Date of Receipt   |   |
| Mailing Address 44(                                     | 5 WISMER ROAD  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City<br>DOYLESTOWN                                      | State<br>PA  | Zip Code  | Transaction ID: INC.A.82151                                     |
| FEC ID number of confederal political commit            | tributing  | 18901   | Amount of Each Receipt this Period  50.00                       |
| Name of Employer<br>MEDCO HEALTH SO                     | LUTIONS Occupation VP SEC  | on<br>CURITY & ASSET PROTECTI   | ION   |
| Receipt For: Primary Other (specify)                    | General  | te Year-to-Date ▼ 650.00  |   |
| Full Name (Last, First, MR JAMES ALLOCCO                | Middle Initial)  |   | Date of Receipt   |
| Mailing Address 19                                      | ROSS ROAD  |   | M M / D D / Y Y Y Y Y O D O D O D O D O D O D O D O             |
| City<br>SCARSDALE                                       | State<br>NY  | Zip Code<br>10583   | Transaction ID: INC.A.81850  Amount of Each Receipt this Period |
| FEC ID number of confederal political commit            | tributing  | 1000  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SO                     | LUTIONS Occupation VP INFO   | on<br>O TECHNOLOGY  |   |
| Receipt For: Primary Other (specify)                    | General  | te Year-to-Date ▼ 650.00  |   |
| SUBTOTAL of Receipts                                    | This Page (optional)   |   | 150.00  |

|         | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 409 (check only one)    X   11a |
|---------|---|--|---|--|
| ,<br>C  | Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | on for the purpose of soliciting contributions |   |  |
|         | MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL /                                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)                                       |
| ۷.      | Full Name (Last, First, Middle Initial) TEJWANSH ANAND  | Date of Receipt                                |   |  |
|         | Mailing Address 10 WHIPPOORWILL   | LAKE ROAD                                      | )   | 06 05 7 2010   |
|         | CHARRACHA   | State<br>NY                                    | Zip Code  | Transaction ID: INC.A.82111                                |
|         | CHAPPAQUA FEC ID number of contributing federal political committee.  | C  | 10514   | Amount of Each Receipt this Period 50.00                   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP INFC                           | n<br>TECHNOLOGY   |  |
|         | Receipt For:  Primary General  Other (specify)  | Aggregate                                      | e Year-to-Date ▼ 650.00   |  |
| -<br>3. | Full Name (Last, First, Middle Initial) MRS LAUREN ANTONELLI  | Date of Receipt                                |   |  |
|         | Mailing Address 64 CUPSAW DRIVE   |  |   | 06 05 2010   |
|         | City  | State  | Zip Code  | Transaction ID: INC.A.81873                                |
|         | RINGWOOD  | NJ   | 07456   | Amount of Each Receipt this Period                         |
|         | FEC ID number of contributing federal political committee.  | C  |   | 25.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |  | DUCT MGMT   |  |
|         | Receipt For: Primary General  | Aggregate                                      | e Year-to-Date ▼  | 1  |
|         | Other (specify) ▼   |  | 325.00  |  |
|         | Full Name (Last, First, Middle Initial)<br>MS JAYME ANTONOPLOS  | Date of Receipt                                |   |  |
|         | Mailing Address 48 WITTE ROAD   |  |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                |
|         | City  | State  | Zip Code  | Transaction ID: INC.A.81945                                |
|         | HEWITT FEC ID number of contributing federal political committee.   | C  | 07421   | Amount of Each Receipt this Period  25.00                  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR EXE                           | n<br>CC CORR  |  |
|         | Receipt For:  Primary General  Other (specify) ▼  |  | e Year-to-Date ▼ 325.00   |  |
|         | SUBTOTAL of Receipts This Page (optional)   | 1  |   | 100.00   |

| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F  Full Name (Last, First, Middle Initial) MR DAVID ARCISZEWSKI  Mailing Address 20 CHADWELL PLACE  City MORRISTOWN  FEC ID number of contributing federal political committee. | POLITICAL ACTION COMMITTEE (a.k.a  State Zip Code NJ 07960 | solicit contributions from such committee.                      |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) MR DAVID ARCISZEWSKI Mailing Address 20 CHADWELL PLACE City MORRISTOWN FEC ID number of contributing   | State Zip Code NJ 07960                                    | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |
|  |  |   |  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation ASST COUNSEL  Aggregate Year-to-Date   325.00   |   |  |
| Full Name (Last, First, Middle Initial) DENNIS AUCH Mailing Address 1981 E. COVEY VIEW   | COURT  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |  |
| City   | State Zip Code   | Transaction ID: INC.A.82262                                     |  |
| SALT LAKE CITY  FEC ID number of contributing federal political committee.   | UT 84106   | Amount of Each Receipt this Period  50.00                       |  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP REIMBURSEMENT                                | 7   |  |
| Receipt For:  Primary  General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00                            |   |  |
| Full Name (Last, First, Middle Initial) WILLIAM AX   | WILLIAM AX   |   |  |
| Mailing Address 1607 STODDARD ST   |  | 06 05 7 2010  |  |
| City<br>ROCKFORD   | State Zip Code IL 61108                                    | Transaction ID: INC.A.82272  Amount of Each Receipt this Period |  |
| FEC ID number of contributing federal political committee.   | C  | 25.00   |  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation AVP SALES-HEMOPHILIA                            | 7   |  |
| Receipt For:  Primary  General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00                            |   |  |
| SUBTOTAL of Receipts This Page (optional)  |  | 100.00  |  |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17            |
|----------|--|----------------------------|---|---|
| \<br>\   | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL                   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A.       | Full Name (Last, First, Middle Initial)  MS CHARLOTTE BABCOCK  Mailing Address 2636 SHAKER RD                                |                            |   | Date of Receipt   |
|          | City   | State                      | Zip Code  | 0 6 0 5 2 0 1 0<br>Transaction ID: INC.A.82237  |
|          | CLEVELAND HEIGHTS  | OH                         | 44118   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | C                          |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL AC         | n<br>DCT EXEC   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼ 325.00   | ]   |
| ь.<br>В. | Full Name (Last, First, Middle Initial)<br>ERIK BAGIN  | Date of Receipt            |   |   |
|          | Mailing Address 73 HIGHLAND AVENU  |                            |   | 06 05 2010  |
|          | City   | State                      | Zip Code  | Transaction ID: INC.A.82156   |
|          | GLEN RIDGE   | NJ                         | 07028   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | C                          |   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM           | n   |   |
|          | Receipt For:   | Aggregate                  | e Year-to-Date  |   |
|          | Primary General Other (specify) ▼  |                            | 650.00  |   |
| С.       | Full Name (Last, First, Middle Initial)<br>MS BECKIE BARATKO   | Date of Receipt            |   |   |
|          | Mailing Address 80 N. WOODLAND STREET  |                            |   | 06 / 05 / 2010  |
|          | City   | State                      | Zip Code  | Transaction ID: INC.A.82035   |
|          | ENGLEWOOD  FEC ID number of contributing federal political committee.  | NJ<br>C                    | 07631   | Amount of Each Receipt this Period  50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP PRO        | n<br>POSAL UNIT   |   |
|          | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |
|          | Primary General Other (specify) ▼  | 0 0                        | 650.00  | ]   |
|          | SUBTOTAL of Receipts This Page (optional)  |                            |   | 125.00  |
| ļ        | TOTAL This Period (last page this line number of   | only)                      |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  |
|--|-------------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | name and add                  | dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee.                               |
| Full Name (Last, First, Middle Initial) MR THOMAS BARATTA Mailing Address 69 SKYLINE DR  City UPPER SADDLE RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | State NJ C Occupation VP INFO | Zip Code<br>07458   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MR THOMAS BARDZELL Mailing Address 77 HIGHLAND AVE  City MIDLAND PARK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     |                               | Zip Code<br>07432<br>n<br>CAL SPECIALIST<br>Year-to-Date ▼                    | Date of Receipt  M M / D D / Y Y Y Y Y  O 6   |
| Full Name (Last, First, Middle Initial)  MS ROBYN BARILLARI  Mailing Address 3 DELANEY COURT  City  BRIDGEWATER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) |                               | Zip Code 08807  n DICARE OPS 9 Year-to-Date  390.00                           | Date of Receipt  M M M / D D / Y Y Y Y Y  2 0 1 0  Transaction ID: INC.A.82162  Amount of Each Receipt this Period  30.00 |
| SUBTOTAL of Receipts This Page (optional)  |                               |   | 105.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                             | FOR LINE NUMBER: PAGE 15 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person e name and address of any political committee to s |   |
| ` '   | POLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) JANE BARLOW Mailing Address 3 AVALON COLIRT                                       |   | Date of Receipt   |
| Mailing Address 3 AVALON COURT  City  | State Zip Code  | 0 6 0 5 2 0 1 0<br>Transaction ID: INC.A.82199                                |
| HOPEWELL JUNCTION   | NY 12533  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP MEDICAL POLICIES  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial)<br>MR MICHAEL BARONE  |   | Date of Receipt   |
| Mailing Address 452 MEDWAY ROAD   |   | 06 05 7 2010  |
| City  | State Zip Code  | Transaction ID: INC.A.82238   |
| HIGHLAND HEIGHTS  | OH 44143  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С   | 192.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP & GENERAL MGR  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  2496.00   |   |
| Full Name (Last, First, Middle Initial) MR DAVID BAUGH  |   | Date of Receipt   |
| Mailing Address 1813 ADONIS AVE   |   | 0 6 0 5 2 0 1 0   |
| City<br>HENDERSON   | State Zip Code<br>NV 89074  | Transaction ID: INC.A.82094  Amount of Each Receipt this Period               |
| FEC ID number of contributing federal political committee.  | C   | 58.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation MGR BENEFIT DELIVERY SYSTEMS   |   |
| Receipt For:  Primary  General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 754.00   |   |
| CURTOTAL of Passints This Pass (antique)  |   | 300.00  |

| SCHEDULE A (FEC Form  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 16 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11 |  |  |
|---|---|--|--|--|
| or for commercial purposes, other than  NAME OF COMMITTEE (In Full)                       | orts and Statements may not be sold or used by any person using the name and address of any political committee to SINC. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.                                       |  |  |
| Full Name (Last, First, Middle Initial) JAMES BECKER Mailing Address 35 BIRCH STF         |   | Date of Receipt  |  |  |
| City<br>EMERSON   | State Zip Code NJ 07630   | Transaction ID: INC.A.82102 Amount of Each Receipt this Period                   |  |  |
| FEC ID number of contributing federal political committee.                                | Occupation  | 25.00  |  |  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼ | DIR ENTERPRISE BUSINESS INTEL  Aggregate Year-to-Date ▼  325.00   | <u>L</u>   |  |  |
| Full Name (Last, First, Middle Initial) MR STEPHEN BELL Mailing Address 24 GLENWOO        | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |  |  |
| City  | City State Zip Code   |  |  |  |
| UPPER SADDLE RIVER  | NJ 07458  | Amount of Each Receipt this Period   |  |  |
| FEC ID number of contributing federal political committee.                                | C   | 50.00  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP FINANCE   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00   |  |  |  |
| Full Name (Last, First, Middle Initial) MS FRANCINE BELLOFATTO                            |   | Date of Receipt  |  |  |
| Mailing Address 4603 TUDOR  | DR  | 06 05 7 2010   |  |  |
| City  | State Zip Code  | Transaction ID: INC.A.81805  |  |  |
| POMPTON PLAINS  FEC ID number of contributing federal political committee.                | NJ 07444  | Amount of Each Receipt this Period  25.00  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR CLINICAL SVCS   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00   |  |  |  |
| SURTOTAL of Receipts This Page (o   | otional)  | 100.00   |  |  |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS  Any information copied from such Reports             | Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person | FOR LINE NUMBER: PAGE 17 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)                       | ing the name and address of any political committee to   | solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial)  MS THERESA BENSHOOF  Mailing Address 1332 SE 78TH S | т  | Date of Receipt  |
|  |  | 06 05 2010   |
| City<br>RUNNELLS   | State Zip Code<br>IA 50237   | Transaction ID: INC.A.81813  Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                                   | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL ACCT EXEC  | _  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00  |  |
| Full Name (Last, First, Middle Initial) MS CARMEN BERG                                       |  | Date of Receipt  |
| Mailing Address P O BOX 1373   |  | 0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>MEDICAL LAKE   | State Zip Code WA 99022  | Transaction ID: INC.A.82023  Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                                   | C  | 12.50  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR PHARM PRACTICE  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00  |  |
| Full Name (Last, First, Middle Initial) ANDREA BERGMAN                                       |  | Date of Receipt  |
| Mailing Address 65 ARELL COUR  | RT   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                      |
| City<br>ALEXANDRIA   | State Zip Code<br>VA 22304   | Transaction ID: INC.A.82230  |
| FEC ID number of contributing federal political committee.                                   | C 22304  | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR GOV AFFAIRS   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00  |  |
| SUBTOTAL of Receipts This Page (option   | onal)  | 62.50  |

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

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>(</b> )   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 409 (check only one)    X             |  |
|--|--|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC  | the name and add   | dress of any political committee to   | solicit contributions from such committee.                       |  |
| Full Name (Last, First, Middle Initial) JEAN BERGWALL Mailing Address 2546 HOLLYHOCK  City GERMANTOWN  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: | State TN C Occupation DIR PRO  | Zip Code 38138  n DDUCT LINE II e Year-to-Date ▼                              | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y |  |
| Other (specify) ▼  Full Name (Last, First, Middle Initial)  MS STACEY BERNSTEIN  | Full Name (Last, First, Middle Initial) MS STACEY BERNSTEIN Mailing Address 166 BERKELEY PLACE |   |  |  |
| GLEN ROCK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify)   | Occupation ASST CO   |   | Amount of Each Receipt this Period  20.00                        |  |
| Full Name (Last, First, Middle Initial) MR DAVID BERRY Mailing Address 11 COBBLESTONE  City RAMSEY  FEC ID number of contributing federal political committee.   | State<br>NJ  | Zip Code<br>07446   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y |  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   |  | n<br>HNOLOGY<br>Year-to-Date ▼<br>325.00                                      |  |  |
| SUBTOTAL of Receipts This Page (optional  TOTAL This Period (last page this line numb  | ,  | •   | 70.00  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 19 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 1 |
|--|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any personal ename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial) INDERPAL BHANDARI Mailing Address 220 ARDSLEY ROAD City SCARSDALE FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)              | State Zip Code NY 10583  C  Occupation VP CLINICAL SVCS  Aggregate Year-to-Date  650.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| Full Name (Last, First, Middle Initial) MS EILEEN BIDELL Mailing Address 71 WASHINGTON CT  City TOWACO  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                | C  Occupation SR DIR PHARM OPS  Aggregate Year-to-Date ▼  325.00   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| Full Name (Last, First, Middle Initial) MR ANDREW BIDINOTTO Mailing Address 7728 GRACE DRIVE  City NORTH RICHLAND HIL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code TX 76182  C  Occupation BUSINESS PROCESS CHAMPION Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| SUBTOTAL of Receipts This Page (optional) .  |  | 87.50  |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|----------|---|-----------------------------|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma<br>name and ad | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F                                      | POLITICAL                   | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial)<br>MR FLOYD BILLINGS                                    |                             |   | Date of Receipt   |
|          | Mailing Address 4273 BROGDAN FARM   | 0 6 0 5 2 0 1 0             |   |   |
|          | City<br>BUFORD  | State<br>GA                 | Zip Code<br>30518   | Transaction ID: INC.A.81964  Amount of Each Receipt this Period                           |
|          | FEC ID number of contributing federal political committee.                                      | С                           |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation TECHNIC          | n<br>CAL SPECIALIST   |   |
|          | Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼   | Aggregate                   | e Year-to-Date ▼<br>325.00  |   |
| В.       | Full Name (Last, First, Middle Initial) CALVIN BINGHAM Mailing Address 12700 W 48TLL CT         |                             |   | Date of Receipt   |
|          | Mailing Address 13702 W. 48TH ST.   | 06 05 2010                  |   |   |
|          | City State  |                             | Zip Code  | Transaction ID: INC.A.82263   |
|          | SHAWNEE   | KS                          | 66216   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                                      | C                           |   | 25.00   |
|          | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR CLIN         | n<br>NICAL OPS  |   |
|          |   |                             | e Year-to-Date ▼  |   |
|          | Primary General Other (specify) ▼   |                             | 325.00  |   |
| с.<br>С. | Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO                                    |                             |   | Date of Receipt   |
|          | Mailing Address 26 DAYLILY DRIVE  | 06 05 2010                  |   |   |
|          | City  | State                       | Zip Code  | Transaction ID: INC.A.82170   |
|          | MOUNT LAUREL  FEC ID number of contributing federal political committee.                        | C                           | 08054   | Amount of Each Receipt this Period  15.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP HR            | n   |   |
|          | Receipt For:  | Aggregate                   | e Year-to-Date 🔻  |   |
|          | Primary General Other (specify) ▼   | 0 0                         | 390.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   |                             | <b>)</b>  | 65.00   |
| ŀ        | TOTAL This Period (last page this line number   |                             | <u> </u>  |   |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|----------|--|---|---|---|
|          | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may<br>name and add               | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL A                                  | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| A.       | Full Name (Last, First, Middle Initial) MS SUZANNE BLACKBURN   |   |   | Date of Receipt   |
|          | Mailing Address 4520 LINWOOD LANE  City  | State                                       | Zip Code  | 0 6 0 5 2 0 1 0  Transaction ID: INC.A.82093  |
|          | DEEPHAVEN  | MN  | 55331   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | C   |   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP CLI                        | n<br>ENT & MKT STRATEGIC DE   | <u> </u>  |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                                   | e Year-to-Date ▼ 650.00   |   |
| В.       | Full Name (Last, First, Middle Initial) MS JESSICA BLANTON   |   |   | Date of Receipt   |
|          | Mailing Address 410 CORNELIA ST. #4  | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
|          | City   | State                                       | Zip Code  | Transaction ID: INC.A.81815   |
|          | BOONTON  | NJ  | 07005   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | С   |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR PRO                        | n<br>DPOSAL DEPARTMENT  |   |
|          | Receipt For:  Primary General  | Aggregate                                   | e Year-to-Date ▼  |   |
|          | Other (specify)  |   | 325.00  |   |
| с.<br>С. | Full Name (Last, First, Middle Initial)<br>MR JONATHAN BLAUMAN   |   |   | Date of Receipt   |
|          | Mailing Address 50 NEW ENGLAND DR  | 06 05 7 2010                                |   |   |
|          | City   | State                                       | Zip Code  | Transaction ID: INC.A.81911   |
|          | RAMSEY  FEC ID number of contributing federal political committee.   | NJ<br>C                                     | 07446   | Amount of Each Receipt this Period  50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP MKTI                        | n<br>NG & PRODUCT DEV   |   |
|          | Receipt For:   |   | e Year-to-Date ▼  | _   |
|          | Primary General Other (specify) ▼  | 0 0   | 650.00  | ]   |
|          | SUBTOTAL of Receipts This Page (optional)  |   | <b>\</b>  | 125.00  |
|          | TOTAL This Period (last page this line number of   |   | ·   |   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 409 (check only one)    X            |
|----|---|--------------------------------|---|---|
| Ar | ny information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                  |
|    | MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL A                    | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
|    | Full Name (Last, First, Middle Initial)  JAMES BLONDIN  Mailing Address 4445 ALIBURAL MEADO                                   | NAC DD                         |   | Date of Receipt   |
|    | Mailing Address 115 AUBURN MEADC  | JWS DR                         |   | 06 05 7 2010  |
|    | City<br>FORISTELL   | State<br>MO                    | Zip Code<br>63348   | Transaction ID: INC.A.82270  Amount of Each Receipt this Period |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation GENERA              | n<br>AL MGR - MULTI BRANCH  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
|    | Full Name (Last, First, Middle Initial) MR STEVEN BLOOM   | 1                              |   | Date of Receipt   |
|    | Mailing Address 17818 ARBOR GREE  | 0 6 0 5 2 0 1 0                |   |   |
|    | City  | State                          | Zip Code  | Transaction ID: INC.A.81910                                     |
|    | TAMPA FL  FEC ID number of contributing federal political committee.  C   |                                | 33647   | Amount of Each Receipt this Period                              |
|    |   |                                |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP FIEL             |   |   |
|    | Receipt For:  | Aggregate                      | e Year-to-Date 🔻  |   |
|    | Primary ☐ General Other (specify) ▼   | 0 0                            | 650.00  |   |
|    | Full Name (Last, First, Middle Initial)<br>KEN BODMER   |                                |   | Date of Receipt   |
|    | Mailing Address P.O. BOX 381947   |                                |   | 0 6 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
|    | City<br>GERMANTOWN  | State<br>TN                    | Zip Code  | Transaction ID: INC.A.81997                                     |
|    | FEC ID number of contributing federal political committee.  | C                              | 38183   | Amount of Each Receipt this Period 192.00                       |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio                      | n<br>CCREDO HEALTH GROUP  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>2496.00   |   |
| _  |   | 1                              |   | 267.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS                  | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 23 / 409 (check only one)    X  |
|--|--|---|
| NAME OF COMMITTEE (In Full)                                | nd Statements may not be sold or used by any personal the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)                    | C. POLITICAL ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| MR MICHAEL BOGDA  Mailing Address 80 LEONA CT              |  | Date of Receipt  0 6 0 5 2 0 1 0  |
| City<br>LEVITTOWN  | State Zip Code<br>NY 11756   | Transaction ID: INC.A.82096  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee. | C  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                 | Occupation SR DIR TECHNOLOGY   |   |
| Receipt For:  Primary  General  Other (specify) ▼          | Aggregate Year-to-Date ▼ 325.00  |   |
| Full Name (Last, First, Middle Initial) MRS HEATHER BONOME |  | Date of Receipt   |
| Mailing Address 203 12TH STREET                            | NE   | 06 05 2010  |
| City<br>WASHINGTON   | State Zip Code DC 20002  | Transaction ID: INC.A.81852   |
| FEC ID number of contributing federal political committee. | DC 20002   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                 | Occupation DIR CLINICAL SVCS   |   |
| Receipt For:  Primary General  Other (specify) ▼           | Aggregate Year-to-Date ▼  325.00   |   |
| Full Name (Last, First, Middle Initial) MR JOSEPH BOTTA    |  | Date of Receipt   |
| Mailing Address 109 ARBOR PL                               |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>BRYN MAWR  | State Zip Code<br>PA 19010   | Transaction ID: INC.A.81739  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee. | C  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                 | Occupation VP SALES  |   |
| Receipt For:  Primary General  Other (specify) ▼           | Aggregate Year-to-Date ▼ 325.00  |   |
| SUBTOTAL of Receipts This Page (optional                   | 1)   | 75.00   |

|                | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |  |  |
|----------------|---|-------------------------------------|---|---|--|--|
|                | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) |                                     |   | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
| <u>/</u><br>4. | MEDCO HEALTH SOLUTIONS INC. F  Full Name (Last, First, Middle Initial)  MR BARRY BOUDREAUX                                  | POLITICAL /                         | ACTION COMMITTEE (a.k.a   | Medco Health PAC)  Date of Receipt  |  |  |
| ٦.             | Mailing Address 6527 SHORBURGH D  | RIVE<br>State                       | Zip Code  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |
|                | INDIANAPOLIS  | IN                                  | 46278   | Amount of Each Receipt this Period  |  |  |
|                | FEC ID number of contributing federal political committee.  | С                                   |   | 25.00   |  |  |
|                | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                                     | ARM PRACTICE  |   |  |  |
|                | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                           | e Year-to-Date ▼<br>650.00  |   |  |  |
| _<br>3.        | Full Name (Last, First, Middle Initial) RUSS BOURNE  Mailing Address 242 N HIGHLAND   | Date of Receipt                     |   |   |  |  |
|                | Maining Addition 242 IN MIGHLAND  |                                     |   | 06 05 2010  |  |  |
|                | City  | State                               | Zip Code  | Transaction ID: INC.A.82283   |  |  |
|                | MEMPHIS  FEC ID number of contributing federal political committee.   | C                                   | 38111   | Amount of Each Receipt this Period  25.00   |  |  |
|                | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation VP BUS                   | DEV   |   |  |  |
|                | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                           | e Year-to-Date ▼<br>325.00  |   |  |  |
| -<br>:.        | Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN  |                                     |   | Date of Receipt   |  |  |
|                | Mailing Address 5259 FISHERCREST  | Mailing Address 5259 FISHERCREST LN |   |   |  |  |
|                | City  | State                               | Zip Code  | Transaction ID: INC.A.82044   |  |  |
|                | RICHMOND  | VA                                  | 23231   | Amount of Each Receipt this Period  |  |  |
|                | FEC ID number of contributing federal political committee.  | C                                   |   | 200.00  |  |  |
|                | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                                     | MULARY CONSULTING   |   |  |  |
|                | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                           | e Year-to-Date ▼ 2600.00  |   |  |  |
|                | SUBTOTAL of Receipts This Page (optional)   |                                     |   | 250.00  |  |  |
|                | TOTAL This Period (last page this line number   | only)                               |   |   |  |  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>(</b> )                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 25 / 409   (check only one)   |  |  |
|--|--------------------------------------|---|---|--|--|
| Any information copied from such Reports ar or for commercial purposes, other than using | d Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                       | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |
| Full Name (Last, First, Middle Initial) KAREN BOWE                                       |                                      |   | Date of Receipt   |  |  |
| Mailing Address 177 N. MILL ROAD   | Mailing Address 177 N. MILL ROAD     |   |   |  |  |
| City<br>HARRISBURG   | State<br>PA                          | Zip Code<br>17112   | Transaction ID: INC.A.82245   |  |  |
| FEC ID number of contributing federal political committee.                               | C                                    | 17112   | Amount of Each Receipt this Period  25.00   |  |  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR NAT                   | n<br>L CUST RELATIONS   |   |  |  |
| Receipt For:  Primary  General  Other (specify)  |                                      | Year-to-Date ▼ 325.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MS HEIDI BOWMAN                                  |                                      |   | Date of Receipt   |  |  |
| Mailing Address 15 DAWN LANE   | 0 6 0 5 7 2 0 1 0                    |   |   |  |  |
| City<br>RINGWOOD   | State<br>NJ                          | Zip Code<br>07456   | Transaction ID: INC.A.82090   |  |  |
| FEC ID number of contributing federal political committee.                               | C                                    | 07430   | Amount of Each Receipt this Period  50.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC DI                   | n<br>R STRAT PRODUCT MGM  | —<br>т  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | - <del>- '</del>                     | Year-to-Date ▼ 650.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MR KEITH BRADBURY                                |                                      |   | Date of Receipt   |  |  |
| Mailing Address 122 DERFUSS LN   |                                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |
| City<br>BLAUVELT   | State<br>NY                          | Zip Code<br>10913   | Transaction ID: INC.A.81710   |  |  |
| FEC ID number of contributing federal political committee.                               | C                                    | 10913   | Amount of Each Receipt this Period  25.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>EXEC DI                | n<br>R DRUG INFO  |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼   |                                      | Year-to-Date ▼ 300.00   |   |  |  |
| SUBTOTAL of Receipts This Page (optional   | <u> </u>                             |   | 100.00  |  |  |

|         | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |  |  |
|---------|---|---------------------|---|--|--|--|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad         | dress of any political committee to                                     | solicit contributions from such committee.                                       |  |  |
| ,       | MEDCO HEALTH SOLUTIONS INC. F  Full Name (Last, First, Middle Initial)  | OLITICAL /          | ACTION COMMITTEE (a.K.a   | . iviedco Health PAC)  |  |  |
| Α.      | MS PATRICIA BRANUM  Mailing Address 210 FROG HOLLOW I   | ROAD                |   | Date of Receipt  |  |  |
|         | City  | State               | Zip Code  | 0 6 0 5 2 0 1 0  Transaction ID: INC.A.82024                                     |  |  |
|         | COATESVILLE   | PA                  | 19320   | Amount of Each Receipt this Period   |  |  |
|         | FEC ID number of contributing federal political committee.  | C                   |   | 85.00  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP INFC  | n<br>) & PROCESS ENGINEERIN   | IG   |  |  |
|         | Receipt For:  Primary General  Other (specify) ▼  |                     | e Year-to-Date ▼<br>1105.00   |  |  |  |
| В.      | Full Name (Last, First, Middle Initial) MR JOHN BRENNAN Mailing Address 2 CARMEN LANE                                       |                     |   | Date of Receipt  |  |  |
|         | Mailing Address 2 CARMEN LANE   | 06 05 2010          |   |  |  |  |
|         | City  | State               | Zip Code  | Transaction ID: INC.A.82139  |  |  |
|         | FLEMINGTON  | NJ                  | 08822   | Amount of Each Receipt this Period   |  |  |
|         | FEC ID number of contributing federal political committee.  | C                   |   | 50.00  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP AUD   |   |  |  |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate           | e Year-to-Date ▼ 650.00   |  |  |  |
| -<br>C. | Full Name (Last, First, Middle Initial) MS LINDA BRIDGE   |                     |   | Date of Receipt  |  |  |
|         | Mailing Address 136 BEECH ST  |                     |   |  |  |  |
|         | City<br>BELLEVILLE  | State<br>NJ         | Zip Code<br>07109   | Transaction ID: INC.A.81828  Amount of Each Receipt this Period                  |  |  |
|         | FEC ID number of contributing federal political committee.  | C                   |   | 25.00  |  |  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR CLIE | n<br>ENT/MEMBER COMM  |  |  |  |
|         | Receipt For:  Primary  General  Other (specify)   | Aggregate           | e Year-to-Date ▼ 325.00   |  |  |  |
|         | SUBTOTAL of Receipts This Page (optional)   |                     |   | 160.00   |  |  |
|         | TOTAL This Period (last page this line number   | only)               |   |  |  |  |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 27 / 409 (check only one)    X            |
|--|---|---|
| or for commercial purposes, other than u   | ts and Statements may not be sold or used by any persousing the name and address of any political committee to SINC. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial) MR PAUL BRISSON Mailing Address 469 MANOR LA     | ANE   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City<br>PELHAM MANOR   | State Zip Code<br>NY 10803  | Transaction ID: INC.A.81819  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                               | C   | 25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼ | Occupation DIR PRODUCT DEVELOPMENT  Aggregate Year-to-Date   325.00   |   |
| Full Name (Last, First, Middle Initial) MR RICHARD BROOKLER Mailing Address 9 ROMARY CC  | DURT  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City   | State Zip Code  | Transaction ID: INC.A.81703                                     |
| GLEN ROCK  | NJ 07452  | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                               | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR FINANCE   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial)<br>MR GREGORY BROWN                              | •   | Date of Receipt   |
| Mailing Address 1162 PLAINS F  |   | 06 05 4 2010  |
| City<br>WALLKILL   | State Zip Code<br>NY 12589  | Transaction ID: INC.A.81661  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                               | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR ACCT MGMT   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (or   | tional)   | 75.00   |

|              | DULE A (FEC Form 3X) ZED RECEIPTS   |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 28 / 409   (check only one)                                       |
|--------------|---|--------------------|---|---|
| Any inform   | mation copied from such Reports and Sinnercial purposes, other than using the | tatements may      | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \ \          | OF COMMITTEE (In Full) CO HEALTH SOLUTIONS INC. P                             | OLITICAL A         | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
|              | ame (Last, First, Middle Initial)<br>ENNETH BROWN                             |                    |   | Date of Receipt   |
| Mailin       | g Address 540 GIORDANO DRIV   | E                  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>YOR  | KTOWN HEIGHTS   | State<br>NY        | Zip Code<br>10598   | Transaction ID: INC.A.81736  Amount of Each Receipt this Period                           |
|              | D number of contributing all political committee.                             | C                  |   | 50.00   |
| Name<br>MED( | of Employer<br>CO HEALTH SOLUTIONS  | Occupation VP ENTE | n<br>ERPRISE BUS INTELLIGEN   | ─<br>CE   |
|              | pt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate          | e Year-to-Date ▼ 650.00   |   |
|              | ame (Last, First, Middle Initial)<br>EN BROWN                                 |                    |   | Date of Receipt   |
|              | g Address 140 S GROVE PARK  |                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>M⊏M  | IPHIS   | State<br>TN        | Zip Code<br>38117   | Transaction ID: INC.A.82265  Amount of Each Receipt this Period                           |
| FEC I        | D number of contributing all political committee.                             | C                  |   | 25.00   |
| Name<br>ACCF | of Employer<br>REDO HEALTH GROUP  | Occupation DIR PRO | n<br>DDUCT LINE II  |   |
|              | pt For: Primary General Other (specify) ♥                                     |                    | e Year-to-Date ▼<br>325.00  |   |
|              | ame (Last, First, Middle Initial)<br>SER BRYANT                               |                    |   | Date of Receipt   |
|              | g Address 5432 CAVENDISH DR   |                    |   | M M / D D / Y Y Y Y Y O D O D O D O D O D O D O D O                                       |
| City<br>MLIR | FREESBORO   | State<br>TN        | Zip Code<br>37128   | Transaction ID: INC.A.82254  Amount of Each Receipt this Period                           |
| FEC I        | D number of contributing al political committee.                              | C                  | 07120   | 25.00   |
| Name<br>ACCF | of Employer<br>REDO HEALTH GROUP  | Occupation AVP MA  | n<br>T MGMT AND COMM ACCT   | s   |
|              | pt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate          | e Year-to-Date ▼ 325.00   |   |
| SURTO        | TAL of Receipts This Page (optional)  |                    |   | 100.00  |

| City  HERMITAGE  TN 37076  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary Other (specify) ▼  Pull Name (Last, First, Middle Initial) GEORGE BURNITE  O 6 0 5  Transaction ID: If Amount of Each R  Occupation VP REIMBURSEMENT  Aggregate Year-to-Date ▼  650.00  Date of Receipt   | PAGE 29 / 409  11c      |
|--|-------------------------|
| Mailing Address 120 EAST MAIN ST  City  WASHINGTONVILLE  NY  10992  Transaction ID: If Amount of Each R  Amount of Each R  C   Cupation  SR DIR FINANCE  Receipt For:  Primary  Other (specify) ▼  C   City  HERMITAGE  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Aggregate Year-to-Date ▼  C   Date of Receipt Tore  Transaction ID: If Amount of Each R  Date of Receipt Tore  Aggregate Year-to-Date ▼  Transaction ID: If Amount of Each R  Date of Receipt Tore  Aggregate Year-to-Date ▼  Transaction ID: If Amount of Each R  Date of Receipt Tore  Aggregate Year-to-Date ▼  Transaction ID: If Amount of Each R  Date of Receipt Tore  Aggregate Year-to-Date ▼  Date of Receipt Tore  Aggregate Year-to-Date ▼  Transaction ID: If Amount of Each R  Date of Receipt Tore  Date of Receipt Tore  Transaction ID: If Amount of Each R  Date of Receipt Tore  Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R  Date of Receipt Transaction ID: If Amount of Each R   | such committee.         |
| WASHINGTONVILLE  FEC ID number of contributing federal political committee.  Name of Employer Meloco Health Group  Name of Employer Accreto Date  Primary General  Other (specify) ▼  State Zip Code  Transaction ID: If Amount of Each R  Occupation  State Zip Code  Transaction ID: If Amount of Each R  Occupation  State Zip Code  Transaction ID: If Amount of Each R  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Full Name (Last, First, Middle Initial)  Aggregate Year-to-Date ▼  Occupation  VP REIMBURSEMENT  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  GEORGE BURNITE  Mailing Address 68 WOODLAND DRIVE  City State Zip Code  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  GEORGE BURNITE  Mailing Address 68 WOODLAND DRIVE  City State Zip Code  CHURCHVILLE  PA 18966  FEC ID number of contributing federal political committee.  C  Occupation  VP REIMBURSEMENT  Aggregate Year-to-Date ▼  Transaction ID: If Amount of Each R  C  City State Zip Code  CHURCHVILLE  PA 18966  FEC ID number of contributing federal political committee.  Name of Employer  ACCREDO HEALTH GROUP  DIR SALES PLANNING  Receipt For:  Aggregate Year-to-Date ▼  | 2010                    |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  |                         |
| AMANDA BUNDY  Mailing Address 5812 SEVEN POINTS TRACE  City State Zip Code Transaction ID: If Amount of Each R  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Full Name (Last, First, Middle Initial) GEORGE BURNITE  Mailing Address 68 WOODLAND DRIVE  City State Zip Code Transaction ID: If Amount of Each R  Date of Receipt  Transaction ID: If Amount of Each R  Date of Receipt  Transaction ID: If Amount of Each R  Date of Receipt  Transaction ID: If Amount of Each R  Date of Receipt  Amount of Each R  City State Zip Code Transaction ID: If Amount of Each R  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Name of Employer ACCREDO HEALTH GROUP  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Aggregate Year-to-Date ▼  |                         |
| City State Zip Code TN 37076  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Full Name (Last, First, Middle Initial)  GEORGE BURNITE  Mailing Address 68 WOODLAND DRIVE  City State Zip Code Transaction ID: If Amount of Each R  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Aggregate Year-to-Date ▼  Occupation DIR SALES PLANNING  Receipt For:  Aggregate Year-to-Date ▼  | j / Y Y Y Y Y Y 2 0 1 0 |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary  Other (specify)  Other (specify)  Full Name (Last, First, Middle Initial) GEORGE BURNITE  Mailing Address 68 WOODLAND DRIVE  City  City  State  CHURCHVILLE  PA  18966  Transaction ID: If Amount of Each R  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Aggregate Year-to-Date  Occupation DIR SALES PLANNING  Aggregate Year-to-Date ▼   | NC.A.82258              |
| Receipt For: Primary General Other (specify)  Other (spec | 50.00                   |
| GEORGE BURNITE  Mailing Address 68 WOODLAND DRIVE  City State Zip Code CHURCHVILLE PA 18966  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Date of Receipt  Transaction ID: If  Amount of Each R  Occupation DIR SALES PLANNING  Aggregate Year-to-Date ▼   |                         |
| City State Zip Code Transaction ID: If PA 18966  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  O 6 0 5  Transaction ID: If Amount of Each R  Occupation DIR SALES PLANNING  |                         |
| CHURCHVILLE  PA 18966  Amount of Each R  FEC ID number of contributing federal political committee.  C  Name of Employer ACCREDO HEALTH GROUP  DIR SALES PLANNING  Receipt For:  Aggregate Year-to-Date ▼  |                         |
| federal political committee.  Name of Employer ACCREDO HEALTH GROUP  DIR SALES PLANNING  Receipt For:  Aggregate Year-to-Date ▼  |                         |
| ACCREDO HEALTH GROUP  DIR SALES PLANNING  Receipt For:  Aggregate Year-to-Date ▼   | 25.00                   |
|  |                         |
| Other (specify) ▼  325.00  |                         |
| SUBTOTAL of Receipts This Page (optional)  | 95.00                   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                | FOR LINE NUMBER: PAGE 30 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person name and address of any political committee |   |
| ` ′   | POLITICAL ACTION COMMITTEE (a.k.   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR KEVIN BURON  |  | Date of Receipt   |
| Mailing Address 25 TIMBERLAND  City   | State Zip Code   | 0 6 0 5 2 0 1 0  Transaction ID: INC.A.81883                                  |
| ALISO VIEJO   | CA 92656   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00  |   |
| Full Name (Last, First, Middle Initial) KAREN CALANDRO  |  | Date of Receipt   |
| Mailing Address 306 FOREST LANE   |  | 06 05 7 2010  |
| City  | State Zip Code   | Transaction ID: INC.A.82229   |
| SCHAUMBURG  | IL 60139   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation REG DIR ACCT MGMT   |   |
| Receipt For:  Primary General   | Aggregate Year-to-Date ▼   | _   |
| Other (specify) ▼   | 325.00   |   |
| Full Name (Last, First, Middle Initial) MRS DOREEN CALDER   |  | Date of Receipt   |
| Mailing Address 441 S ELM STREET  |  | 06 05 7 2010  |
| City  | State Zip Code   | Transaction ID: INC.A.81645   |
| MAYWOOD   | NJ 07607   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 40.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PRODUCT DEVELOPMENT   |   |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 520.00  |   |
| AUDTOTAL (B Ti. B ( )   |  | 115.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | ()  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 409 (check only one)    X   |
|---|---|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | the name and add                          | dress of any political committee to                                     | on for the purpose of soliciting contributions solicit contributions from such committee.                        |
| Full Name (Last, First, Middle Initial) MR FRANK CANNISTRARO Mailing Address 146 SEMINOLE AV  City NEW MILFORD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General           | State NJ  C  Occupation DIR FINA          |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR GABRIEL CAPPUCCI  Mailing Address 119 WASHINGTON  City  CHATHAM  | N AVENUE State NJ                         | Zip Code  | Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 0 5 2 0 1 0  Transaction ID: INC.A.81977                           |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)  | Occupation<br>SVP & Co                    | 07928  ONTROLLER  Year-to-Date ▼  2500.03                               | Amount of Each Receipt this Period  192.31   |
| Full Name (Last, First, Middle Initial) MS BARBARA CARIGAN Mailing Address 3898 ERVA ST.  City LAS VEGAS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NV  C  Occupation DIR HR  Aggregate | Zip Code<br>89147<br>Year-to-Date ▼                                     | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82161  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional  | )(I                                       |   | 242.31   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | )                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 409 (check only one)    X   |
|---|--------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | he name and add                | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                        |
| Full Name (Last, First, Middle Initial) MR MARK CARLSON  Mailing Address 66 BIRDSONG PARI  City ORCHARD PARK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NY  C Occupatio SR DIR I | Zip Code 14127  n HLTH CARE OPS e Year-to-Date ▼ 325.00                       | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81933  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial)  MR RAYMOND CARLUCCI  Mailing Address 24 SHERI DRIVE  City  ALLENDALE  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) | <del>_ , '</del>               | Zip Code<br>07401<br>n<br>VP MARKET STRATEGY &<br>e Year-to-Date ▼            | Date of Receipt  M M J D D J Z D 1 D  Transaction ID: INC.A.81992  Amount of Each Receipt this Period  52.50     |
| Full Name (Last, First, Middle Initial) JOSEPH CASACCIA JR Mailing Address 9788 LIPSEY CV  City GERMANTOWN  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)     | <del>- ' '</del>               | Zip Code 38139  n DFESSIONAL PRACTICES e Year-to-Date  325.00                 | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional)   |                                |   | 102.50   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | for each car   | te schedule(s)<br>tegory of the<br>mmary Page | FOR LINE NUMBER: PAGE 33 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11                               |
|---|--|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | e name and address of any po   | litical committee to s                        | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR BARRY CESANEK Mailing Address 5 LEXINGTON CT  City SHAMONG  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)            | State Zip Code NJ 08088  C  Occupation VP PROF PRA  Aggregate Year-to-Date           | 237.50  | Date of Receipt  O 6  O 5  Transaction ID: INC.A.81893  Amount of Each Receipt this Period  12.50              |
| Full Name (Last, First, Middle Initial)  MR MARVEN CHIN  Mailing Address 1604 SNOWBERRY  City  WILLIAMSTOWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify)    | DR.  State Zip Code NJ 08094  C  Occupation DIR QUALITY  Aggregate Year-to-Date      | ▼ 325.00                                      | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y   |
| Full Name (Last, First, Middle Initial) HWEI-CHUNG CHOU Mailing Address 36 TANGLEWOOD F  City UPPER SADDLE RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | OLLOW  State Zip Code NJ 07458  C  Occupation DIR TECHNOLOGY  Aggregate Year-to-Date | ▼ 325.00                                      | Date of Receipt  M M M O 6 O 5 2 0 1 0  Transaction ID: INC.A.82210  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional)   |  | <u></u>                                       | 50.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | X)                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 34 / 409 (check only one)    X            |
|--|------------------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | ng the name and add          | dress of any political committee to   | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial) MR RAYMOND CHUNG Mailing Address 186 CROWN POI   | NT RD                        |   | Date of Receipt   |
| City   | State NJ                     | Zip Code<br>07054   | Transaction ID: INC.A.82153  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C                            |   | 25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation DIR HLT Aggregate |   | ]   |
| Full Name (Last, First, Middle Initial) MRS MARLENE CLEMENT Mailing Address 42 MESQUITE VI   | LLAGE CIR                    |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City   | State                        | Zip Code  | Transaction ID: INC.A.81849                                     |
| <u>HENDERSON</u>   | NV                           | 89012   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | С                            |   | 12.50   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CUS           |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                    | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial)<br>MR DANIEL COLE  | I                            |   | Date of Receipt   |
| Mailing Address 2901 HIDDEN HIL  | LS WAY                       |   | 0 6 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| City   | State                        | Zip Code  | Transaction ID: INC.A.82251                                     |
| CORONA  FEC ID number of contributing federal political committee.   | CA                           | 92882   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation GENERA            | n<br>AL MGR - MULTI BRANCH  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                    | Year-to-Date ▼<br>285.00  |   |
| SUBTOTAL of Receipts This Page (option   |                              |   | 62.50   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                | FOR LINE NUMBER: PAGE 35 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any pers<br>the name and address of any political committee to |  |
| /   | C. POLITICAL ACTION COMMITTEE (a.k   | a. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR JASON COLE Mailing Address 14917 E BELLA VIS                               | STA  | Date of Receipt  |
| City  | State Zip Code   | 0 6 0 5 2 0 1 0<br>Transaction ID: INC.A.81864                                 |
| VERADALE  | WA 99037   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>VP/GM  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00  |  |
| Full Name (Last, First, Middle Initial) MS SUSAN COLUCCI  |  | Date of Receipt  |
| Mailing Address 703 SUCCASUNNA  |  | 06 05 7 2010   |
| City  | State Zip Code   | Transaction ID: INC.A.82167  |
| LANDING   | NJ 07850   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR HLTH MGMT   |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 325.00   |  |
| Full Name (Last, First, Middle Initial) WILLIAM CONSIDINE   | •  | Date of Receipt  |
| Mailing Address 130 WEST 67TH S   | ΓREET, #4J   | 06 05 7 2010   |
| City<br>NEW YORK  | State Zip Code NY 10023  | Transaction ID: INC.A.82127  Amount of Each Receipt this Period                |
| FEC ID number of contributing federal political committee.  | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR TECHNOLOGY   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00  |  |
| CURTOTAL of December This Design (and head  | )  | 75.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 36 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 1   |
|--|--|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any person the name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee.                                      |
| Full Name (Last, First, Middle Initial) MR ROBERT COOK Mailing Address 270 S FRANKLIN TU  City RAMSEY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     | JRNPIKE  State Zip Code NJ 07446  C  Occupation SR DIR HLTH CARE OPS  Aggregate Year-to-Date ▼  325.00                                 | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 2 0 1 0  Transaction ID: INC.A.81722  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) JEFFREY COOLE Mailing Address 155 ASTON HALL D  City EADS  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)           | RIVE  State Zip Code TN 38028  C  Occupation VP TAX AND REGULATORY REPORT Aggregate Year-to-Date  650.00                               | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) ANTONIO CORREIA  Mailing Address 19 WILLIAMS LANE  City CHAPPAQUA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NY 10514  C  Occupation VP BUSINESS DEV  Aggregate Year-to-Date   650.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional)  | · · · · · · · · · · · · · · · · · · ·  | 125.00  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 409 (check only one)  X 11a 11b 11c 12 15 16 17 |
|----|--|--------------------|---|--|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and ad        | dress of any political committee to   | solicit contributions from such committee.                                 |
| Α. | Full Name (Last, First, Middle Initial) MRS BARBARA COSGRIFF Mailing Address 2045 MAYFAIR MCLE   | AN COURT           | Zip Code  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y           |
|    | FALLS CHURCH FEC ID number of contributing federal political committee.  | C                  | 22043   | Amount of Each Receipt this Period   |
|    | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   |                    | n<br>BLIC POL&EXTRNL AFFAIR<br>e Year-to-Date ▼<br>2535.00                    | s  |
| В. | Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN Mailing Address 25 FAIRWAY TRAIL   |                    |   | Date of Receipt    M   |
|    | City   | State              | Zip Code  | Transaction ID: INC.A.81851  |
|    | SPARTA FEC ID number of contributing federal political committee.  | C                  | 07871   | Amount of Each Receipt this Period  192.31                                 |
|    | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   |                    | ARMACY NETWORK MGMT<br>e Year-to-Date ▼<br>2500.03                            |  |
| C. | Full Name (Last, First, Middle Initial) MR HART COVEN Mailing Address 28 OAK LANE  |                    |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y               |
|    | City   | State              | Zip Code  | Transaction ID: INC.A.81962  |
|    | MORRISTOWN  FEC ID number of contributing federal political committee.   | C                  | 07960   | Amount of Each Receipt this Period  50.00                                  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP BIAC |   |  |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 650.00   |  |
|    | SUBTOTAL of Receipts This Page (optional)  |                    |   | 437.31   |
|    | TOTAL This Period (last page this line number  | only)              | <b>_</b>  |  |

| SCHEDULE A (FEC ITEMIZED RECEIPT  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 409 (check only one)    X   11a                                  |  |  |  |
|---|--|---|---|--|--|--|
| Any information copied from suc<br>or for commercial purposes, oth<br>NAME OF COMMITTEE (In | er than using the name and a             | ay not be sold or used by any persoddress of any political committee to       | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |  |
| MEDCO HEALTH SOLU   | JTIONS INC. POLITICAL                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |  |
| Full Name (Last, First, Middl<br>JONATHAN COX   |  |   | Date of Receipt   |  |  |  |
|   | Mailing Address 9638 DOVE SPRING COVE    |   |   |  |  |  |
| City<br>GERMANTOWN  | State<br>TN                              | Zip Code<br>38139   | Transaction ID: INC.A.82223  Amount of Each Receipt this Period                             |  |  |  |
| FEC ID number of contributi federal political committee.                                    |  |   | 25.00   |  |  |  |
| Name of Employer<br>ACCREDO HEALTH GROU   | JP Occupati                              |   |   |  |  |  |
| Receipt For:  Primary Gene  Other (specify) ▼   |  | te Year-to-Date ▼ 325.00  |   |  |  |  |
| Full Name (Last, First, Middl<br>MR ROBERT CRAIG  |  |   | Date of Receipt   |  |  |  |
| Mailing Address 7979 E  | Mailing Address 7979 E SANTA CATALINA DR |   |   |  |  |  |
| City  | State                                    | Zip Code  | Transaction ID: INC.A.81833   |  |  |  |
| SCOTTSDALE  FEC ID number of contributi federal political committee.                        | AZ C                                     | 85255   | Amount of Each Receipt this Period  60.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTION   | Occupati<br>EXEC D                       | on<br>DIR PRODUCT   |   |  |  |  |
| Receipt For:  Primary Gene  Other (specify) ▼   |  | te Year-to-Date ▼ 780.00  |   |  |  |  |
| Full Name (Last, First, Middl<br>MR PETER CSUTOROS  | e Initial)                               |   | Date of Receipt   |  |  |  |
| Mailing Address 16 PLEA   | Mailing Address 16 PLEASANT AVENUE       |   |   |  |  |  |
| City<br>LINCOLN PARK  | State<br>NJ                              | Zip Code  | Transaction ID: INC.A.82119   |  |  |  |
| FEC ID number of contributi federal political committee.                                    |  | 07035   | Amount of Each Receipt this Period  25.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTION   | Occupati<br>DIR FIN                      |   |   |  |  |  |
| Receipt For:  Primary Gene Other (specify) ▼  | Aggrega                                  | te Year-to-Date ▼ 325.00  |   |  |  |  |
| SUBTOTAL of Receipts This I   | Page (optional)                          |   | 110.00  |  |  |  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 39 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|--|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)   | nd Statements may not be sold or used by any person the name and address of any political committee to the c | o solicit contributions from such committee.                                  |
| Full Name (Last, First, Middle Initial)  MR DAVID CUNNOLD  Mailing Address 5005 JONQUILLA                              | DRIVE  | Date of Receipt  0 6 0 5 2 0 1 0  |
| City ALPHARETTA  FEC ID number of contributing federal political committee.  | State Zip Code<br>GA 30004   | Transaction ID: INC.A.82180  Amount of Each Receipt this Period  25.00        |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  □ Primary □ General □ Other (specify) ▼                         | Occupation DIR ACCT MGMT  Aggregate Year-to-Date   325.00  |   |
| Full Name (Last, First, Middle Initial) MR ANGELO CUOZZO Mailing Address 19 IDA COURT                                  |  | Date of Receipt  0 6 0 5 2 0 1 0  |
| City STATEN ISLAND FEC ID number of contributing   | State Zip Code<br>NY 10312   | Transaction ID: INC.A.81901  Amount of Each Receipt this Period               |
| federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼ | Occupation DIR TECHNOLOGY  Aggregate Year-to-Date   325.00   | 25.00   |
| Full Name (Last, First, Middle Initial) JANET DAGLEY Mailing Address 721 BROWNLEE [                                    | DRIVE  | Date of Receipt   |
| City   | State Zip Code   | 0 6 0 5 2 0 1 0  Transaction ID: INC.A.82284                                  |
| NASHVILLE FEC ID number of contributing federal political committee.   | TN 37205   | Amount of Each Receipt this Period 25.00                                      |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR MARKETING   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00  |   |
| SUBTOTAL of Receipts This Page (option   | al)  | 75.00   |

|         | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |   | Use separate schedule(s) for each category of the Detailed Summary Page     | FOR LINE NUMBER: PAGE 40 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17            |
|---------|---|---|---|---|
| 0       | ny information copied from such Reports and S<br>r for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad              | ly not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL                                   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MR AJAY DALAL   | DI) (E                                      |   | Date of Receipt   |
|         | Mailing Address 4603 NEWCASTLE D  | 06 05 2010                                  |   |   |
|         | City  | State                                       | Zip Code  | Transaction ID: INC.A.82176   |
|         | FRISCO  | TX  | 75034   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR CLII                         | on<br>NICAL SVCS  |   |
|         | Receipt For:  | Aggregate                                   | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼   |   | 275.00  |   |
| —<br>В. | Full Name (Last, First, Middle Initial)<br>MR JOHN DALY   |   |   | Date of Receipt   |
|         | Mailing Address 46 BLUEBELL CT  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
|         | City  | State                                       | Zip Code  | Transaction ID: INC.A.82008   |
|         | PARAMUS   | NJ  | 07652   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR                           | on<br>TECHNOLOGY  |   |
|         | Receipt For:  | Aggregate                                   | e Year-to-Date ▼  | _   |
|         | Primary General Other (specify) ▼   |   | 325.00  |   |
| _<br>С. | Full Name (Last, First, Middle Initial) MS ROSELIN DANIEL   |   |   | Date of Receipt   |
|         | Mailing Address 17 DEVONSHIRE DR  | 06 05 2010                                  |   |   |
|         | City  | State                                       | Zip Code  | Transaction ID: INC.A.81971   |
|         | RANDOLPH  | NJ  | 07869   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR                           | on<br>TECHNOLOGY  |   |
|         | Receipt For:  | Aggregate                                   | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼   | 0 0   | 325.00  | ]   |
|         | SUBTOTAL of Receipts This Page (optional)   | 1   |   | 75.00   |
|         | TOTAL This Period (last page this line number   |   | <u> </u>  |   |

| SCHEDULE A (FEC FITEMIZED RECEIPTS                                 | orm 3X)  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 41 / 409   (check only one)   |  |  |
|--|--|---|---|--|--|
| Any information copied from such or for commercial purposes, other | Reports and Statements may than using the name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions a solicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Fi   | (الد   | ACTION COMMITTEE (a.k.a   |   |  |  |
| Full Name (Last, First, Middle I<br>MR KENNETH DANIELS             | nitial)  |   | Date of Receipt   |  |  |
| Mailing Address 4156 DUN   | Mailing Address 4156 DUNMORE DRIVE                     |   |   |  |  |
| City<br>LAKE WALES   | State<br>FL  | Zip Code<br>33859   | Transaction ID: INC.A.81947  Amount of Each Receipt this Period                             |  |  |
| FEC ID number of contributing federal political committee.         | C  |   | 25.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTION                          | Occupation VP/GM                                       | n   |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼                   | Aggregate  | Year-to-Date ▼ 650.00   |   |  |  |
| Full Name (Last, First, Middle I                                   | nitial)  |   | Date of Receipt   |  |  |
| Mailing Address 2926 EWI   | M M / D D / Y Y Y Y O O O O O O O O O O O O O O O      |   |   |  |  |
| City<br>MINNEAPOLIS  | State<br>MN  | Zip Code<br>55416   | Transaction ID: INC.A.81812  Amount of Each Receipt this Period                             |  |  |
| FEC ID number of contributing federal political committee.         | C  | 33410   | 192.30  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTION                          | Occupation GROUP                                       | n<br>PRES RETIREE SOLUTION  |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼                   | Aggregate  | Year-to-Date ▼<br>2499.90   |   |  |  |
| Full Name (Last, First, Middle I<br>MR ANDREW DAVIS                | nitial)  |   | Date of Receipt   |  |  |
| Mailing Address 5616 BRO   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y            |   |   |  |  |
| City<br>EDINA  | State<br>MN  | Zip Code  | Transaction ID: INC.A.81830   |  |  |
| FEC ID number of contributing federal political committee.         | C  | 55439   | Amount of Each Receipt this Period  50.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTION                          | Occupation VP STRA                                     | n<br>ATEGIC INIT/GOVT PROGF   | <del></del><br>RAM  |  |  |
| Receipt For:  Primary General Other (specify) ▼                    | Aggregate  | Year-to-Date ▼ 650.00   |   |  |  |
| SUBTOTAL of Receipts This Par                                      | I  |   | 267.30  |  |  |

|                  | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 42 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|------------------|--|--------------------|---|--|
|                  | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and ad        | dress of any political committee to   | solicit contributions from such committee.                                       |
| ).<br><b>A</b> . | Full Name (Last, First, Middle Initial) MR BARRY DAVIS Mailing Address 11 WEISS DR   |                    | <u></u>   | Date of Receipt  M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O               |
|                  | City TOWACO FEC ID number of contributing  | State<br>NJ        | Zip Code<br>07082   | Transaction ID: INC.A.82037  Amount of Each Receipt this Period  192.00          |
|                  | Receipt For:  Primary  Other (specify) ▼   |                    | n<br>EENERAL MGR<br>e Year-to-Date ▼<br>2496.00                               |  |
| -<br>В.          | Full Name (Last, First, Middle Initial) WARREN DAVIS Mailing Address 3131 SADDLEGAIT CO  | OVE                |   | Date of Receipt  0 6 0 5 2 0 1 0   |
|                  | City   | State              | Zip Code  | Transaction ID: INC.A.82282  |
|                  | GERMANTOWN   | TN                 | 38138   | Amount of Each Receipt this Period   |
|                  | FEC ID number of contributing federal political committee.   | C                  |   | 25.00  |
|                  | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR BUS |   |  |
|                  | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 325.00   |  |
| с.               | Full Name (Last, First, Middle Initial) MR DANIEL DAVISON  |                    |   | Date of Receipt  |
| О.               | Mailing Address 908 STERLING DRIVE   | <u> </u>           |   | 0 6 0 5 7 2 0 1 0  |
|                  | City<br>FRANKLIN LAKES   | State<br>NJ        | Zip Code<br>07417   | Transaction ID: INC.A.81993  |
|                  | FEC ID number of contributing federal political committee.   | C                  | 0/417   | Amount of Each Receipt this Period  50.00  |
|                  | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation         | n<br>ANCIAL PLANNING  |  |
|                  | Receipt For:  Primary General  Other (specify) ▼   |                    | e Year-to-Date ▼ 650.00   |  |
|                  | SUBTOTAL of Receipts This Page (optional)  |                    |   | 267.00   |
| ļ                | TOTAL This Period (last page this line number  | only)              |   |  |

| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  Full Name (Last, First, Middle Initial)  MR CARLTON DEBRULE  Mailing Address 12 0AKLAND DR  City  MONTVALE | ne name and ad                                    | dress of any political committee to | Date of Receipt                    |
|--|---|-------------------------------------|------------------------------------|
| MEDCO HEALTH SOLUTIONS INC.  Full Name (Last, First, Middle Initial) MR CARLTON DEBRULE Mailing Address 12 0AKLAND DR  City  | State   |                                     | Date of Receipt                    |
| MR CARLTON DEBRULE  Mailing Address 12 0AKLAND DR  City  |   |                                     | M M / D D / Y Y Y Y                |
| City   |   |                                     | M M / D D / Y Y Y Y                |
| •  |   | <b>T</b> . 0 .                      | 06 05 2010                         |
| MONTVALE   | NJ  | Zip Code                            | Transaction ID: INC.A.82040        |
|  |   | 07645                               | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C   |                                     | 55.00                              |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP BUS                                 | n<br>NESS REQUIREMENTS              |                                    |
| Receipt For:  Primary General  Other (specify) ▼   |   | e Year-to-Date ▼ 715.00             |                                    |
| Full Name (Last, First, Middle Initial) MS KATHLEEN DEFABIIS   |   |                                     | Date of Receipt                    |
| Mailing Address 104 HUDSON AVE   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y       |                                     |                                    |
| City   | State   | Zip Code                            | Transaction ID: INC.A.82075        |
| WALDWICK   | NJ  | 07463                               | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C   |                                     | 25.00                              |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CLIE                               | n<br>ENT SVC DELIVERY               |                                    |
| Receipt For:   | Aggregate   | e Year-to-Date ▼                    |                                    |
| Primary General Other (specify) ▼  | 0 0   | 325.00                              |                                    |
| Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS   |   |                                     | Date of Receipt                    |
| Mailing Address N108 W7045 BERKS   | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O |                                     |                                    |
| City   | State   | Zip Code                            | Transaction ID: INC.A.81920        |
| CEDARBURG  | WI  | 53012                               | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C   |                                     | 25.00                              |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR                                 | n<br>ACCT MGMT                      |                                    |
| Receipt For:   | Aggregate   | e Year-to-Date ▼                    |                                    |
| Primary General Other (specify) ▼  |   | 325.00                              | ]                                  |
| SUBTOTAL of Receipts This Page (optional)  |   |                                     | 105.00                             |

|                  | ULE A (FEC Form 3X)<br>ED RECEIPTS  |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11                             |
|------------------|---|-----------------------|---|--|
| or for comm      | tion copied from such Reports and St<br>ercial purposes, other than using the<br>F COMMITTEE (In Full)<br>D HEALTH SOLUTIONS INC. P | name and ad           | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.  Medco Health PAC) |
| Full Nam MR PAUL | e (Last, First, Middle Initial)  DELLO RUSSO  ddress 80 HILLSIDE AVENUE   |                       | <b>\</b>  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>GLEN F   | RIDGE   | State<br>NJ           | Zip Code<br>07028   | Transaction ID: INC.A.81879  Amount of Each Receipt this Period  |
|                  | number of contributing olitical committee.  | C                     |   | 25.00  |
|                  | Employer<br>HEALTH SOLUTIONS  | Occupatio<br>ASST CO  | DUNSEL  |  |
|                  | -or:<br>mary General<br>ner (specify) ▼   | Aggregate             | e Year-to-Date ▼<br>325.00  |  |
| MS TONI          | e (Last, First, Middle Initial)<br>DEMANSS<br>ddress 32 RED BARN LANE   |                       |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City             |   | State                 | Zip Code  | Transaction ID: INC.A.82138  |
| FEC ID r         | MILFORD number of contributing olitical committee.  | NJ<br>C               | 07480   | Amount of Each Receipt this Period  25.00  |
| Name of MEDCO    | Employer<br>HEALTH SOLUTIONS  | Occupation DIR FINA   |   |  |
|                  | For:<br>mary General<br>ner (specify) ▼   |                       | e Year-to-Date ▼<br>325.00  |  |
| MS ANN-          | e (Last, First, Middle Initial) MARGARET DEMARCO ddress 1 RUGBY ROAD  |                       |   | Date of Receipt  0 6 0 5 2 0 1 0   |
| CEDAR            | GROVE   | State<br>NJ           | Zip Code<br>07009   | Transaction ID: INC.A.81723  |
| FEC ID r         | number of contributing olitical committee.  | C                     | 07009   | Amount of Each Receipt this Period  25.00  |
| Name of MEDCO    | Employer<br>HEALTH SOLUTIONS  | Occupatio<br>DIR FINA |   |  |
|                  | For: mary General ner (specify) ▼   |                       | e Year-to-Date ▼ 325.00   |  |
|                  |   |                       |   | 75.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 45 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 1 |
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| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.   | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee.                                     |
| Full Name (Last, First, Middle Initial)  MS MAUREEN DEMPSEY  Mailing Address 17 RICHWOOD PLACE  City  DENVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code NJ 07834  C  Occupation DIR MEDICARE COMPLIANCE Aggregate Year-to-Date  325.00                                   | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y                         |
| Full Name (Last, First, Middle Initial) MR JAMES DENBY Mailing Address 78 SHERWOOD ST  City CLIFTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)              | State Zip Code NJ 07013  C  Occupation SR DIR FINANCE  Aggregate Year-to-Date ▼  325.00   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6                                    |
| Full Name (Last, First, Middle Initial) MR PATRICK DENNIS  Mailing Address 2344 FRENCH ALPS  City HENDERSON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)      | AVE.  State Zip Code  NV 89044  C  Occupation  VP/GM  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M D D D Y Y Y Y Y Y  O 6                                    |
| SUBTOTAL of Receipts This Page (optional) .   |   | 62.50  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|----|--|--|---|--|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and ad  | ldress of any political committee to                                    | o solicit contributions from such committee.                                     |
|    | Full Name (Last, First, Middle Initial) MR JOHN DERRICO  | OLITIOAL   | AOTION COMMITTEE (a.k.a   |  |
| Α. | Mailing Address 195 HACKENSACK A   | Date of Receipt    M   |   |  |
|    | City<br>HARRINGTON PARK  | State<br>NJ  | Zip Code<br>07640   | Transaction ID: INC.A.82104  Amount of Each Receipt this Period                  |
|    | FEC ID number of contributing federal political committee.   | C  |   | 25.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR  | on<br>MARKETING   |  |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate  | e Year-to-Date ▼ 325.00   | ]  |
| В. | Full Name (Last, First, Middle Initial) JUDITH DERRINGER Mailing Address 3306 SHALLOW COV  | E COURT  |   | Date of Receipt  0 6 0 5 2 0 1 0   |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.82267  |
|    | CRESTWOOD  FEC ID number of contributing federal political committee.  | C  | 40014   | Amount of Each Receipt this Period  25.00  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation GENERA  | on<br>AL MGR - MULTI BRANCH   |  |
|    | Receipt For:  Primary General  Other (specify) ♥   | Aggregate  | e Year-to-Date ▼ 325.00   | ]  |
| C. | Full Name (Last, First, Middle Initial) MS LAURA DEVEAU Mailing Address 2289 BEDFORD ST A  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |  |
|    | City   | State  | Zip Code  | Transaction ID: INC.A.81912  |
|    | STAMFORD  FEC ID number of contributing federal political committee.   | C  | 06905   | Amount of Each Receipt this Period  25.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR  | on<br>PRODUCT MGMT  |  |
|    | Receipt For:  Primary General  Other (specify) ▼   | , '  | e Year-to-Date ▼<br>325.00  |  |
|    | SUBTOTAL of Receipts This Page (optional)  |  |   | 75.00  |
| Ī  | TOTAL This Period (last page this line number  | only)  |   |  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 47 / 409 (check only one)    X            |
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| or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)                             | and Statements may not be sold or used by any persong the name and address of any political committee to | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial)  MS KAREN DEZEARN  Mailing Address 4740 BRINKLEY            | LANE NE  | Date of Receipt   |
| City ATLANTA  | State Zip Code<br>GA 30342   | Transaction ID: INC.A.81687  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL ACCT EXEC   | 25.00   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  325.00   |   |
| Full Name (Last, First, Middle Initial) MS TAMARA DIDYK Mailing Address 136 BEAVER RU               | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |   |
| City  | State Zip Code   | Transaction ID: INC.A.81924                                     |
| LAFAYETTE  FEC ID number of contributing federal political committee.                               | NJ 07848   | Amount of Each Receipt this Period  12.50                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR ENTERPRISE OPS  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00  |   |
| Full Name (Last, First, Middle Initial) MS PATRICIA DODDS   |  | Date of Receipt   |
| Mailing Address 28W250 RIVIER   | A CT   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City  | State Zip Code IL 60103  | Transaction ID: INC.A.81741                                     |
| BARTLETT  FEC ID number of contributing federal political committee.                                | IL 60103   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation SPECIALTY NATL SALES EXEC   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00  |   |
|   | nal)   | 62.50   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | <b>A</b> )  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 48 / 409   (check only one)   |
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| Any information copied from such Reports a or for commercial purposes, other than using | and Statements may<br>g the name and add                        | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | IC. POLITICAL A   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) ANDREW DOEDYNS                                  |   |   | Date of Receipt   |
| Mailing Address 117 CREST DRIVE   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |   |   |
| City<br>BEAVER  | State<br>PA   | Zip Code<br>15009   | Transaction ID: INC.A.82243  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                              | C   | 13003   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR RFG  | n<br>GIONAL OPS   |   |
| Receipt For:  Primary General  Other (specify) ▼  |   | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR ROBERT DOLAN                                 | I   |   | Date of Receipt   |
| Mailing Address 9 CRANE AVENUE  | M M / D D / Y Y Y Y O O O O O O O O O O O O O O O               |   |   |
| City<br>WEST CALDWELL   | State<br>NJ   | Zip Code<br>07006   | Transaction ID: INC.A.81975  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                              | C   | 07000   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR TEC  | n<br>HNOLOGY  |   |
| Receipt For:  Primary  General  Other (specify) ▼                                       |   | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MS JUDITH DONNELLY                              |   |   | Date of Receipt   |
| Mailing Address 3 IRONWORKS Re  | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
| City<br>MONROE  | State<br>NY   | Zip Code<br>10950   | Transaction ID: INC.A.82072   |
| FEC ID number of contributing federal political committee.                              | C   | 10930   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR FINA   |   |   |
| Receipt For:  Primary General  Other (specify) ▼  | <del> </del>  | e Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (options   | al)   |   | 75.00   |

| SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS   | ^)  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 49/409   (check only one)   |
|---|---|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may<br>g the name and add           | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | C. POLITICAL A                                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MS MERIDITH DORNER                              |   |   | Date of Receipt   |
| Mailing Address 8010 ORCHARD \  | /IEW LANE   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>FOGELSVILLE   | State<br>PA                                       | Zip Code<br>18051   | Transaction ID: INC.A.81711  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                              | C   | 10001   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation  | n<br>CCT EXEC   |   |
| Receipt For:  Primary  General  Other (specify) ▼                                       |   | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MICHEL DUFRESNE                                 |   |   | Date of Receipt   |
| Mailing Address 41ELM ST APT 3F   | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O |   |   |
| City<br>MORRISTOWN  | State<br>NJ                                       | Zip Code  | Transaction ID: INC.A.82117   |
| FEC ID number of contributing federal political committee.                              | C   | 07960   | Amount of Each Receipt this Period 192.30   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP ENTE                                | n<br>ERPRISE BUS INTELLIGEN   |   |
| Receipt For:  Primary General  Other (specify) ▼  | <del>-</del> -                                    | Year-to-Date ▼<br>2499.90   |   |
| Full Name (Last, First, Middle Initial) MR DANA DUNCAN                                  |   |   | Date of Receipt   |
| Mailing Address 125 COMSTOCK  | TRAIL   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>EAST HAMPTON  | State<br>CT                                       | Zip Code<br>06424   | Transaction ID: INC.A.81900  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                              | C   | 00424   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR 3                               | TECHNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼  |   | Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (option  | al)   |   | 242.30  |

| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  MEDOC HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medoc Health PAC)  Full Name (Last, First, Middle Initial)  MEDOC HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Maling Address 12026 KNOX STREET  City State Zip Code  Pull Name (Last, First, Middle Initial)  MR STEPHEN DUNLEAVY  Maling Address 14026 KNOX STREET  City State Zip Code  Pull Name (Last, First, Middle Initial)  MR STEPHEN DUNLEAVY  Maling Address 14026 KNOX STREET  City State Zip Code  Primary General Other (specify) ▼  Maling Address 14026 KNOX STREET  City OVERLAND PARK  KS 68221  FEC ID number of contributing federal political committee.  Cupation  MEDOC HEALTH SOLUTIONS  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Date of Receipt Transaction ID: INC.A.81775  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.81775  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.81775  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.81775  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.81775  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.81748  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.81748  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.81748  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.81748  Transaction ID: INC.A.81748  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.81748  Transact | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11         |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)  MR PETER DUNLEAVY  Mailing Address 2 DECKER TERRACE  City State Zip Code KINNELON NJ 07405  FEC ID number of contributing federal political committee.  Croupation SR DIR FINANCE  Receipt For: Primary General Other (specify) ▼  State Zip Code Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial) Name (Last, Firs | NAME OF COMMITTEE (In Full)  |   | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR STEPHEN DUNLEAVY  Mailing Address 14026 KNOX STREET  City  OVERLAND PARK  KS  66221  Name of Employer  Primary General  Other (specify) ▼  State Zip Code  CC  Coccupation  VP SALES SEGMENT LEADER  Receipt For:  Primary General  Other (specify) ▼  State Zip Code  CT  Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y  | Full Name (Last, First, Middle Initial) MR PETER DUNLEAVY Mailing Address 2 DECKER TERRACE  City KINNELON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | State Zip Code NJ 07405  C  Occupation SR DIR FINANCE                   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| OVERLAND PARK  KS 66221  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR MARK DUNN  Mailing Address 2 OLD MILL ROAD  City State Zip Code SANDY HOOK  CT 06482  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  Transaction ID: INC.A.81748  Amount of Each Receipt this Period  Transaction ID: INC.A.81748  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Transaction ID: INC.A.81748  Amount of Each Receipt this Period  Transaction ID: INC.A.81748  Amount of Each Receipt This Period  Amount of Each Receipt This Period  | Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR STEPHEN DUNLEAVY  Mailing Address 14026 KNOX STREET   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| MR MARK DUNN  Mailing Address 2 OLD MILL ROAD  City State Zip Code CT 06482  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  Date of Receipt  M M M O D D O D O D O D O D O D O D O D  | FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  | Occupation VP SALES SEGMENT LEADER Aggregate Year-to-Date ▼             | Amount of Each Receipt this Period   |
| Receipt For:  Aggregate Year-to-Date ▼  Primary General   | MR MARK DUNN Mailing Address 2 OLD MILL ROAD  City SANDY HOOK  FEC ID number of contributing federal political committee.  | CT 06482  C Occupation  | Transaction ID: INC.A.81748  Amount of Each Receipt this Period                          |
| SUBTOTAL of Receipts This Page (optional)   | Primary General Other (specify)  | Aggregate Year-to-Date ▼ 455.00   | 110.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>X</b> )          | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 51 / 409 (check only one)    X                   |
|--|---------------------|---|--|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | g the name and add  | dress of any political committee to                                     | solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial)  MR PETER DURAN  Mailing Address 875 HARRISTOWN  | N RD                |   | Date of Receipt  |
| City  GLEN ROCK  FEC ID number of contributing   | State<br>NJ         | Zip Code<br>07452   | Transaction ID: INC.A.81728  Amount of Each Receipt this Period  25.00 |
| Receipt For:  Primary  Other (specify) ▼  Rederal political committee.  Receipt For:  General  Other (specify) ▼                               | Occupation DIR PRI\ |   |  |
| Full Name (Last, First, Middle Initial) MS SUZANNE DURY Mailing Address 147 MIDLAND AVE  |                     |   | Date of Receipt  0 6 0 5 2 0 1 0                                       |
| City PARK RIDGE  | State<br>NJ         | Zip Code<br>07656   | Transaction ID: INC.A.81974  Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.   | C                   |   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR BUS  | 1<br>INESS REQUIREMENTS   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial) MS REBECCA DYER  |                     |   | Date of Receipt  |
| Mailing Address 1400 POPLAR EST  | TATES PKY           |   | 0 6 0 5 2 0 1 0  |
| City<br>GERMANTOWN   | State<br>TN         | Zip Code<br>38138   | Transaction ID: INC.A.82264  Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.   | C                   |   | 25.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR RN F | n<br>PERF MGMT & IMPROVEMI  | ENT  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 325.00   |  |
| SUBTOTAL of Receipts This Page (optional   | al)                 |   | 75.00  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 52 / 409 (check only one)    X   11a                                  |
|---------|--|--------------------------------|---|---|
|         | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | ly not be sold or used by any persidress of any political committee to  | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL .                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MS ARLENE EDLIN  |                                |   | Date of Receipt   |
|         | Mailing Address 16 CHESTNUT STRE   |                                |   | 06 05 2010  |
|         | City<br>CORNWALL   | State<br>NY                    | Zip Code<br>12518   | Transaction ID: INC.A.82045  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.   | C                              |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SALE             |   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial) MS JANET EDWARDS   |                                |   | Date of Receipt   |
|         | Mailing Address N8W27837 WOODRI  | 06 05 7 2010                   |   |   |
|         | City<br>WAUKESHA   | State<br>WI                    | Zip Code<br>53188   | Transaction ID: INC.A.82166  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.   | C                              | 30100   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CLII            | on<br>NICAL SVCS  |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
| _<br>С. | Full Name (Last, First, Middle Initial)<br>MR MICHAEL EDWARDS  |                                |   | Date of Receipt   |
|         | Mailing Address 109 KAREN PLACE  |                                |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City<br>WYCKOFF  | State<br>NJ                    | Zip Code<br>07481   | Transaction ID: INC.A.81735  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.   | C                              |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM               | on  |   |
|         | Receipt For:  Primary  General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>650.00  |   |
|         | SUBTOTAL of Receipts This Page (optional)  | 1                              |   | 100.00  |
|         | TOTAL This Period (last page this line number  |                                |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 53 / 409 (check only one)  X 11a 11b 11c 12                        |
|--|----------------------------------|---|--|
| Any information copied from such Reports and sor for commercial purposes, other than using the | Statements may<br>e name and add | not be sold or used by any persodress of any political committee to           | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.  | POLITICAL A                      | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) DR EDWARD EISENBERG, MD                                |                                  |   | Date of Receipt  |
| Mailing Address 128 SUMMIT AVENU   |                                  | 7'n Oada  | 06 05 2010   |
| City   | State                            | Zip Code  | Transaction ID: INC.A.82143  |
| UPPER MONTCLAIR  | NJ                               | 07043   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | C                                |   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation MEDICAL               | n<br>RE CHIEF MEDICAL OFFIC   | ER   |
| Receipt For:   | Aggregate                        | Year-to-Date  |  |
| Primary General Other (specify) ▼  |                                  | 600.00  |  |
| Full Name (Last, First, Middle Initial)<br>MR FREDERICK ELSTON                                 | •                                |   | Date of Receipt  |
| Mailing Address 106 GRAHAM TERRA   | ACE                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City   | State                            | Zip Code  | Transaction ID: INC.A.81960  |
| SADDLE BROOK   | NJ                               | 07663   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | C                                |   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation TECHNIC               | n<br>CAL SPECIALIST   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                        | Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial)<br>MR BRAD EPSTEIN                                     |                                  |   | Date of Receipt  |
| Mailing Address 359 LONG HILL ROA  | D EAST                           |   | 0 6 0 5 2 0 1 0  |
| City   | State                            | Zip Code  | Transaction ID: INC.A.82146  |
| BRIARCLIFF MANOR   | NY                               | 10510   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                     | C                                |   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CORI               | n<br>P COMMUNICATIONS   |  |
| Receipt For:   | Aggregate                        | Year-to-Date <b>V</b>   |  |
| Primary General Other (specify) ▼  |                                  | 650.00  |  |
| 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)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 54 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                                 |
|--|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any personne name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN Mailing Address 75 TWEED BLVD  City UPPER GRANDVIEW  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)               | State Zip Code NY 10960  C  Occupation CMO SVP MEDICAL&ANLYTC AFFR Aggregate Year-to-Date  2500.03                                   | Date of Receipt  M M O D D O D O D O D O D O D O D O D O   |
| Full Name (Last, First, Middle Initial) MR SCOTT ERHARDT  Mailing Address 11540 39TH AVE N  City PLYMOUTH  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                   | State Zip Code MN 55441  C  Occupation EXEC DIR ACCT MGMT  Aggregate Year-to-Date   650.00   | Date of Receipt  M M / D D / Y Y Y Y Y Y  Transaction ID: INC.A.81836  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS  Mailing Address 100 WINSTON DRIV 17 C NORTH  City CLIFFSIDE PARK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07010  C  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date  325.00   | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional)  | <b></b>  | 267.31   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>(</b> )         | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 55 / 409 (check only one)    X |
|--|--------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and addi  | ress of any political committee to  | solicit contributions from such committee.           |
| Full Name (Last, First, Middle Initial) MR BRIAN EZROW Mailing Address 2524 WIEAND ROA   | AD<br>State        | Zip Code  | Date of Receipt    M M                               |
| QUAKERTOWN FEC ID number of contributing federal political committee.  | C                  | 18951   | Amount of Each Receipt this Period 25.00             |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼  | <del></del>        | -COM STRAT & DELI<br>Year-to-Date ▼<br>325.00                                 |  |
| Full Name (Last, First, Middle Initial) MR STEVEN FANDETTI Mailing Address 15804 SORAWATE  | ER DR.             |   | Date of Receipt  0 6 0 5 2 0 1 0                     |
| City   | State              | Zip Code  | Transaction ID: INC.A.81757                          |
| LITHIA  FEC ID number of contributing federal political committee.   | C                  | 33547   | Amount of Each Receipt this Period  50.00            |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL AC |   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate `        | Year-to-Date ▼<br>650.00  |  |
| Full Name (Last, First, Middle Initial) RICHARD FARIS  | I                  |   | Date of Receipt                                      |
| Mailing Address 2020 HEATHER CO  | OVE                |   | 0 6 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y        |
| City<br>MEMPHIS  | State<br>TN        | Zip Code  | Transaction ID: INC.A.82280                          |
| FEC ID number of contributing federal political committee.   | C                  | 38119   | Amount of Each Receipt this Period  50.00            |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP HEAL | TH OUTCOME SOLUTIONS  | S  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate '        | Year-to-Date ▼<br>650.00  |  |
|  | •                  |   |  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 56 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|---------|---|-----------------------------|---|---|
| 4       | Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | tatements ma<br>name and ad | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| 2       | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL /                 | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α.      | Full Name (Last, First, Middle Initial) SUSAN FAUST Mailing Address 6614 HERONSWOOD   | 001/5                       |   | Date of Receipt   |
|         | Mailing Address 6614 HERONSWOOD   | COVE                        |   | 06 05 2010  |
|         | City  | State                       | Zip Code  | Transaction ID: INC.A.82249   |
|         | MEMPHIS   | TN                          | 38119   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                           |   | 50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>VP CLIE        | n<br>NT SLS AND MGD CARE  |   |
|         | Receipt For: Primary General  | Aggregate                   | e Year-to-Date ▼  | 1   |
|         | Other (specify) ▼   | 0 0                         | 650.00  |   |
| _<br>В. | Full Name (Last, First, Middle Initial)<br>MRS KATHARINE FEDUSKA  | •                           |   | Date of Receipt   |
|         | Mailing Address 2354 DOLPHIN CT   |                             |   | 06 05 2010  |
|         | City  | State                       | Zip Code  | Transaction ID: INC.A.81881   |
|         | HENDERSON   | NV                          | 89074   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                           |   | 38.47   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PHA          | n<br>ARM PRACTICE   |   |
|         | Receipt For: Primary General  | Aggregate                   | e Year-to-Date ▼  |   |
|         | Other (specify)   |                             | 1000.22   |   |
| _<br>С. | Full Name (Last, First, Middle Initial)<br>DR RICHARD FEIFER  |                             |   | Date of Receipt   |
|         | Mailing Address 32 EILEEN DR  |                             |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City<br>MAHWAH  | State<br>NJ                 | Zip Code<br>07430   | Transaction ID: INC.A.81820  Amount of Each Receipt this Period                           |
|         | FEC ID number of contributing federal political committee.  | C                           | 07400   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP CAR           | n<br>E ENHANCING SOLUTIONS  | <del>-</del>  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼ 650.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)   | 1                           |   | 138.47  |
| r       | TOTAL This Period (last page this line number   |                             | <u> </u>  |   |

| SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS   | Λ,                                       | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one)  X 11a 11b 11c 12 13 14 15 16                  |
|---|--|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using | and Statements may<br>g the name and add | not be sold or used by any persodress of any political committee to     | n for the purpose of soliciting contributions                   |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | IC. POLITICAL A                          | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR THOMAS FEITEL                                |  |   | Date of Receipt   |
| Mailing Address 58 APPLE HILL DI  | R  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City<br>GILLETTE  | State<br>NJ                              | Zip Code<br>07933   | Transaction ID: INC.A.81884                                     |
| FEC ID number of contributing federal political committee.                              | C  | 07933   | Amount of Each Receipt this Period 192.23                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP COI                       | n<br>RP MKTG & E-COMM   |   |
| Receipt For:  Primary General  Other (specify) ▼  |  | Year-to-Date ▼ 2498.99  |   |
| Full Name (Last, First, Middle Initial) MR STUART FELDMAN                               |  |   | Date of Receipt   |
| Mailing Address 109 MEADOWBRO   | 0 6 D D D D D D D D D D D D D D D D D D  |   |   |
| City<br><u>RANDOL</u> PH  | State<br>NJ                              | Zip Code<br>07869   | Transaction ID: INC.A.81634  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                              | C  | 11111111  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC DI                       | n<br>R TECHNOLOGY   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                                | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MS DAWN FELDNER                                 |  |   | Date of Receipt   |
| Mailing Address 275 BIRCH STREE   | ET                                       |   | M M / D D / Y Y Y Y Y Y O D O D O D O D O D O D O D             |
| City<br>EMERSON   | State<br>NJ                              | Zip Code<br>07630   | Transaction ID: INC.A.82046                                     |
| FEC ID number of contributing federal political committee.                              | C  | 07030   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR E                      | n<br>BUSINESS REQUIREMENTS  | 5   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                                | Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (option  | al)                                      |   | 242.23  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>.)</b>          | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 58 / 409 (check only one)    X                   |
|--|--------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add   | dress of any political committee to                                     | solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 464 SPRING AVE.  City   | State              | Zip Code  | Date of Receipt  M M M D D D 2 2 0 1 0                                 |
| RIDGEWOOD  FEC ID number of contributing federal political committee.  | NJ                 | 07450   | Transaction ID: INC.A.81994  Amount of Each Receipt this Period  25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼  | <del>- ' '</del>   | TECHNOLOGY  Year-to-Date ▼  325.00                                      |  |
| Full Name (Last, First, Middle Initial)  MS EDYTHE FERRIS  Mailing Address 246 SLATER RD   | <u> </u>           |   | Date of Receipt  0 6 0 5 2 0 1 0                                       |
| City TOLLAND FEC ID number of contributing   | State<br>CT        | Zip Code<br>06084   | Transaction ID: INC.A.81726  Amount of Each Receipt this Period        |
| federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼                             |                    | n<br>R CLINICAL SVCS<br>Year-to-Date ▼                                  | 25.00  |
| Full Name (Last, First, Middle Initial) RONALD FIELMANN Mailing Address 2061 ARLEEN CT   |                    |   | Date of Receipt  0 6 0 5 2 0 1 0                                       |
| City SCHAUMBURG  FEC ID number of contributing federal political committee.  | State<br>IL        | Zip Code<br>60194   | Transaction ID: INC.A.82250  Amount of Each Receipt this Period  25.00 |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation AVP SAL |   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | Year-to-Date ▼ 325.00   |  |
| SUBTOTAL of Receipts This Page (optional   | )                  |   | 75.00  |

|                 | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 59 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|-----------------|---|----------------------|---|---|
| 7               | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad          | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee. |
| ∠<br><b>A</b> . | MEDCO HEALTH SOLUTIONS INC. F  Full Name (Last, First, Middle Initial)  MR DON FISCHER                                      | POLITICAL            | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  Date of Receipt  |
|                 | Mailing Address 10 TRACY CIRCLE  City   | State                | Zip Code  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|                 | CAMPBELL HALL  FEC ID number of contributing federal political committee.   | C                    | 10916   | Amount of Each Receipt this Period  25.00   |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:  |                      | n<br>TECHNOLOGY<br>e Year-to-Date ▼   |   |
| _               | Primary General Other (specify) ▼   |                      | 325.00  |   |
| В.              | Full Name (Last, First, Middle Initial) MR EDWARD FISCHER Mailing Address 465 OLD STONE RD                                  |                      |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
|                 | City<br>RIDGEWOOD   | State<br>NJ          | Zip Code<br>07450   | Transaction ID: INC.A.81806  Amount of Each Receipt this Period                           |
|                 | FEC ID number of contributing federal political committee.  | C                    | 1 1 1 1 1   | 50.00   |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP CLIN | n<br>ICAL PROD INTEGRATION  |   |
|                 | Receipt For:  Primary  General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼ 650.00   |   |
| -<br>C.         | Full Name (Last, First, Middle Initial) MS THERESA FITCH  Mailing Address 180 COOK STREET #107                              |                      |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
|                 | City<br>DENVER  | State<br>CO          | Zip Code<br>80206   | Transaction ID: INC.A.82240  Amount of Each Receipt this Period                           |
|                 | FEC ID number of contributing federal political committee.  | C                    | 1 1 1 1 1 1   | 25.00   |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>NATL AC | n<br>CCT EXEC   |   |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate            | e Year-to-Date ▼<br>325.00  |   |
|                 | SUBTOTAL of Receipts This Page (optional)   |                      | <b>)</b>  | 100.00  |
|                 | TOTAL This Period (last page this line number   | only)                |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 60 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11   |
|--|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | son for the purpose of soliciting contributions to solicit contributions from such committee.                                      |
| Full Name (Last, First, Middle Initial) MEGHAN FITZGERALD Mailing Address 6 MORGAN AVE  City NORWALK  FEC ID number of contributing federal political committee.   | State Zip Code CT 06851   | Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 0 5 2 0 1 0  Transaction ID: INC.A.82206  Amount of Each Receipt this Period  192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation SVP BUSINESS DEVELOPMENT  Aggregate Year-to-Date   2500.03   |  |
| Full Name (Last, First, Middle Initial)  MR ANTHONY FLOWERS  Mailing Address 1933 MT. OLIVE  AGOSTA ROAD  City  NEW BLOOMINGTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code OH 43341  C  Occupation SR DIR HLTH CARE OPS  Aggregate Year-to-Date ▼  325.00                                     | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81934  Amount of Each Receipt this Period  25.00                   |
| Full Name (Last, First, Middle Initial) MR JOHN FORD  Mailing Address 6 SILVER LAKE DRI  City SHAMONG  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                             | VE  State Zip Code NJ 08088  C  Occupation DIR OPS  Aggregate Year-to-Date ▼  390.00  | Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: INC.A.81899  Amount of Each Receipt this Period  15.00                 |
| SUBTOTAL of Receipts This Page (optional)  | ·   | 232.31   |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 61 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|----|--|----------------------------|---|---|
|    | Any information copied from such Reports and St or for commercial purposes, other than using the | atements ma<br>name and ad | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL /                 | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial) CHAD FOREMAN   |                            |   | Date of Receipt   |
|    | Mailing Address 9544 DOGWOOD EST  City   | ATES<br>State              | Zip Code  | 0 6 0 5 2 0 1 0   |
|    | GERMANTOWN   | TN                         | 38139   | Transaction ID: INC.A.82286  Amount of Each Receipt this Period                           |
|    | FEC ID number of contributing federal political committee.                                       | С                          |   | 25.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR FINA        |   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼ 325.00   |   |
| В. | Full Name (Last, First, Middle Initial) HOLLEY FORTH Mailing Address 115 BAYSIDE COURT           |                            |   | Date of Receipt   |
|    |  |                            |   | 06 05 2010  |
|    | City   | State                      | Zip Code  | Transaction ID: INC.A.82277   |
|    | RICHMOND  FEC ID number of contributing federal political committee.                             | CA                         | 94804   | Amount of Each Receipt this Period  25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR PRO       | n<br>DDUCT LINE   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼<br>325.00  |   |
| С. | Full Name (Last, First, Middle Initial) KEVIN FRANCO   |                            |   | Date of Receipt   |
|    | Mailing Address 140 BELLAIR ROAD UNIT Q  |                            |   | 0 6 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City<br>RIDGEWOOD  | State<br>NJ                | Zip Code<br>07450   | Transaction ID: INC.A.82009   |
|    | FEC ID number of contributing federal political committee.                                       | C                          | 0/450   | Amount of Each Receipt this Period  50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR I      | n<br>FINANCE  |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼<br>650.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)  |                            |   | 100.00  |
| ŀ  | TOTAL This Period (last page this line number of   |                            | ·   |   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 62 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|---|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)                            | nd Statements may not be sold or used by any persor the name and address of any political committee to sold.  C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.                                    |
| Full Name (Last, First, Middle Initial)  MR JOSEPH FRENDO  Mailing Address 9 GREEN HILL TR          | AIL   | Date of Receipt  0 6 0 5 2 0 1 0  |
| City TROPHY CLUB FEC ID number of contributing  | State Zip Code TX 76262   | Transaction ID: INC.A.81951  Amount of Each Receipt this Period  96.15        |
| Receipt For:  Primary  Other (specify) ▼  | Occupation SVP NATIONAL SERVICE CENTER Aggregate Year-to-Date  1623.05  |   |
| Full Name (Last, First, Middle Initial) MR ANDREW FRIEDELL Mailing Address 1434 NARRAGANS           | SETT BLVD   | Date of Receipt  0 6 0 5 2 0 1 0  |
| City CRANSTON  FEC ID number of contributing federal political committee.                           | State Zip Code RI 02905   | Transaction ID: INC.A.81767  Amount of Each Receipt this Period  30.00        |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼           | Occupation DIR GOV AFFAIRS  Aggregate Year-to-Date ▼  390.00  | _   |
| Full Name (Last, First, Middle Initial) FELIX FRUEH Mailing Address 14401 FALLING LE                | =AF DRIVE   | Date of Receipt   |
| City<br>DARNESTOWN  | State Zip Code MD 20878   | Transaction ID: INC.A.82208  Amount of Each Receipt this Period               |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | Occupation  | 50.00   |
| MEDCO HE'ALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼                           | VP RESEARCH & DEVELOPMENT Aggregate Year-to-Date ▼ 650.00   |   |
| SUBTOTAL of Receipts This Page (options   | al)   | 176.15  |

|      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 63 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|------|--|-----------------------|---|---|
| or f | y information copied from such Reports and S<br>or commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. I | e name and ad         | dress of any political committee to   | solicit contributions from such committee.                                    |
|      | Full Name (Last, First, Middle Initial)<br>MR TRACY FURGIUELE<br>Mailing Address 7773 TILLINGHAST D  |                       | \ \tag{\tag{\tag{\tag{\tag{\tag{\tag{   | Date of Receipt  0 6 0 5 2 0 1 0  |
|      | City<br>DUBLIN   | State<br>OH           | Zip Code<br>43017   | Transaction ID: INC.A.82028  Amount of Each Receipt this Period               |
|      | FEC ID number of contributing federal political committee.   | C                     |   | 35.00   |
| •    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP & C  | n<br>HIEF PHARMACIST  |   |
|      | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼ 455.00   |   |
|      | Full Name (Last, First, Middle Initial)<br>ROBERT FURTH<br>Mailing Address 1450 PORTLAND AVE   | Date of Receipt       |   |   |
|      | City State Zip Code  |                       |   | 0 6 0 5 2 0 1 0<br>Transaction ID: INC.A.82261                                |
|      | ST PAUL  | MN                    | 55104   | Amount of Each Receipt this Period  |
|      | FEC ID number of contributing federal political committee.   | C                     |   | 25.00   |
|      | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>GENER    |   |   |
|      | Receipt For: Primary General Other (specify) ▼   | Aggregate             | e Year-to-Date ▼ 325.00   |   |
|      | Full Name (Last, First, Middle Initial) MS CARISSA GABOROW Mailing Address 6 JUHASZ ROAD   | 1                     |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
|      | City   | State                 | Zip Code  | Transaction ID: INC.A.81917   |
|      | NORWALK FEC ID number of contributing federal political committee.   | C                     | 06854   | Amount of Each Receipt this Period  25.00                                     |
| •    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR I | n<br>BUSINESS DEVELOPMENT   |   |
| -    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼<br>325.00  |   |
| SL   | JBTOTAL of Receipts This Page (optional)   |                       | <b></b>   | 85.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                      | FOR LINE NUMBER: PAGE 64 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11          |
|--|--|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial)  MR JOSEPH GALARDI                                       |  | Date of Receipt   |
| Mailing Address 24 MOREHOUSE PL  | State 7in Code   | 0 6 0 5 2 0 1 0 2 0 1 0   |
| City<br>NEW PROVIDENCE   | State Zip Code NJ 07974  | Transaction ID: INC.A.81633  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                                       | C  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP & COUNSEL  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00  |   |
| Full Name (Last, First, Middle Initial)  MS PAMELA GALASSINI                                     |  | Date of Receipt   |
| Mailing Address 720 N. LARRABEE APT 1701   |  | 06 / 05 / 4 4 4 4   |
| City   | State Zip Code   | Transaction ID: INC.A.82089   |
| CHICAGO  FEC ID number of contributing federal political committee.                              | IL 60654   | Amount of Each Receipt this Period  192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & GENERAL MGR   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 2500.03   |   |
| Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER                                    |  | Date of Receipt   |
| Mailing Address 842 ASHLER CT  |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State Zip Code   | Transaction ID: INC.A.82047   |
| COLUMBUS   | OH 43235   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                       | C  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL ACCT EXEC  |   |
| Receipt For:   | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼  | 325.00   |   |
| SUBTOTAL of Receipts This Page (optional)  |  | 267.31  |
| TOTAL This Period (last page this line number of   | ·  | -   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 65 / 409 (check only one)    X  |
|---|--|---|
| NAME OF COMMITTEE (In Full)   | and Statements may not be sold or used by any persign the name and address of any political committee to IC. POLITICAL ACTION COMMITTEE (a.k.a.) | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO Mailing Address 69 LAKEVIEW DF  City OLD TAPPAN   | State Zip Code<br>NJ 07675   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation VP CLIENT RELATIONS Aggregate Year-to-Date  650.00  | 50.00   |
| Full Name (Last, First, Middle Initial) MICHAEL GALVIN Mailing Address 25 BALLYMEADE  City HOPEWELL JUNCTION  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State Zip Code NY 12533  C Occupation SVP/CHIEF INFRASTRUCTURE OF  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) MR OMHARAISRIRAM GANGAIKONDAN- Mailing Address 9 CAIRNES ROAL   |  | Date of Receipt   |
| City  MORRIS PLAINS  FEC ID number of contributing federal political committee.  Name of Employer   | State Zip Code NJ 07950  C Occupation  | Transaction ID: INC.A.82131  Amount of Each Receipt this Period  25.00                      |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | DIR TECHNOLOGY  Aggregate Year-to-Date ▼  325.00   |   |
| SUBTOTAL of Receipts This Page (option  | nal)   | 267.31  |

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

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 66 / 409 (check only one)    X   11a  |
|--|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | name and add                                | dress of any political committee to   | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR PETER GAYLORD  Mailing Address 1201 BRIDGE STREE  City ASBURY PARK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)           | State NJ  C  Occupation SVP TRE             | EASURY & FINANCIAL EVA<br>Year-to-Date ▼<br>780.00                            | Date of Receipt  M M M O D D O D O D O D O D O D O D O D  |
| Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA Mailing Address 20 BROOKSHIRE DR  City ROBBINSVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)         | State NJ C Occupation VP/GM Aggregate       | Zip Code<br>08691<br>n<br>e Year-to-Date ▼                                    | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6   |
| Full Name (Last, First, Middle Initial) MS DEEPINDER GIANONCELLI  Mailing Address 1800 MAIN STREET APT 952  City DALLAS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State TX  C  Occupation SR DIR I  Aggregate |   | Date of Receipt  M M M O D D O 2010  Transaction ID: INC.A.82155  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional)  |   |   | 135.00  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 67 / 409 (check only one)    X                     |
|--|----------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | e name and add                   | dress of any political committee to                                     | o solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial) MATTHEW GIBBS  Mailing Address 27 N. WACKER DR. SUITE 246  City CHICAGO  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State IL  C  Occupatio CHIEF C   | Zip Code<br>60606   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y             |
| Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  | Aggregate                        | e Year-to-Date ▼ 975.00   |  |
| MR ROBERT GIBBS  Mailing Address 544 DENMOOR COU   | RT                               |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City   | State                            | Zip Code  | Transaction ID: INC.A.81708  |
| GALLOWAY  FEC ID number of contributing federal political committee.   | C                                | 43119   | Amount of Each Receipt this Period  12.50                                |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation DIR OPS  Aggregate    |   |  |
| Full Name (Last, First, Middle Initial)<br>MR THOMAS GILSON  |                                  |   | Date of Receipt  |
| Mailing Address 2 PELL FARM ROAD   | Mailing Address 2 PELL FARM ROAD |   |  |
| City<br>SADDLE RIVER   | State<br>NJ                      | Zip Code<br>07458   | Transaction ID: INC.A.82081  Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.   | C                                |   | 192.31   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP & G             | n<br>EENERAL MGR  |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del></del>                      | e Year-to-Date ▼ 2500.03  |  |
| SUBTOTAL of Receipts This Page (optional) .  |                                  |   | 279.81   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS  Any information copied from such Bend       | for each ca<br>Detailed Su           | te schedule(s) tegory of the ammary Page  FOR LINE NUMBER: PAGE 68 / 409 (check only one)    X                |
|---|--------------------------------------|---|
| or for commercial purposes, other than  NAME OF COMMITTEE (In Full)                 | using the name and address of any po | distributions little purpose of soliciting contributions little committee.  MMITTEE (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR SCOTT GILYARD Mailing Address 305 BERGAM |                                      | Date of Receipt   |
|   |                                      | 06 05 2010  |
| City  | State Zip Code MN 55340              | Transaction ID: INC.A.81638   |
| MEDINA  FEC ID number of contributing federal political committee.                  | MN 55340                             | Amount of Each Receipt this Period  192.30  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation PRES UHG                  |   |
| Receipt For:  Primary General  Other (specify) ▼                                    | Aggregate Year-to-Date               | 2499.90   |
| Full Name (Last, First, Middle Initial) MR JONAH GITLITZ                            |                                      | Date of Receipt   |
| Mailing Address 43 OVERLOO  | K RIDGE                              | 06 05 2010  |
| City  | State Zip Code                       | Transaction ID: INC.A.81720   |
| OAKLAND  FEC ID number of contributing federal political committee.                 | NJ 07436                             | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NATL ACCT EXE          | c   |
| Receipt For:  Primary General  Other (specify) ▼                                    | Aggregate Year-to-Date               | 650.00  |
| Full Name (Last, First, Middle Initial) MR JOHN GOBINSKI                            | l                                    | Date of Receipt   |
| Mailing Address 28 BARBARA  | DRIVE                                | 0 6 0 5 2 0 1 0   |
| City  | State Zip Code                       | Transaction ID: INC.A.81798   |
| WARWICK   | NY 10990                             | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                          | C                                    | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR E-COM STRAT &         | & DELIV   |
| Receipt For:  Primary General  Other (specify) ▼                                    | Aggregate Year-to-Date               | 325.00  |
| SUBTOTAL of Receipts This Page (o   | otional)                             | 267.30  |

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

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                              | Use separate schedule(s) for each category of the Detailed Summary Page     | FOR LINE NUMBER: PAGE 69 / 409 (check only one)  X 11a 11b 11c 12 15 16 17                |
|----|---|------------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma<br>name and ad | ly not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F                                      | POLITICAL                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| A. | Full Name (Last, First, Middle Initial)  MR PAUL GOERDT  Mailing Address 1700 SUNRISE COUF      | )T                           |   | Date of Receipt   |
|    | - 1700 SUNNISE COUR   | \                            |   | 06 05 2010  |
|    | City  | State                        | Zip Code  | Transaction ID: INC.A.81897   |
|    | BURNSVILLE  | MN                           | 55306   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C                            |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP CLIN           | on<br>IICAL SVCS  |   |
|    | Receipt For:  Primary General   | Aggregate                    | e Year-to-Date ▼  |   |
|    | Primary ☐ General Other (specify) ▼   |                              | 650.00  |   |
| В. | Full Name (Last, First, Middle Initial)<br>MR JAMES GORMAN                                      |                              |   | Date of Receipt   |
|    | Mailing Address 11 WASHBURN RD  |                              |   | 06 05 7 2010  |
|    | City  | State                        | Zip Code  | Transaction ID: INC.A.81725   |
|    | CANTON  | CT                           | 06022   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C                            |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                              | CLIENT & MKT PROG STRA  | AT  |
|    | Receipt For: Primary General  | Aggregate                    | e Year-to-Date ▼  | 1   |
|    | Other (specify) ▼   |                              | 325.00  |   |
| C. | Full Name (Last, First, Middle Initial)<br>MR JAMES GRANT, II                                   | ,                            |   |   |
|    | Mailing Address 1928 BEVERLY LANE   |                              |   | 06 05 4 2010  |
|    | City<br>BUFFALO GROVE   | State<br>IL                  | Zip Code  | Transaction ID: INC.A.81797   |
|    |   |                              | 60089   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C                            |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                              | NCIAL INSIGHTS  |   |
|    | Receipt For:  Primary General   | Aggregate                    | e Year-to-Date ▼  |   |
|    | Other (specify)   |                              | 650.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)   |                              |   | 125.00  |
|    | TOTAL This Period (last page this line number   |                              | <u> </u>  |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | ()  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 70 / 409 (check only one)    X   |
|---|---|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC   | the name and add  | ress of any political committee to  | on for the purpose of soliciting contributions o solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial) LAURIE GREENBERG Mailing Address 27760 WOODLAND  City BOERNE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | OGREEN State TX C Occupation SR DIR C                     | Zip Code 78015  ELINICAL THERAPEUTICS Year-to-Date ▼                          | Date of Receipt  M M M O D D O D O D O D O D O D O D O D   |
|   | Other (specify)   Full Name (Last, First, Middle Initial) |   |  |
| City PEARL RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | <del>- 1                                   </del>         | Zip Code 10965  USINESS REQUIREMENT: Year-to-Date ▼ 325.00                    | Transaction ID: INC.A.81823  Amount of Each Receipt this Period  25.00   |
| Full Name (Last, First, Middle Initial) MS GINA GRUHN Mailing Address 13 WEATHER VAN  City CONVENT STATION  FEC ID number of contributing federal political committee.  | E DRIVE State NJ  | Zip Code<br>07960   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81872  Amount of Each Receipt this Period  40.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  | <del>-   '</del>  | AL VP SALES-SYSTEMED Year-to-Date ▼ 520.00                                    |  |
| SUBTOTAL of Receipts This Page (optional  | )   |   | 90.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                               | Use separate schedule(s) for each category of the Detailed Summary Page       | FOR LINE NUMBER: PAGE 71 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|---|-------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may<br>name and add | not be sold or used by any persongers     dress of any political committee to | on for the purpose of soliciting contributions                                 |
| MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL A                   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MS TRACY GRUNSFELD  |                               |   | Date of Receipt  |
| Mailing Address 264 HARVEST AVE   |                               | 7: 0 1  | 06 05 2010   |
| City  | State                         | Zip Code  | Transaction ID: INC.A.81713  |
| STATEN ISLAND   | NY                            | 10310   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C                             |   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP CON           | n<br>SUMER DRIVEN MKTS  |  |
| Receipt For:  | Aggregate                     | e Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   |                               | 650.00  |  |
| Full Name (Last, First, Middle Initial) MRS CAROLYN GUGLIELMO   |                               |   | Date of Receipt  |
| Mailing Address 42 VETERANS PARKV   | WAY                           |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                    |
| City  | State                         | Zip Code  | Transaction ID: INC.A.82011  |
| PEARL RIVER   | NY                            | 10965   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C                             |   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>NATL AC          | n<br>DCT EXEC   |  |
| Receipt For:  Primary  General  Other (specify) ▼   | Aggregate                     | e Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial)<br>MR RICHARD GUIOR   |                               |   | Date of Receipt  |
| Mailing Address 50 BELLEVUE AVE   |                               |   | 06 05 2010   |
| City  | State                         | Zip Code  | Transaction ID: INC.A.81656  |
| SUMMIT  | NJ                            | 07901   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C                             |   | 90.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>GROUP            |   |  |
| Receipt For:  | Aggregate                     | e Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   |                               | 1170.00   |  |
| SUBTOTAL of Receipts This Page (optional)   |                               |   | 165.00   |

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

| SCHEDULE A (I   | •  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                               | FOR LINE NUMBER: PAGE 72 / 409 (check only one)    X   11a  |
|---|--|---|---|
| or for commercial purpos  NAME OF COMMITT   | es, other than using the name and<br>EE (In Full)                                | may not be sold or used by any personal address of any political committee to the ACTION COMMITTEE (a.k.a.) | on for the purpose of soliciting contributions o solicit contributions from such committee.  a. Medco Health PAC)                   |
| Full Name (Last, First MS KAVITHA GULLAP. Mailing Address 67  City WAYNE  FEC ID number of confederal political comm  Name of Employer MEDCO HEALTH SO                                | ALLI ATHERTON CT  State NJ  ntributing ittee.  C  Occupa DIR TE  Aggreg  General | Zip Code<br>07470<br>ation<br>ECHNOLOGY<br>ate Year-to-Date ▼   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 D D / 2 0 1 0  Transaction ID: INC.A.81796  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First MS VALERIE HAERTE Mailing Address 7 F  City MAHWAH  FEC ID number of col federal political comm  Name of Employer MEDCO HEALTH SC                              | Middle Initial)  PARSLOE COURT  State NJ  Intributing ittee.  Occupa VP INV      | Zip Code<br>07430   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6   |
| Primary Other (specify)  Full Name (Last, First MR RICHARD HALPER Mailing Address 23  City WHITE PLAINS  FEC ID number of confederal political comm  Name of Employer MEDCO HEALTH SC | MAPLEMOOR LANE  State NY  htributing littee.  Occupa                             | Zip Code<br>10605   | Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 0 5 2 0 1 0  Transaction ID: INC.A.81718  Amount of Each Receipt this Period  25.00   |
| Receipt For: Primary Other (specify)  SUBTOTAL of Receipts  | General Aggreg   | ate Year-to-Date ▼ 325.00   | 100.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | <b>λ</b> ,          | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)    X   11a   |
|--|---------------------|---|---|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may  | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                  | IC. POLITICAL A     | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MRS INCORONATA HAMWAY                          |                     |   | Date of Receipt   |
| Mailing Address 7 ALLYSON CT   |                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>LONG VALLEY  | State<br>NJ         | Zip Code<br>07853   | Transaction ID: INC.A.82004   |
| FEC ID number of contributing federal political committee.                             | C                   | 07653   | Amount of Each Receipt this Period  20.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CS S | n<br>SYSTEMS PLAN & IMPLEM  |   |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate           | e Year-to-Date ▼<br>260.00  |   |
| Full Name (Last, First, Middle Initial) MR GREGORY HANSEN                              |                     |   | Date of Receipt   |
| Mailing Address 1659 ISABELLA P  | 06 05 2010          |   |   |
| City<br>CHASKA   | State<br>MN         | Zip Code<br>55318   | Transaction ID: INC.A.82088  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                             | C                   |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP ACC   | n<br>T SVCS & ADMIN   |   |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate           | Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW                          |                     |   | Date of Receipt   |
| Mailing Address 8 PROSPECT PLA   | ACE                 |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| City POMPTON PLAINS  | State<br>NJ         | Zip Code<br>07444   | Transaction ID: INC.A.81699   |
| FEC ID number of contributing federal political committee.                             | C                   | 0/444   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR F | n<br>FINANCE  |   |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate           | e Year-to-Date ▼<br>325.00  |   |
| SUBTOTAL of Receipts This Page (option   | nal)                |   | 95.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                              | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 74 / 409 (check only one)    X   11a       |
|---|------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | ne name and add              | dress of any political committee to                                     | o solicit contributions from such committee.                     |
| Full Name (Last, First, Middle Initial) SHARON HARRIS Mailing Address 186 N. WHITE STAT  City MEMPHIS FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP | State TN C Occupation DIR HR |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y |
| Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)   | Aggregate                    | Year-to-Date ▼ 325.00   |  |
| MS SHANA HART  Mailing Address 4120 JACKSBORO  City   | State                        | Zip Code  | Date of Receipt    M   |
| SNYDER  | TX                           | 79549   | Transaction ID: INC.A.81866  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                            |   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NATL           | n<br>. ACCT EXEC  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | Year-to-Date ▼ 650.00   |  |
| Full Name (Last, First, Middle Initial) MR MARK HARTMANN  |                              |   | Date of Receipt  |
| Mailing Address 8980 KNOBLE COUR  | RT                           |   | 06 05 7 2010   |
| City<br>EDEN PRAIRIE  | State<br>MN                  | Zip Code<br>55347   | Transaction ID: INC.A.81838  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                            | 33047   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR ACC           |   |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del>'</del>                 | Year-to-Date ▼ 325.00   |  |
|   | •                            |   | 100.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | .)  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 75 / 409 (check only one)    X  |  |  |
|---|---|---|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC   | the name and add  | dress of any political committee to                                     | solicit contributions from such committee.  |  |  |
| Full Name (Last, First, Middle Initial) MR PETER HARTY Mailing Address 19520 YELLOW WI  City COLORADO SPRINGS FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State<br>CO<br>C<br>Occupation<br>VP GOV  | Zip Code<br>80908<br>n<br>ERNMENT AFFAIRS<br>e Year-to-Date ▼           | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |  |
| Other (specify)  Full Name (Last, First, Middle Initial) DAN HAYES  | Other (specify)   Full Name (Last, First, Middle Initial)  DAN HAYES  Mailing Address 4679 AYRON TERRACE  City State Zip Code |   |   |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify)  | Occupation VP OPS Aggregate   | n<br>e Year-to-Date ▼<br>325.00   | 25.00   |  |  |
| Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD Mailing Address 13210 N. 11TH AVE  City PHOENIX  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                                  | State AZ  C  Occupation VP SALE   | S   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 2 0 1 0  Transaction ID: INC.A.81740  Amount of Each Receipt this Period  25.00 |  |  |
| Receipt For: Primary General Other (specify)  |   | Year-to-Date ▼ 325.00   | 242.31  |  |  |

| or for commercial  NAME OF CO   | purposes, other than using the MMITTEE (In Full)             | tatements ma   | y not be sold or used by any perso  |   |  |  |  |
|---------------------------------|--|--|-------------------------------------|---|--|--|--|
| 1 \                             | , ,  |  | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |  |
|                                 | ALTH SOLUTIONS INC. F  | AME OF COMMITTEE (In Full)<br>IEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N |                                     |   |  |  |  |
| MR THOMAS H                     | st, First, Middle Initial)<br>HEKKER<br>SS 28 WEST THRID STR | Date of Receipt  |                                     |   |  |  |  |
| Mailing Address                 | 50 VEST INNID STN  | EEI #1332  |                                     | 06 05 2010  |  |  |  |
| City                            |  | State  | Zip Code                            | Transaction ID: INC.A.82128   |  |  |  |
| SOUTH OR                        | ANGE   | NJ   | 07079                               | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number federal political | er of contributing<br>I committee.                           | C  |                                     | 30.00   |  |  |  |
|                                 | oyer<br>LTH SOLUTIONS  | Occupatio<br>SR DIR  | n<br>TECHNOLOGY                     |   |  |  |  |
| Receipt For:                    |  | Aggregate  | e Year-to-Date ▼                    |   |  |  |  |
| Primary Other (s                | ☐ General<br>pecify) ▼                                       | 0 0  | 390.00                              |   |  |  |  |
| MR SCOTT HE                     |  | Date of Receipt  |                                     |   |  |  |  |
| Mailing Addres                  | Mailing Address 23 VALLEY RD                                 |  |                                     | 06 05 2010  |  |  |  |
| City                            |  | State  | Zip Code                            | Transaction ID: INC.A.81714   |  |  |  |
| SUCCASUN                        | SUCCASUNNA NJ  |  | 07876                               | Amount of Each Receipt this Period  |  |  |  |
| FEC ID numbe federal politica   | er of contributing<br>I committee.                           | C  |                                     | 125.00  |  |  |  |
|                                 | oyer<br>LTH SOLUTIONS  |  | NT SOLUTIONS                        |   |  |  |  |
| Receipt For: Primary            | General  | Aggregate  | e Year-to-Date ▼                    |   |  |  |  |
| ,                               | pecify) ♥  |  | 1225.00                             |   |  |  |  |
| Full Name (La:                  | st, First, Middle Initial)<br>ERDLING                        |  |                                     | Date of Receipt   |  |  |  |
| Mailing Addres                  | s 646 JAMES LN   |  |                                     | 06 05 2010  |  |  |  |
| City                            |  | State  | Zip Code                            | Transaction ID: INC.A.81855   |  |  |  |
| RIVER VAL                       | <u> </u>   | NJ   | 07675                               | Amount of Each Receipt this Period  |  |  |  |
|                                 | FEC ID number of contributing federal political committee.   |  |                                     | 25.00   |  |  |  |
|                                 | oyer<br>LTH SOLUTIONS  | . '  | EATIVE DEVELOPMENT                  |   |  |  |  |
| Receipt For:                    | General  | Aggregate  | e Year-to-Date ▼                    |   |  |  |  |
| Primary Other (s                | ☐ General<br>pecify) ▼                                       |  | 325.00                              |   |  |  |  |
| SUBTOTAL of F                   | Receipts This Page (optional)                                |  |                                     | 180.00  |  |  |  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | ^)                                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE /// 409   (check only one)     X   11a                              |  |  |
|---|--|---|---|--|--|
| Any information copied from such Reports a or for commercial purposes, other than using | and Statements may<br>g the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | C. POLITICAL A                           | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |
| Full Name (Last, First, Middle Initial)  MS PATRICIA HERZBERG                           |  |   | Date of Receipt   |  |  |
|   | Mailing Address 302 AUTUMN HILL DR       |   |   |  |  |
| City<br>MORGANVILLE   | State<br>NJ                              | Zip Code<br>07751   | Transaction ID: INC.A.81654  Amount of Each Receipt this Period                             |  |  |
| FEC ID number of contributing federal political committee.                              | C  |   | 25.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR (                      | n<br>GENERIC DRUG PURCHAS   |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  |  | Year-to-Date ▼ 325.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MR ERIC HESS                                    | <u> </u>                                 |   | Date of Receipt   |  |  |
| Mailing Address 10 CARLTON RD   | 0 6 0 5 2 0 1 0                          |   |   |  |  |
| City<br>FLANDERS  | State<br>NJ                              | Zip Code<br>07836   | Transaction ID: INC.A.81810   |  |  |
| FEC ID number of contributing federal political committee.                              | C  | 07030   | Amount of Each Receipt this Period  60.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP FNGI                       | n<br>INEERING & OPS   |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | · · · · · · · · · · · · · · · · ·        | Year-to-Date ▼ 780.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MS JANE HILDEBRANDT                             |  |   | Date of Receipt   |  |  |
| Mailing Address 35 CASCADE WA   | Y  |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |  |  |
| City<br>BUTLER  | State<br>NJ                              | Zip Code<br>07405   | Transaction ID: INC.A.81834   |  |  |
| FEC ID number of contributing federal political committee.                              | C  | 0/405   | Amount of Each Receipt this Period  25.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR E-Co                      | n<br>OM STRAT & DELIV   |   |  |  |
| Receipt For:  Primary  General  Other (specify) ▼                                       | <del>- + +</del>                         | Year-to-Date ▼ 325.00   |   |  |  |
| SUBTOTAL of Receipts This Page (option  | al)                                      |   | 110.00  |  |  |

| ITEMIZED RECEIPTS  | Χ)                                    | Use separate schedule(s) for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 78 / 409   (check only one)  |  |  |
|--|---------------------------------------|--|--|--|--|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may<br>the name and add | not be sold or used by any persodress of any political committee to        | on for the purpose of soliciting contributions osolicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a  | ı. Medco Health PAC)   |  |  |
| Full Name (Last, First, Middle Initial) MR DANIEL HLUDZINSKI                             |                                       |  | Date of Receipt  |  |  |
| Mailing Address 385 WASHINGTON   | Mailing Address 385 WASHINGTON ST     |  |  |  |  |
| City<br>TAPPAN   | State<br>NY                           | Zip Code<br>10983  | Transaction ID: INC.A.82070  Amount of Each Receipt this Period                            |  |  |
| FEC ID number of contributing federal political committee.                               | C                                     | 10305  | 25.00  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation                            | n<br>CAL SPECIALIST  |  |  |  |
| Receipt For:  Primary  General  Other (specify)  |                                       | Year-to-Date ▼ 325.00  |  |  |  |
| Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON                                |                                       |  | Date of Receipt  |  |  |
| Mailing Address 16 LUTH TERRACE  | Ē                                     |  | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O  |  |  |
| City<br>WEST ORANGE  | State<br>NJ                           | Zip Code<br>07052  | Transaction ID: INC.A.81932  Amount of Each Receipt this Period                            |  |  |
| FEC ID number of contributing federal political committee.                               | C                                     | 07002  | 192.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation                            | n<br>ARMACY OPS  |  |  |  |
| Receipt For: Primary General Other (specify)   | ·                                     | Year-to-Date ▼ 1076.00   |  |  |  |
| Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN                                 |                                       |  | Date of Receipt  |  |  |
| Mailing Address 974 HILLCREST RO   | OAD                                   |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |  |
| City<br>RIDGEWOOD  | State<br>NJ                           | Zip Code<br>07450  | Transaction ID: INC.A.82012  |  |  |
| FEC ID number of contributing federal political committee.                               | C                                     | 07430  | Amount of Each Receipt this Period  50.00  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP FACI                    |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del>-</del> -                        | Year-to-Date ▼ 650.00  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona  | il)                                   |  | 267.00   |  |  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 79 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  |
|---|--|---|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)   | nd Statements may not be sold or used by any person the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN Mailing Address 9 HIRLE ST  City CORNWALL ON HUDSON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     | State Zip Code NY 12520  C  Occupation TECHNICAL SPECIALIST  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 / D 5 / 2 0 1 0  Transaction ID: INC.A.81829  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial)  MR ROGER HOLLAND  Mailing Address 41 SAINT RAPHAE  City  LAGUNA NIGUEL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) | State Zip Code CA 92677  C  Occupation VP SALES  Aggregate Year-to-Date   650.00   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MR JOHN HOLLINGER Mailing Address 784 CAPE HENRY  City COLUMBUS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)          | DR  State Zip Code OH 43228  C  Occupation DIR BUSINESS PLANNING  Aggregate Year-to-Date ▼  260.00   | Date of Receipt  M M / D D / Y Y Y Y Y  O 6   |
| SUBTOTAL of Receipts This Page (optional  | l) <b>&gt;</b>   | 85.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | <b>(</b> )                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 80 / 409   (check only one)             |  |  |
|---|---------------------------------------|---|---|--|--|
| Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may<br>the name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                  |  |  |
| MEDCO HEALTH SOLUTIONS IN   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |
| Full Name (Last, First, Middle Initial) MR ROBERT HOLLIS  |                                       |   | Date of Receipt   |  |  |
| Mailing Address 88 MILLS STREET   |                                       |   | 06 05 2010  |  |  |
| City<br>MORRISTOWN  | State<br>NJ                           | Zip Code<br>07960   | Transaction ID: INC.A.81816  Amount of Each Receipt this Period |  |  |
| FEC ID number of contributing federal political committee.  | C                                     | 07000   | 25.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR I                   | n<br>NTERNATL BUSINESS DE   |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                             | e Year-to-Date ▼ 325.00   |   |  |  |
| Full Name (Last, First, Middle Initial) ELIZABETH HOLLOWAY  |                                       |   | Date of Receipt   |  |  |
|   | ailing Address 9222 RANDLE VALLEY DR  |   |   |  |  |
| City<br>CORDOVA   | State<br>TN                           | Zip Code<br>38018   | Transaction ID: INC.A.82275  Amount of Each Receipt this Period |  |  |
| FEC ID number of contributing federal political committee.  | C                                     | 30010   | 40.00   |  |  |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation ASSISTA                    | n<br>ANT GENERAL COUNSEL  |   |  |  |
| Receipt For:  Primary  General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 520.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MR MATTHEW HOLMES   | I                                     |   | Date of Receipt   |  |  |
| Mailing Address 789 WESTON PAR  | RK DR                                 |   | 0 6 0 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |  |  |
| City<br>POWELL  | State<br>OH                           | Zip Code<br>43065   | Transaction ID: INC.A.81889                                     |  |  |
| FEC ID number of contributing federal political committee.  | C                                     | 45005   | Amount of Each Receipt this Period  25.00                       |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation NATL AC                    | n<br>CCT EXEC   |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                             | Year-to-Date ▼ 325.00   |   |  |  |
| SUBTOTAL of Receipts This Page (optional  | al)                                   |   | 90.00   |  |  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 81 / 409 (check only one)    X   11a        |  |  |  |
|----|--|--------------------|---|---|--|--|--|
|    | Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad      | dress of any political committee to                                     | o solicit contributions from such committee.                      |  |  |  |
|    | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |  |
| Α. | Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK   | MR STEPHEN HOLODAK |   |   |  |  |  |
|    | Mailing Address 5 SUNCLIFF DR  |                    |   | 06 05 7 2010  |  |  |  |
|    | City<br>TARRYTOWN  | State<br>NY        | Zip Code<br>10591   | Transaction ID: INC.A.81958  Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C                  |   | 80.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP INTE | on<br>RVENTION DELIVERY SYS   | ST ST   |  |  |  |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>1040.00   |   |  |  |  |
| В. | Full Name (Last, First, Middle Initial)  | Date of Receipt    |   |   |  |  |  |
|    | Mailing Address 1558 N PISGAH ROA  | 06 05 2010         |   |   |  |  |  |
|    | City<br>CORDOVA  | State              | Zip Code  | Transaction ID: INC.A.82253                                       |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C                  | 38016   | Amount of Each Receipt this Period  50.00                         |  |  |  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP REIN | on<br>MBURSEMENT  |   |  |  |  |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>650.00  |   |  |  |  |
| С. | Full Name (Last, First, Middle Initial) MS CYNTHIA HORN  |                    |   | Date of Receipt   |  |  |  |
|    | Mailing Address 9553 ANDREW DR   |                    |   | M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |  |  |  |
|    | City<br>TWINSBURG  | State<br>OH        | Zip Code<br>44087   | Transaction ID: INC.A.82241  Amount of Each Receipt this Period   |  |  |  |
|    | FEC ID number of contributing federal political committee.   | C                  | 14007   | 50.00   |  |  |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CUS  |   |   |  |  |  |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>650.00  |   |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional) .  |                    |   | 180.00  |  |  |  |
| Ì  | TOTAL This Period (last page this line number  | r only)            | ·   |   |  |  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | for each   | arate schedule(s)<br>category of the<br>Summary Page | FOR LINE NUMBER: PAGE 82 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 1                                    |
|--|--|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. I   | name and address of any  | political committee to                               | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ  Mailing Address 4 MELISSA COURT  City MONTVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Coo NJ 07045  C  Occupation VP BUSINESS PLA Aggregate Year-to-Date | ANNING   | Date of Receipt  M M J D D J Z D 1 0  Transaction ID: INC.A.82171  Amount of Each Receipt this Period  50.00       |
| Full Name (Last, First, Middle Initial) LYNN HOSTMYER  Mailing Address 6708 N.W. 112TH  City OKLAHOMA CITY  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)    | State Zip Coo OK 73162  C Occupation GENERAL MGR - I Aggregate Year-to-Date  | de<br>MULTI BRANCH                                   | Date of Receipt  M M M D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MR BERNARD HUKILL  Mailing Address 17219 CLOVIS  City HELOTES  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)       | State Zip Cod TX 78023  C  Occupation DIR PHARM OPS  Aggregate Year-to-Dat   |  | Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: INC.A.81985  Amount of Each Receipt this Period  50.00 |
| SUBTOTAL of Receipts This Page (optional)  |  | ·····  | 125.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                        | FOR LINE NUMBER: PAGE 83 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |  |  |  |
|---|--|--|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perso<br>le name and address of any political committee to | n for the purpose of soliciting contributions                                    |  |  |  |
| MEDCO HEALTH SOLUTIONS INC.   | POLITICAL ACTION COMMITTEE (a.k.a.   | . Medco Health PAC)  |  |  |  |
| Full Name (Last, First, Middle Initial)  MR JEFFREY HULL  Mailing Address COACO ORDIO 6 14 FB                             |  | Date of Receipt  |  |  |  |
| Mailing Address 2616 S 3B'S & K RD  | Stata Zin Coda   | 0 6 0 5 2 0 1 0  |  |  |  |
| City<br><u>GALENA</u>   | State Zip Code OH 43021  | Transaction ID: INC.A.81937  Amount of Each Receipt this Period                  |  |  |  |
| FEC ID number of contributing federal political committee.  | C  | 32.00  |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR HLTH CARE OPS  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 416.00  |  |  |  |  |
| Full Name (Last, First, Middle Initial) MR DONALD HUMPHREY  |  |  |  |  |  |
| Mailing Address 93 WINCHESTER DI  | Mailing Address 93 WINCHESTER DRIVE  |  |  |  |  |
| City<br>MONROE  | State Zip Code<br>NY 10950   | Transaction ID: INC.A.81967  |  |  |  |
| FEC ID number of contributing federal political committee.  | NY 10950   | Amount of Each Receipt this Period  25.00  |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR TECHNOLOGY   |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00  |  |  |  |  |
| Full Name (Last, First, Middle Initial) MRS KIMBERLY HUMPHRIES  |  | Date of Receipt  |  |  |  |
| Mailing Address 10010 POINTE COV  | Ē  | 0 6 0 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                    |  |  |  |
| City  | State Zip Code   | Transaction ID: INC.A.82276  |  |  |  |
| LAKELAND  FEC ID number of contributing federal political committee.  | TN 38002   | Amount of Each Receipt this Period  50.00  |  |  |  |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation VP BUSINESS PLANNING  |  |  |  |  |
| Receipt For:  Primary  General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |  | 107.00   |  |  |  |
| TOTAL This Period (last page this line number   | er only)   |  |  |  |  |

|             | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and Sta                    | atements ma       | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 84 / 409 (check only one)    X            |
|-------------|---|-------------------|---|---|
| \<br>\<br>\ | or for commercial purposes, other than using the r  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. PO | name and ad       | dress of any political committee to                                     | solicit contributions from such committee.                      |
| Α.          | Full Name (Last, First, Middle Initial) MR DAVID ISRAEL Mailing Address 730 COLUMBUS AVEN                       | UE                |   | Date of Receipt   |
|             | City  | State             | Zip Code  | 0 6 0 5 2 0 1 0  Transaction ID: INC.A.81640                    |
|             | NEW YORK  | NY                | 10025   | Amount of Each Receipt this Period                              |
|             | FEC ID number of contributing federal political committee.  | C                 |   | 50.00   |
|             | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                   | STAKEHOLDER RELATION  | us  |
|             | Receipt For:  Primary General  Other (specify) ▼  | Aggregate         | e Year-to-Date ▼<br>650.00  |   |
| -<br>В.     | Full Name (Last, First, Middle Initial) MS SUSAN ITO  |                   |   | Date of Receipt   |
|             | Mailing Address 6366 SW 90TH STREE  | Т                 |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
|             | City<br>GAINESVILLE   | State<br>FL       | Zip Code<br>32608   | Transaction ID: INC.A.81651  Amount of Each Receipt this Period |
|             | FEC ID number of contributing federal political committee.  | C                 |   | 50.00   |
|             | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC D | n<br>IR CLINICAL SVCS   |   |
|             | Receipt For:  Primary General  Other (specify) ▼  | Aggregate         | e Year-to-Date ▼ 600.00   |   |
| С.<br>С.    | Full Name (Last, First, Middle Initial) MS MARIANNE JACKS   |                   |   | Date of Receipt   |
|             | Mailing Address 329 MORRIS AVENUE   |                   |   | 06 05 2010  |
|             | City<br>MOUNTAIN LAKES  | State<br>NJ       | Zip Code<br>07046   | Transaction ID: INC.A.81690                                     |
|             | FEC ID number of contributing federal political committee.  | C                 | 07046   | Amount of Each Receipt this Period  50.00                       |
|             | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NAT | n<br>L ACCT EXEC  |   |
|             | Receipt For:  Primary General  Other (specify) ▼  | Aggregate         | e Year-to-Date ▼ 650.00   |   |
|             | SUBTOTAL of Receipts This Page (optional)   |                   | <b>&gt;</b>   | 150.00  |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 85 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17            |
|----------|---|---|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma<br>e name and ad              | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F                                      | POLITICAL                                   | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MS TERESE JACKSON                                       | Date of Receipt                             |   |   |
|          | Mailing Address 6085 S. PRESTON LA  | 06 05 2010                                  |   |   |
|          | City  | State                                       | Zip Code  | Transaction ID: INC.A.81715   |
|          | NEW BERLIN  | WI  | 53151   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                                      | C   |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NAT                           | on<br>L ACCT EXEC   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                                   | e Year-to-Date ▼ 325.00   |   |
| -<br>В.  | Full Name (Last, First, Middle Initial) MS MICHELLE JAEGER                                      | 1   |   | Date of Receipt   |
|          | Mailing Address 302 HERMAN TERRA  | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
|          | City State  |   | Zip Code  | Transaction ID: INC.A.82133   |
|          | <u>HOPKINS</u>  | MN  | 55343   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                                      | C   |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | , I   | L ACCT EXEC   |   |
|          | Receipt For: Primary General Other (specify) ▼  | Aggregate                                   | e Year-to-Date ▼<br>325.00  | ]   |
| с.<br>С. | Full Name (Last, First, Middle Initial)<br>MR JASON JAMES                                       | •   |   | Date of Receipt   |
|          | Mailing Address RR 2 BOX 2036   |   |   | 0 6 0 5 2 0 1 0   |
|          | City  | State                                       | Zip Code  | Transaction ID: INC.A.81644   |
|          | CANADENSIS  | <u>PA</u>                                   | 18325   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                                      | C   |   | 35.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | <del>, '</del>                              | SICIAN ENGAGEMENT   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                                   | e Year-to-Date ▼ 455.00   |   |
|          | SUBTOTAL of Receipts This Page (optional)   |   |   | 85.00   |
|          | TOTAL This Period (last page this line number   |   | <u> </u>  |   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                     | FOR LINE NUMBER: PAGE 86 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|--|
| Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) | s and Statements may not be sold or used by any persising the name and address of any political committee t | son for the purpose of soliciting contributions                                  |
|  | INC. POLITICAL ACTION COMMITTEE (a.k.   | a. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial)  MR TODD JEFFREY   |   | Date of Receipt  |
| Mailing Address 15 ELIZABETH   |   | 06 / 05 / 2010   |
| City<br><u>DUMONT</u>  | State Zip Code  NJ 07628  | Transaction ID: INC.A.82073  Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.   | C   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP PHARM CONTRACT & CONSU  | LTING  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00   |  |
| Full Name (Last, First, Middle Initial)  B. ROBERT JINKS   |   | Date of Receipt  |
| Mailing Address 22 PAGE AVE  |   | 06 05 7 2010   |
| City<br>LYNDHURST  | State Zip Code NJ 07071   | Transaction ID: INC.A.81704  Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.   | С   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP BUSINESS REQUIREMENTS   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00   |  |
| Full Name (Last, First, Middle Initial) MR WILLIAM JOEL  |   | Date of Receipt  |
| Mailing Address 32 VENTOSA D   | R   | 06 05 7 2010   |
| City<br>MORRISTOWN   | State Zip Code<br>NJ 07960  | Transaction ID: INC.A.81875  Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.   | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR ANALYTICAL SVCS  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00   |  |
| SUBTOTAL of Receipts This Page (opt  | ional)  | 125.00   |
| TOTAL This Period (last page this line)  | number only)  | ·  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 87 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|---------------------|---|--|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad         | dress of any political committee to   | solicit contributions from such committee.                                       |
|    | MEDCO HEALTH SOLUTIONS INC. F  Full Name (Last, First, Middle Initial)  | OLITICAL            | ACTION COMMITTEE (a.k.a   | ·<br>  |
| Α. | CHARLES JOHNSON  Mailing Address 8277 FLORAL SPRING   | GS                  |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y                 |
|    | City<br>CORDOVA   | State<br>TN         | Zip Code<br>38016   | Transaction ID: INC.A.82221  Amount of Each Receipt this Period                  |
|    | FEC ID number of contributing federal political committee.  | C                   |   | 25.00  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR FINA |   |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate           | e Year-to-Date ▼ 325.00   |  |
| В. | Full Name (Last, First, Middle Initial) LATASHA JONES  Mailing Address 7761 THUNDERSTON                                     | IE CL S             |   | Date of Receipt  |
|    | City  | State               | Zip Code  | 0 6 0 5 2 0 1 0<br>Transaction ID: INC.A.82287                                   |
|    | MEMPHIS   | TN                  | 38125   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.  | С                   |   | 25.00  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR PAY  | on<br>'ER CONTRACTING   |  |
|    | Receipt For: Primary General Other (specify)  | Aggregate           | e Year-to-Date ▼ 325.00   |  |
| C. | Full Name (Last, First, Middle Initial) MRS REGINA JONES  | l                   |   | Date of Receipt  |
|    | Mailing Address POST OFFICE BOX 3   | 8342                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                      |
|    | City<br>GERMANTOWN  | State<br>TN         | Zip Code<br>38183   | Transaction ID: INC.A.81809  |
|    | FEC ID number of contributing federal political committee.  | C                   | 30103   | Amount of Each Receipt this Period  75.00  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation VP CUS   |   |  |
|    | Receipt For:  Primary General  Other (specify)  | Aggregate           | e Year-to-Date ▼ 975.00   |  |
|    | 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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 88 / 409 (check only one)  X 11a 11b 11c 12 12 13 14 15 16 17       |
|----|---|---|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements mage name and add                | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.   | POLITICAL /                                 | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| A. | Full Name (Last, First, Middle Initial) MR RICHARD JONES  Mailing Address 12224 MONTCALM S      | TDEET                                       |   | Date of Receipt   |
|    | Walling Address   12224 MONTCALIN S   | INEEI                                       |   | 06 05 2010  |
|    | City  | State                                       | Zip Code  | Transaction ID: INC.A.82014   |
|    | CARMEL  | IN  | 46032   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C   |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM                          | n   |   |
|    | Receipt For:  | Aggregate                                   | e Year-to-Date ▼  |   |
|    | Primary General Other (specify) ▼   |   | 650.00  |   |
| В. | Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD                                      |   |   | Date of Receipt   |
|    | Mailing Address 16357 VICTORIA CUI  | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
|    | City  | State                                       | Zip Code  | Transaction ID: INC.A.81865   |
|    | PRIOR LAKE  | MN  | 55372   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | С   |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |   | CLIENT & MKT PROG STRA  | AT  |
|    | Receipt For:  Primary  General  | Aggregate                                   | e Year-to-Date ▼  | ,   |
|    | Other (specify)   |   | 500.00  |   |
| C. | Full Name (Last, First, Middle Initial) MR DENNIS KACKLEY                                       | •   |   | Date of Receipt   |
|    | Mailing Address 32 EAST RIVERGLEN   | Mailing Address 32 EAST RIVERGLEN DR        |   |   |
|    | City  | State                                       | Zip Code  | Transaction ID: INC.A.81939   |
|    | WORTHINGTON   | OH  | 43085   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C   |   | 12.50   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR CUS                        |   |   |
|    | Receipt For:  | Aggregate                                   | e Year-to-Date ▼  |   |
|    | Primary General Other (specify) ▼   |   | 325.00  |   |
|    | SUBTOTAL of Receipts This Page (optional) .   | 1   |   | 87.50   |
|    | TOTAL This Period (last page this line number   | r only)                                     | ······································  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | FOR LINE NUMBER: PAGE 89 / 409 (check only one)    X   |
|--|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any persone name and address of any political committee to  POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR JOHN KAPIOSKI Mailing Address 8202 MARSH GLEN  City TAMPA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)        | CT  State Zip Code FL 33647  C  Occupation SR DIR PHARMACY COMPLIANCE Aggregate Year-to-Date ▼  650.00                                | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81991  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MR STEVEN KARATY Mailing Address 19 PARK AVE  City POMPTON PLAINS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | State Zip Code NJ 07444  C  Occupation VP OPS PLANNING  Aggregate Year-to-Date   325.00   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81663  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MS BECKY KAUS Mailing Address N81 W18359 TOURS  City MENOMONEE FALLS FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code WI 53051  C  Occupation SR DIR CLINICAL SVCS  Aggregate Year-to-Date  325.00   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6  |
| SUBTOTAL of Receipts This Page (optional)  |   | 100.00   |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 90 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|----------|---|--------------------------------|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the | statements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α.       | Full Name (Last, First, Middle Initial)<br>MR WILLIAM KEELER                                    |                                |   | Date of Receipt   |
|          | Mailing Address 63 MOUNTAIN GLEN  | 06 05 2010                     |   |   |
|          | City<br>RINGWOOD  | State<br>NJ                    | Zip Code<br>07456   | Transaction ID: INC.A.82095  Amount of Each Receipt this Period                           |
|          | FEC ID number of contributing federal political committee.                                      | C                              |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>TECHNIC           | n<br>CAL SPECIALIST   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
| ь<br>В.  | Full Name (Last, First, Middle Initial) MS DEEPTI KEHOE   |                                |   | Date of Receipt   |
|          | Mailing Address 995 PINES TERR  |                                |   | 06 05 2010  |
|          | City  | State                          | Zip Code  | Transaction ID: INC.A.81753   |
|          | FRANKLIN LAKES  | NJ                             | 07417   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                                      | C                              |   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SVP FIN           | <sup>n</sup><br>ANCIAL & ANALYTICAL SV  | С   |
|          | Receipt For:  Primary  General  | Aggregate                      | e Year-to-Date ▼  |   |
|          | Other (specify) ▼   |                                | 650.00  |   |
| с.<br>С. | Full Name (Last, First, Middle Initial) MS MICHELLE KEHOE                                       |                                |   | Date of Receipt   |
|          | Mailing Address 26-1 FARMHOUSE LA   | ANE                            |   | 06 05 2010  |
|          | City<br>MORRISTOWN  | State<br>NJ                    | Zip Code  | Transaction ID: INC.A.81682   |
|          | FEC ID number of contributing federal political committee.                                      | C                              | 07960   | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR ENT           | n<br>ERPRISE BUSINESS INTEL   |   |
|          | Receipt For:  |                                | e Year-to-Date ▼  |   |
|          | Primary General Other (specify) ▼   |                                | 325.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   |                                |   | 100.00  |
| ļ        | TOTAL This Period (last page this line number   |                                | <u> </u>  |   |

|    | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 91 / 409 (check only one)    X  |
|----|---|---------------------|---|---|
| 0  | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.                    | e name and ad       | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III Mailing Address 1970 WOODLANDS I  City POWELL FEC ID number of contributing federal political committee. | State OH C          | Zip Code<br>43065   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
|    | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | GENERA              | AL MGR GROUP  e Year-to-Date ▼  650.00                                  |   |
|    | Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE   |                     |   | Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                      |
|    | City  | State               | Zip Code  | Transaction ID: INC.A.81688   |
|    | HACKENSACK FEC ID number of contributing federal political committee.   | NJ<br>C             | 07601   | Amount of Each Receipt this Period  25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio           | n<br>TECHNOLOGY   |   |
|    | Receipt For:  Primary  General  Other (specify) ▼   |                     | Year-to-Date ▼ 325.00   |   |
|    | Full Name (Last, First, Middle Initial) MR PETER KENNY Mailing Address 6040 BOULEVARD E   | APT 28G             |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
|    | City  | State               | Zip Code  | Transaction ID: INC.A.82048   |
|    | WEST NEW YORK  FEC ID number of contributing federal political committee.   | NJ<br>C             | 07093   | Amount of Each Receipt this Period  25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR DIR | n<br>ACCT MGMT  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  |                     | e Year-to-Date ▼ 325.00   |   |
| Γ, | SUBTOTAL of Receipts This Page (optional) .   |                     |   | 100.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                               | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 92 / 409 (check only one)    X   11a |
|---|-------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | e name and add                | dress of any political committee to                                     | o solicit contributions from such committee.               |
| Full Name (Last, First, Middle Initial)  MS INNA KHANIN  Mailing Address 3403 SPRINGBROOF  City  EDISON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General | State NJ C Occupation TECHNIC | CAL SPECIALIST  Year-to-Date ▼  | Date of Receipt    M M M                                   |
| Full Name (Last, First, Middle Initial) MS DONNA KLEIN Mailing Address 1080 FOREST CLIFF  City LAKEWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                                | State OH C                    | Zip Code<br>44107   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6              |
| Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER Mailing Address 121 CONKLING TOW City CHESTER   |                               | Year-to-Date ▼  300.00  Zip Code 10918                                  | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)  | Occupation SR DIR A           |   | 50.00  |
| SUBTOTAL of Receipts This Page (optional) .   |                               | ······  | 100.00   |

|         | SCHEDULE A (FEC Form 3X)  |                             | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 93 / 409 (check only one)  |
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|         | TEMIZED RECEIPTS  |                             | for each category of the<br>Detailed Summary Page                          | X 11a 11b 11c 12<br>13 14 15 16 1  |
|         | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma<br>name and ad | y not be sold or used by any person<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL                   | ACTION COMMITTEE (a.k.a.   | Medco Health PAC)  |
| . K     | Full Name (Last, First, Middle Initial)<br>KENNETH KLEPPER                                      |                             |  | Date of Receipt  |
|         | Mailing Address 295 GLEN PLACE  |                             |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|         | City  | State                       | Zip Code   | Transaction ID: INC.A.82108  |
|         | FRANKLIN LAKES  | NJ                          | 07417  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.                                      | C                           |  | 192.30   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation PRES &           | n<br>CHIEF OPERATING OFFICE  | T<br>ER  |
|         | Receipt For:  | Aggregate                   | e Year-to-Date ▼   |  |
|         | Primary General Other (specify) ▼   |                             | 2499.90  |  |
| -<br>3. | Full Name (Last, First, Middle Initial)<br>RICHARD KLUSOVSKY                                    |                             |  | Date of Receipt  |
|         | Mailing Address 1016 FAIRWOOD LAN   | NE .                        |  | 06 / 05 / Y Y Y Y Y Y  |
|         | City  | State                       | Zip Code   | Transaction ID: INC.A.82266  |
|         | <u>ACWORTH</u>  | GA                          | 30101  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.                                      | С                           |  | 25.00  |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation AVP MA           | n<br>NAGED CARE  |  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼<br>325.00   |  |
|         | Full Name (Last, First, Middle Initial)<br>MS LORI KOEHNEN                                      |                             |  | Date of Receipt  |
|         | Mailing Address 6920 DYLAN LANE   |                             |  | 06 05 2010   |
|         | City  | State                       | Zip Code   | Transaction ID: INC.A.81905  |
|         | INDEPENDENCE  | MN                          | 55359  | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.                                      | C                           |  | 25.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR           | n<br>GENERIC STRAT & CUST D  | v<br>V   |
|         | Receipt For:  | Aggregate                   | e Year-to-Date ▼   |  |
|         | Primary General Other (specify) ▼   |                             | 325.00   |  |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |                             | <b></b>  | 242.30   |
| H       |   |                             |  |  |

|                 | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 94 / 409 (check only one)  X 11a 11b 11c 12  |
|-----------------|---|---|---|--|
| ,               | Any information copied from such Reports and Si<br>or for commercial purposes, other than using the | tatements may                               | not be sold or used by any perso<br>dress of any political committee to       | 13   14   15   16   17  n for the purpose of soliciting contributions solicit contributions from such committee. |
|                 | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P  |   |   |  |
| ∠<br><b>A</b> . | Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN   | Date of Receipt                             |   |  |
|                 | Mailing Address 555 FORBUSH STREE   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |  |
|                 | City  | State                                       | Zip Code  | Transaction ID: INC.A.82051  |
|                 | BOONTON   | NJ  | 07005   | Amount of Each Receipt this Period   |
|                 | FEC ID number of contributing federal political committee.  | C   |   | 25.00  |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR (                         | n<br>CLIENT RETAIL  |  |
|                 | Receipt For:  Primary General  Other (specify)  | Aggregate                                   | Year-to-Date ▼ 325.00   |  |
| _<br>В.         | Full Name (Last, First, Middle Initial) MS KATHLEEN KORDUCKI  |   |   | Date of Receipt  |
| J.              | Mailing Address 920 CLARK STREET  |   |   | M M / D D / Y Y Y Y Y O D O D O D O D O D O D O D O  |
|                 | City<br>BOWLING GREEN   | State<br>OH                                 | Zip Code<br>43402   | Transaction ID: INC.A.81721  Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C   |   | 50.00  |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NATL                          | ACCT EXEC   |  |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                                   | Year-to-Date ▼ 650.00   |  |
| _<br>C.         | Full Name (Last, First, Middle Initial) MS ANNE KRAFT   |   |   | Date of Receipt  |
|                 | Mailing Address 28 ROSEMILT PLACE   |   |   | 0 6 0 5 Y Y Y Y Y Y Y  |
|                 | City<br>MORRISTOWN  | State<br>NJ                                 | Zip Code<br>07960   | Transaction ID: INC.A.82197  Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C   | 07300   | 25.00  |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR MAF                          | n<br>RKET SEGMENT SOLUTION  |  |
|                 | Receipt For:  Primary General  Other (specify) ▼  | . '   | Year-to-Date ▼ 325.00   |  |
|                 | SUBTOTAL of Receipts This Page (optional)   |   | ·····   | 100.00   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 95 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11 |
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| or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)                     | s and Statements may not be sold or used by any persing the name and address of any political committee to the sold of the name and address of any political committee to the sold of the | o solicit contributions from such committee.                                     |
| Full Name (Last, First, Middle Initial) MS JOANN KRENITSKY Mailing Address 143 DEERFIELD   | ) TERRACE   | Date of Receipt  0 6 0 5 2 0 1 0   |
| City  MAHWAH  FEC ID number of contributing  | State Zip Code NJ 07430   | Transaction ID: INC.A.81762  Amount of Each Receipt this Period  25.00           |
| Receipt For:  Primary  Other (specify) ▼   | Occupation EXEC DIR PRODUCT  Aggregate Year-to-Date   275.00  |  |
| Full Name (Last, First, Middle Initial) MR ALEXANDER KRYNICKI Mailing Address 60 BEECH ROA | D   | Date of Receipt  0 6 0 5 2 0 1 0   |
| City  RANDOLPH  FEC ID number of contributing federal political committee.                 | State Zip Code NJ 07869   | Transaction ID: INC.A.81665  Amount of Each Receipt this Period  25.00           |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date ▼  325.00  | 1  |
| Full Name (Last, First, Middle Initial) MS BARBARA KRZAK Mailing Address 495 ISLAND WA     | Y   | Date of Receipt  |
| City FRANKLIN LAKES FEC ID number of contributing  | State Zip Code NJ 07417   | Transaction ID: INC.A.81968  Amount of Each Receipt this Period  55.00           |
| name of Employer MEDCO HEALTH SOLUTIONS  | Occupation VP INFO TECHNOLOGY   |  |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 715.00   |  |
| SUBTOTAL of Receipts This Page (opti   | onal)   | 105.00   |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                             | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 96 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17            |
|----------|---|-----------------------------|--|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements ma<br>name and ad | y not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL                   | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial)  MR MICHAEL KRZAN  Mailing Address 2735 YORK RD                                     |                             |  | Date of Receipt   |
|          |   | 06 05 2010                  |  |   |
|          | City<br><u>COLUMBUS</u>   | State<br>OH                 | Zip Code<br>43221  | Transaction ID: INC.A.82029  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.  | C                           |  | 192.00  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP ME           | n<br>MBER SVCS   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼ 934.00  |   |
| -<br>В.  | Full Name (Last, First, Middle Initial) MR DEEPAK KUMAR   |                             |  | Date of Receipt   |
|          | Mailing Address 50 MANCHESTER CT  |                             |  | 06 05 2010  |
|          | City  | State                       | Zip Code   | Transaction ID: INC.A.81913   |
|          | KINNELON FEC ID number of contributing federal political committee.   | C                           | 07405  | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR TEC          | on<br>CHNOLOGY   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼ 325.00  | ]   |
| С.<br>С. | Full Name (Last, First, Middle Initial)<br>MR MANOJ KUMAR   |                             |  | Date of Receipt   |
|          | Mailing Address 7 SUNRISE WAY   |                             |  | 0 6 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|          | City  | State                       | Zip Code   | Transaction ID: INC.A.81956   |
|          | TOWACO FEC ID number of contributing federal political committee.   | NJ<br>C                     | 07082  | Amount of Each Receipt this Period  30.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation BUSINE           | SS PROCESS CHAMPION  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼ 390.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   | 1                           |  | 247.00  |
|          | TOTAL This Period (last page this line number   |                             | <u> </u>   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                               | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 97 / 409 (check only one)    X                                      |
|--|-------------------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may<br>name and add | not be sold or used by any personess of any political committee to      | on for the purpose of soliciting contributions solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. P  | POLITICAL A                   | CTION COMMITTEE (a.k.a  | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial)<br>MR MARK LANDY   |                               |   | Date of Receipt   |
| Mailing Address 18 LADIK PL  |                               |   | 06 05 7 2010  |
| City   | State                         | Zip Code  | Transaction ID: INC.A.81963   |
| MONTVALE   | NJ                            | 07645   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                             |   | 75.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SVC I           | DELIVERY SYSTEM   |   |
| Receipt For: Primary General Other (specify)   | Aggregate                     | Year-to-Date ▼ 975.00   |   |
| Full Name (Last, First, Middle Initial) JAMES LANGLEY  |                               |   | Date of Receipt   |
| Mailing Address 10921 MAIN RANGE T   | ΓRAIL                         |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                         | Zip Code  | Transaction ID: INC.A.82268   |
| LITTLETON  | CO                            | 80127   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                             |   | 50.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation<br>SVP FINA        | ANCIAL ADMIN  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MR EDWARD LAPUSHCHIK   | l                             |   | Date of Receipt   |
| Mailing Address 2 OLD LANE   |                               |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                         | Zip Code  | Transaction ID: INC.A.82120   |
| MONTVILLE  | NJ                            | 07045   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                             |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>TECHNIC         | CAL SPECIALIST  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (optional)  |                               | <b>&gt;</b>   | 150.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate sche<br>for each category of<br>Detailed Summary                      | of the  |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | ne name and address of any political co  | y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.  EE (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial)  MR MARCELO LAROSA  Mailing Address 162 HILLTOP ROAD  City  MONROE  FEC ID number of contributing federal political committee.   | State Zip Code<br>NY 10950   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 0 5 2 0 1 0  Transaction ID: INC.A.81689  Amount of Each Receipt this Period  25.00             |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | Occupation SR DIR CLIENT SVC DELIV Aggregate Year-to-Date  32                      | VERY<br>25.00   |
| Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER Mailing Address 1100 KIMBERLY CC  City ROSEVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State Zip Code CA 95661  C  Occupation SR DIR GOVERNMENT AF Aggregate Year-to-Date | Date of Receipt    M   M   D   D   D   2 0 1 0  |
| Full Name (Last, First, Middle Initial) MICHELE LAW Mailing Address 600 KINGFRED DR  City NORTH HUNTINGDON FEC ID number of contributing federal political committee.  | State Zip Code PA 15642  | Date of Receipt  M M M D D D Y Y Y Y Y Y  O 6 V D D D Y 2 0 1 0  Transaction ID: INC.A.82269  Amount of Each Receipt this Period  25.00       |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  | 0 0 0 0 0 0  | 25.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 99 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16               |  |  |
|---|---|---|--|--|
| NAME OF COMMITTEE (In Full)   | on d Statements may not be sold or used by any person the name and address of any political committee to the name and address of the name | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |
| Full Name (Last, First, Middle Initial) JEFFREY LAWLOR Mailing Address 214 ROXBURY RO  City GARDEN CITY  FEC ID number of contributing federal political committee. | `   | Date of Receipt  M M O D D D D D D D D D D D D D D D D D                                    |  |  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼   | SR DIR MARKETING  Aggregate Year-to-Date   325.00   |   |  |  |
| Full Name (Last, First, Middle Initial) PAUL LEAPO Mailing Address 1 CHRISTIAN DRIV   | /E  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |  |  |
| City  | State Zip Code  | Transaction ID: INC.A.82105   |  |  |
| EAST BRUNSWICK  | NJ 08816  | Amount of Each Receipt this Period  |  |  |
| FEC ID number of contributing federal political committee.  | C   | 26.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR TECHNOLOGY  |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  338.00  |   |  |  |
| Full Name (Last, First, Middle Initial) JOSEPH LENZ   |   |   |  |  |
| Mailing Address 1735 LINKENHOLT   | COVE  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                    |  |  |
| City  | State Zip Code  | Transaction ID: INC.A.82147   |  |  |
| COLLIERVILLE  FEC ID number of contributing federal political committee.  | TN 38017  | Amount of Each Receipt this Period  50.00   |  |  |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation VP PERFORMANCE STRATEGY  |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00   |   |  |  |
| SUBTOTAL of Receipts This Page (optional  | J)  | 101.00  |  |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS                                | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 100 / 409 (check only one)    X                                       |
|--|--|---|
| NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any personant the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)                                  | C. POLITICAL ACTION COMMITTEE (a.k.a   | ,   |
| EMMA LEVIN Mailing Address 18 SALEM RD                                   |  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                    |
| City<br>EAST BRUNSWICK   | State Zip Code NJ 08816  | Transaction ID: INC.A.82175  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.               | C  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                               | Occupation TECHNICAL SPECIALIST  |   |
| Receipt For: Primary General Other (specify)                             | Aggregate Year-to-Date ▼ 325.00  |   |
| Full Name (Last, First, Middle Initial)<br>MR DORIAN LO                  |  | Date of Receipt   |
| Mailing Address 6 CLUBHOUSE RO   | AD   | 06 05 2010  |
| City   | State Zip Code   | Transaction ID: INC.A.81922   |
| BLOOMINGDALE  FEC ID number of contributing federal political committee. | NJ 07403   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                               | Occupation VP CLINICAL SVCS  |   |
| Receipt For:  Primary General  Other (specify) ▼                         | Aggregate Year-to-Date ▼ 650.00  |   |
| Full Name (Last, First, Middle Initial) MR ROBERT LONG                   |  | Date of Receipt   |
| Mailing Address 18 HARLIND TERR  | ACE  | 0 6 0 5 2 0 1 0   |
| City<br>RAMSEY   | State Zip Code<br>NJ 07446   | Transaction ID: INC.A.81908   |
| FEC ID number of contributing federal political committee.               | NJ 07446   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                               | Occupation SR NATL ACCT EXEC   |   |
| Receipt For:  ☐ Primary ☐ General  Other (specify) ▼                     | Aggregate Year-to-Date ▼ 650.00  |   |
| SUBTOTAL of Receipts This Page (optional                                 | <u> </u>   | 125.00  |

|           | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 101 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|-----------|---|---|---|--|
| An        | y information copied from such Reports and St<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | name and ad                                 | dress of any political committee to   | solicit contributions from such committee.   |
|           | MEDCO HEALTH SOLUTIONS INC. P   | OLITICAL /                                  | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| <b>A.</b> | Full Name (Last, First, Middle Initial) DAVID LOSCHINSKEY   |   |   | Date of Receipt  |
|           | Mailing Address 4500 MT GILLESPIE D   |   |   | 06 05 2010   |
|           | City<br>LAKELAND  | State<br>TN                                 | Zip Code<br>38002   | Transaction ID: INC.A.82273  Amount of Each Receipt this Period                    |
|           | FEC ID number of contributing federal political committee.  | С   |   | 50.00  |
|           | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>VP BIAC                        |   |  |
|           | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                                   | e Year-to-Date ▼ 650.00   |  |
| —<br>3.   | Full Name (Last, First, Middle Initial) MR BRICE LOVE   |   |   | Date of Receipt  |
|           | Mailing Address 2390 BRANDON RD   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |  |
|           | City  | State                                       | Zip Code  | Transaction ID: INC.A.81869  |
|           | COLUMBUS  FEC ID number of contributing federal political committee.  | OH  | 43221   | Amount of Each Receipt this Period  12.50  |
|           | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio                                   |   |  |
|           | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                                   | e Year-to-Date ▼<br>325.00  |  |
| <br>}.    | Full Name (Last, First, Middle Initial) MR ROSS LUCE  |   |   | Date of Receipt  |
| -         | Mailing Address 1066 WEST GROVE C   | Т   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|           | City<br>GIBSONIA  | State<br>PA                                 | Zip Code<br>15044   | Transaction ID: INC.A.81773  Amount of Each Receipt this Period                    |
|           | FEC ID number of contributing federal political committee.  | C   |   | 30.00  |
|           | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM                          | n   |  |
|           | Receipt For:  Primary General  Other (specify) ▼  |   | e Year-to-Date ▼ 780.00   |  |
| S         | UBTOTAL of Receipts This Page (optional)  |   |   | 92.50  |
| Ţ.        | OTAL This Period (last page this line number of   | anly)                                       |   |  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | ()                                 | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 102 / 409 (check only one)    X          |
|--|------------------------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add                   | lress of any political committee to                                     | solicit contributions from such committee.                     |
| Full Name (Last, First, Middle Initial)  MS SHARON MACCOY  Mailing Address 9248 TALWAY CIR  City   | State                              | Zip Code  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| BOYNTON BEACH FEC ID number of contributing federal political committee.   | C                                  | 33472   | Amount of Each Receipt this Period 25.00                       |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation<br>VP SALE<br>Aggregate |   |  |
| Full Name (Last, First, Middle Initial) MS VERONA MACMAHON Mailing Address 1504 WEST CULLO UNIT G  |                                    |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City<br>CHICAGO  | State<br>IL                        | Zip Code<br>60613   | Transaction ID: INC.A.82074                                    |
| FEC ID number of contributing federal political committee.   | C                                  | 00013   | Amount of Each Receipt this Period  25.00                      |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR A                | ACCT MGMT OPS   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                          | Year-to-Date ▼ 325.00   | ]  |
| Full Name (Last, First, Middle Initial)<br>MR KENNETH MALLEY   |                                    |   | Date of Receipt  |
| Mailing Address 764 W. SADDLE R  | IVER ROAD                          |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| City   | State                              | Zip Code  | Transaction ID: INC.A.81811                                    |
| HO HO KUS  FEC ID number of contributing federal political committee.  | NJ<br>C                            | 07423   | Amount of Each Receipt this Period  192.00                     |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & G                 | ENERAL MGR  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                          | Year-to-Date ▼<br>1076.00   |  |
| SUBTOTAL of Receipts This Page (optional   |                                    |   | 242.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 103 / 409 (check only one)    X   11a   |
|---|--|---|---|
| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.                                     | e name and addre   | ess of any political committee to                                       | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO Mailing Address 33 HICKORY TAVERI  City GILLETTE  FEC ID number of contributing federal political committee.  Name of Employer | N RD State NJ C  | Zip Code<br>07933   | Date of Receipt  M M M O D D O 2010  Transaction ID: INC.A.81653  Amount of Each Receipt this Period  50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | VP FINAN   | CE<br>fear-to-Date ▼<br>650.00  |   |
| Full Name (Last, First, Middle Initial) JOE MARABITO  Mailing Address 637 WYCKOFF AVEN UNIT 351  City   | JOE MARABITO  Mailing Address 637 WYCKOFF AVENUE  UNIT 351 |   |   |
| WYCKOFF  FEC ID number of contributing federal political committee.  Name of Employer   | NJ C Occupation  | 07481   | Amount of Each Receipt this Period 25.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼  | VP CONSI   | JMER DRIVEN MKTS  ear-to-Date ▼  325.00                                 |   |
| Full Name (Last, First, Middle Initial) MS ILENE MARCUS Mailing Address 97 BLUEBERRY DR   |  |   | Date of Receipt   |
| City WOODCLIFF LAKE DR  | State<br>NJ  | Zip Code<br>07675   | Transaction ID: INC.A.81979  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR FII                                   |   |   |
| Receipt For: Primary General Other (specify)  | Aggregate Y  | ear-to-Date 325.00  |   |
| SUBTOTAL of Receipts This Page (optional) .   |  |   | 100.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 104 / 409 (check only one)    X  |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)   | nd Statements may not be sold or used by any the name and address of any political committed.  C. POLITICAL ACTION COMMITTEE (a | person for the purpose of soliciting contributions tee to solicit contributions from such committee.  a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial)  MR JOSEPH MARINELLI  Mailing Address 351 SOUND BEAC                                       |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  OLD GREENWICH  FEC ID number of contributing federal political committee.  | State Zip Code CT 06870   | Transaction ID: INC.A.81758  Amount of Each Receipt this Period  25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation SR DIR MEDICARE OPS Aggregate Year-to-Date ▼  325.00   |  |
| Full Name (Last, First, Middle Initial) LORI MARINO Mailing Address 31 UNDERWOOD   | DRIVE   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y   |
| City<br>WEST ORANGE  | State Zip Code<br>NJ 07052  | Transaction ID: INC.A.82193  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General | Occupation ASST GENERAL COUNSEL Aggregate Year-to-Date  650.00  | 50.00  |
| Full Name (Last, First, Middle Initial)  MS SHELBY MARSHALL  Mailing Address 7 CHARLES STRE  |   | Date of Receipt  |
| City   | State Zip Code  | 0 6 0 5 2 0 1 0  Transaction ID: INC.A.82224   |
| WESTBOROUGH  FEC ID number of contributing federal political committee.  | MA 01581  | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP CLIENT SLS AND MGD CAR  | RE   |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 300.00   |  |
|  |   |  |

|                        | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                            | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 105 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|------------------------|--|----------------------------|---|---|
|                        | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and ad                | dress of any political committee to                                     | solicit contributions from such committee.  |
| <b>∠</b><br><b>4</b> . | Full Name (Last, First, Middle Initial) MS TAMARA MARSHALL-IGUNBOR Mailing Address W144 N7150 TERRAC   |                            | (4.11)  | Date of Receipt   |
|                        | City<br>MENOMONEE FALLS  | State<br>WI                | Zip Code<br>53051   | Transaction ID: INC.A.81842  Amount of Each Receipt this Period                   |
|                        | FEC ID number of contributing federal political committee.   | C                          |   | 50.00   |
|                        | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼  | Occupation VP/GM Aggregate | e Year-to-Date ▼ 650.00   |   |
| -<br>3.                | Full Name (Last, First, Middle Initial) MR JOSEPH MARSIGLIANO Mailing Address 11 ECHO HILL ROAD  |                            |   | Date of Receipt  0 6 0 5 2 0 1 0  |
|                        | City   | State                      | Zip Code  | Transaction ID: INC.A.82195   |
|                        | MONTVALE  FEC ID number of contributing federal political committee.   | C                          | 07645   | Amount of Each Receipt this Period  25.00   |
|                        | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR          | n<br>TECHNOLOGY   |   |
|                        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼ 325.00   |   |
| -<br>; <u>.</u>        | Full Name (Last, First, Middle Initial) SHELLY MARTIN  |                            |   | Date of Receipt   |
|                        | Mailing Address 9536 DOE MEADOW  | DR                         |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
|                        | City<br>GERMANTOWN   | State<br>TN                | Zip Code<br>38139   | Transaction ID: INC.A.82279  Amount of Each Receipt this Period                   |
|                        | FEC ID number of contributing federal political committee.   | C                          |   | 25.00   |
|                        | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR HR          | n   |   |
|                        | Receipt For:  Primary  General  Other (specify) ▼  | Aggregate                  | e Year-to-Date ▼ 325.00   |   |
|                        | SUBTOTAL of Receipts This Page (optional)  |                            |   | 100.00  |
|                        | TOTAL This Period (last page this line number  | only)                      |   |   |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 106 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|--------------------|---|---|
|         | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P | name and ad        | dress of any political committee to   | solicit contributions from such committee.  |
|         | Full Name (Last, First, Middle Initial)  | OLITICAL /         | ACTION COMMINITIEE (a.k.a   | ,<br>   |
| Α.      | MR TODD MARTIN  Mailing Address 11825 SHEPPARDS C  | ROSSING            |   | Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y            |
|         | City<br>CLARKSVILLE  | State<br>MD        | Zip Code<br>21029   | Transaction ID: INC.A.81791  Amount of Each Receipt this Period                   |
|         | FEC ID number of contributing federal political committee.   | С                  |   | 192.30  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & G | n<br>GENERAL MGR  |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>2499.90   |   |
| -<br>3. | Full Name (Last, First, Middle Initial) MR WILLIAM MARTIN Mailing Address 2601 FOX HLL CIRCLI  | E EAST             |   | Date of Receipt   |
|         | City   | State              | Zip Code  | 0 6 0 5 2 0 1 0<br>Transaction ID: INC.A.82201                                    |
|         | GERMANTOWN   | TN                 | 38139   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                  |   | 50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation GROUP   | n<br>VP BUS DEV   |   |
|         | Receipt For: Primary General Other (specify)   | Aggregate          | e Year-to-Date ▼<br>650.00  |   |
| -<br>C. | Full Name (Last, First, Middle Initial) MR EDWARD MARTINEZ Mailing Address 35 SALTER PLACE   |                    |   | Date of Receipt   |
|         | City   | State              | Zip Code  | 0 6 0 5 2 0 1 0<br>Transaction ID: INC.A.82129                                    |
|         | MAPLEWOOD  | NJ                 | 07040   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                  |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR  | n<br>PRODUCT MGMT   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 325.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)  |                    |   | 267.30  |
| Ī       | TOTAL This Period (last page this line number  | only)              |   |   |

| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any person to name and address of any political committee to support the political committee the political committee to support the political committee t | solicit contributions from such committee.   |
|---|--|--|
| Full Name (Last, First, Middle Initial) MR JEFFREY MAY  | VE<br>State Zip Code   | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City HILLSDALE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | Occupation SVP PHARMA STRAT & SOLUTIONS Aggregate Year-to-Date  2499.90  | Amount of Each Receipt this Period 192.30  |
| Full Name (Last, First, Middle Initial) MR TERENCE MAYTIN Mailing Address 496 FRANKLIN AVE  City WYCKOFF  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07481  C  Occupation VP E-COM STRATEGY & DELIVERY  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE Mailing Address 19 FARMINGTON CC  City RAMSEY  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)   | Occupation VP SALES AND MARKETING Aggregate Year-to-Date   | Date of Receipt  M M M O 6 O 5 O 2 O 1 O  Transaction ID: INC.A.81821  Amount of Each Receipt this Period  50.00 |
| SUBTOTAL of Receipts This Page (optional) .   | <b>&gt;</b>  | 267.30   |

|                   | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 108 / 409 (check only one)    X   11a |
|-------------------|--|---|---|---|
|                   | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P | name and ad                                 | dress of any political committee to                                     | o solicit contributions from such committee.                |
| . ∠<br><b>.</b> . | Full Name (Last, First, Middle Initial) THOMAS MCCANN  | OLITIOAL                                    | ACTION COMMITTEE (a.k.a   | Date of Receipt   |
| ٠.                | Mailing Address 9600 DOVE SPRING C   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
|                   | CERMANITOWN  | State<br>TN                                 | Zip Code  | Transaction ID: INC.A.82281                                 |
|                   | GERMANTOWN  FEC ID number of contributing federal political committee.   | C   | 38139   | Amount of Each Receipt this Period  50.00                   |
|                   | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP SALE                          |   |   |
|                   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                                   | e Year-to-Date ▼ 650.00   |   |
| -<br>3.           | Full Name (Last, First, Middle Initial) MS SHANNON MCCRUDDEN Mailing Address 8309 SANCTUARY BL   | VD  |   | Date of Receipt   |
|                   | City   | State                                       | Zip Code  | 0 6 0 5 2 0 1 0<br>Transaction ID: INC.A.82130              |
|                   | RIVERDALE  | NJ  | 07457   | Amount of Each Receipt this Period                          |
|                   | FEC ID number of contributing federal political committee.   | C   |   | 25.00   |
|                   | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR PRI                          |   |   |
|                   | Receipt For: Primary General Other (specify)   | Aggregate                                   | e Year-to-Date ▼ 325.00   | ]   |
| -                 | Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD Mailing Address 0-45 27TH ST  |   |   | Date of Receipt  0 6 0 5 2 0 1 0                            |
|                   | City   | State                                       | Zip Code  | Transaction ID: INC.A.81959                                 |
|                   | FAIR LAWN  | NJ  | 07410   | Amount of Each Receipt this Period                          |
|                   | FEC ID number of contributing federal political committee.   | C   |   | 25.00   |
|                   | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |   | CHNOLOGY  |   |
|                   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                                   | e Year-to-Date ▼ 325.00   |   |
|                   | SUBTOTAL of Receipts This Page (optional)  |   |   | 100.00  |
|                   | TOTAL This Period (last page this line number of   | only)                                       |   |   |

|                | DULE A (FEC Form 3X) ZED RECEIPTS  |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 109 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----------------|--|-----------------------------|---|---|
| or for cor     | mation copied from such Reports and S<br>mmercial purposes, other than using the<br>E OF COMMITTEE (In Full) | tatements ma<br>name and ad | y not be sold or used by any personders of any political committee to         | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| \ \            | OCO HEALTH SOLUTIONS INC. F  | POLITICAL                   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A. MSC         | lame (Last, First, Middle Initial) OLLEEN MCINTOSH  g Address 87 ROSELAWN RD                                 |                             |   | Date of Receipt   |
|                | g. iss. occ 0/ HOOLLAWINTID  |                             |   | 06 05 2010  |
| City           | II AND MILLO   | State                       | Zip Code  | Transaction ID: INC.A.81918   |
|                | HLAND MILLS  | NY                          | 10930   | Amount of Each Receipt this Period  |
|                | ID number of contributing al political committee.  | C                           |   | 192.00  |
|                | e of Employer<br>CO HEALTH SOLUTIONS   | Occupation ASST G           | on<br>ENERAL COUNSEL  |   |
|                | pt For:  | Aggregate                   | e Year-to-Date ▼  |   |
|                | Primary ☐ General Other (specify) ▼  |                             | 2496.00   |   |
| <b>B.</b> MR W | lame (Last, First, Middle Initial)<br>/ILLIAM MCLAUGHLIN   |                             |   | Date of Receipt   |
| Mailin<br>     | g Address 8 BATES CIRCLE   |                             |   | 06 05 7 9 9 9   |
| City           |  | State                       | Zip Code  | Transaction ID: INC.A.82085   |
|                | RIDA   | NY                          | 10921   | Amount of Each Receipt this Period  |
|                | ID number of contributing al political committee.  | C                           |   | 25.00   |
|                | e of Employer<br>CO HEALTH SOLUTIONS   |                             | TECHNOLOGY  |   |
|                | pt For: Primary General  | Aggregate                   | e Year-to-Date ▼  |   |
|                | Other (specify) ▼  |                             | 325.00  |   |
|                | lame (Last, First, Middle Initial)<br>TEVEN MCNAMARA   |                             |   | Date of Receipt   |
| Mailin<br>———  | g Address 112 GREEN TERRAC   | E WAY                       |   | 06 05 7 2010  |
| City           | ST MILFORD   | State<br>NJ                 | Zip Code  | Transaction ID: INC.A.82067   |
|                |  |                             | 07480   | Amount of Each Receipt this Period  |
|                | ID number of contributing al political committee.  | C                           |   | 192.31  |
|                | e of Employer<br>CO HEALTH SOLUTIONS   |                             | SINESS OPS  |   |
|                | pt For:  | Aggregate                   | e Year-to-Date ▼  |   |
|                | Primary General Other (specify) ▼  |                             | 2500.03   |   |
| SUBTO          | TAL of Receipts This Page (optional)   |                             |   | 409.31  |
|                | This Period (last page this line number  |                             | <u> </u>  |   |

|    | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | Check only one)   X   11a   |
|----|--|--------------------------------|---|---|
| ,  | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.  | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| ۷. | Full Name (Last, First, Middle Initial) MR EDWARD MCNEILEY                                     |                                |   | Date of Receipt   |
|    | Mailing Address 2623 KENCHESTER  | LOOP                           |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City<br>WESLEY CHAPEL  | State<br>FL                    | Zip Code<br>33543   | Transaction ID: INC.A.81818  Amount of Each Receipt this Period                           |
|    | FEC ID number of contributing federal political committee.                                     | C                              | 00070   | 12.50   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR PHA           | n<br>IRM PRACTICE   |   |
|    | Receipt For:  Primary  General  Other (specify) ▼  | <del>- '</del>                 | e Year-to-Date ▼ 325.00   |   |
| -  | Full Name (Last, First, Middle Initial) MRS WENDY MELLO  |                                |   | Date of Receipt   |
|    | Mailing Address 5147 BLUE SPRUCE   |                                |   | 06 05 2010  |
|    | City<br>YPSILANTI  | State<br>MI                    | Zip Code<br>48197   | Transaction ID: INC.A.81729  Amount of Each Receipt this Period                           |
|    | FEC ID number of contributing federal political committee.                                     | C                              |   | 20.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR MK1           | n<br>TING & STRATEGIC ANAL  | 1   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>220.00  |   |
|    | Full Name (Last, First, Middle Initial) MS LAURA MENVILLE                                      |                                |   | Date of Receipt   |
| -  | Mailing Address 23 UNION HILL RD   |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City<br>MORRIS PLAINS  | State<br>NJ                    | Zip Code<br>07950   | Transaction ID: INC.A.82097  Amount of Each Receipt this Period                           |
|    | FEC ID number of contributing federal political committee.                                     | C                              | 07330   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR TEC             | n<br>CHNOLOGY   |   |
|    | Receipt For:  Primary  General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
|    | SUBTOTAL of Receipts This Page (optional) .  | 1                              |   | 57.50   |
| H  | SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number     |                                | •   | 57.30   |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 111 / 409 (check only one)    X   11a |
|---------|--|--------------------|---|---|
|         | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad      | dress of any political committee to                                     | o solicit contributions from such committee.                |
|         | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MS BARBARA MENZEL  |                    |   | Date of Receipt   |
|         | Mailing Address 921 AMARYLLIS AVE  |                    |   | 06 05 7 2010  |
|         | City   | State              | Zip Code  | Transaction ID: INC.A.81712                                 |
|         | ORADELL  FEC ID number of contributing federal political committee.  | NJ<br>C            | 07649   | Amount of Each Receipt this Period  25.00                   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR  | on<br>BUS PLANNING & ADMIN  |   |
|         | Receipt For:  Primary General  Other (specify) ▼   |                    | e Year-to-Date ▼  325.00  |   |
| –<br>В. | Full Name (Last, First, Middle Initial) DANETTE MEREDITH   | <u> </u>           |   | Date of Receipt   |
|         | Mailing Address 600 W 2ND AVE  |                    |   | 06 05 2010  |
|         | City   | State              | Zip Code  | Transaction ID: INC.A.82244                                 |
|         | DERRY FEC ID number of contributing federal political committee.   | C                  | 15627   | Amount of Each Receipt this Period  25.00                   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation AVP SAI |   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   |                    | e Year-to-Date ▼ 325.00   |   |
| _<br>C. | Full Name (Last, First, Middle Initial) MR JEFFREY MESAROS   |                    |   | Date of Receipt   |
|         | Mailing Address 10565 96TH ST NOR  | TH                 |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
|         | City<br>LARGO  | State<br>FL        | Zip Code<br>33773   | Transaction ID: INC.A.81891                                 |
|         | FEC ID number of contributing federal political committee.   | C                  | 33773   | Amount of Each Receipt this Period  25.00                   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation ATTORN  |   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>325.00  |   |
|         | SUBTOTAL of Receipts This Page (optional) .  |                    |   | 75.00   |
| Ī       | TOTAL This Period (last page this line number  | only)              |   |   |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 112 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|----|---|--------------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| A. | Full Name (Last, First, Middle Initial) MR DAN MILKENS Mailing Address 826 DOWNING STRE                                     | ·                              |   | Date of Receipt   |
|    | Mailing Address 826 DOWNING STRE  | :E1                            |   | 06 05 2010  |
|    | City  | State                          | Zip Code  | Transaction ID: INC.A.81906   |
|    | NORTHBROOK  | IL                             | 60062   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP SALE             |   |   |
|    | Receipt For:  | Aggregate                      | e Year-to-Date ▼  |   |
|    | Primary General Other (specify) ▼   |                                | 325.00  |   |
| В. | Full Name (Last, First, Middle Initial) DAVID MILLER  |                                |   | Date of Receipt   |
|    | Mailing Address 7 CLOVER LANE   |                                |   | 0 6 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City  | State                          | Zip Code  | Transaction ID: INC.A.81662   |
|    | RANDOLPH  | NJ                             | 07869   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | С                              |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP LABO             | on<br>OR RELATIONS  |   |
|    | Receipt For:  Primary  General  | Aggregate                      | e Year-to-Date ▼  |   |
|    | Other (specify)   |                                | 650.00  |   |
| C. | Full Name (Last, First, Middle Initial)<br>MRS KAREN MILLER   |                                |   | Date of Receipt   |
|    | Mailing Address 34 MACKENZIE LANE   | NORTH                          |   | 06 05 7 2010  |
|    | City<br>DENVILLE  | State<br>NJ                    | Zip Code<br>07834   | Transaction ID: INC.A.81652   |
|    | FEC ID number of contributing   |                                | 07834   | Amount of Each Receipt this Period  |
|    | federal political committee.  | С                              |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | <del>, '</del>                 | IR INTERNAL AUDIT   |   |
|    | Receipt For:  Primary  General  | Aggregate                      | e Year-to-Date ▼  |   |
|    | Primary General Other (specify) ▼   |                                | 650.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)   |                                | <b>_</b>  | 125.00  |
|    | TOTAL This Period (last page this line number   |                                | <u> </u>  |   |

|      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 113 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|------|---|--------------------------------|---|--|
| A or | ny information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | itatements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions                                 |
|      | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
|      | Full Name (Last, First, Middle Initial) PAMELA MILLER   | _                              |   | Date of Receipt  |
|      | Mailing Address 158 SUMMIT AVENUE   |                                |   | 06 05 2010   |
|      | City<br>HACKENSACK  | State<br>NJ                    | Zip Code<br>07601   | Transaction ID: INC.A.82118  Amount of Each Receipt this Period                |
|      | FEC ID number of contributing federal political committee.  | C                              |   | 55.00  |
|      | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP SUS            | n<br>TAIN & COMMUNITY INVES   | T<br>T   |
|      | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼ 715.00   |  |
| _    | Full Name (Last, First, Middle Initial)<br>MR GIOVANNI MINARDI  |                                |   | Date of Receipt  |
|      | Mailing Address 12 LINCOLN ROAD   |                                |   | 06 05 2010   |
|      | City  | State                          | Zip Code  | Transaction ID: INC.A.82083  |
|      | KINNELON  | NJ                             | 07405   | Amount of Each Receipt this Period   |
|      | FEC ID number of contributing federal political committee.  | C                              |   | 25.00  |
|      | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR DIR            | n<br>TECHNOLOGY   |  |
|      | Receipt For:  Primary General   | Aggregate                      | e Year-to-Date ▼  |  |
|      | Other (specify)   |                                | 325.00  |  |
|      | Full Name (Last, First, Middle Initial) MR BHUPESH MISTRY   |                                |   | Date of Receipt  |
|      | Mailing Address 92 REDSTONE DR  |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                    |
|      | City  | State                          | Zip Code  | Transaction ID: INC.A.81672  |
|      | PARSIPPANY FEC ID number of contributing federal political committee.   | C                              | 07054   | Amount of Each Receipt this Period  25.00                                      |
|      | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>TECHNI            | n<br>CAL SPECIALIST   |  |
|      | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |  |
|      | SUBTOTAL of Receipts This Page (optional)   | 1                              |   | 105.00   |

|        | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                         | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 114 / 409 (check only one)    X           |
|--------|--|-------------------------|---|---|
| Ar     | y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and addre          | ess of any political committee to                                       | o solicit contributions from such committee.                    |
|        | Full Name (Last, First, Middle Initial) MR DAVID MITCHELL  |                         | `   | Date of Receipt   |
|        | Mailing Address 222 WEST 14TH STRI<br>APT. 4B  |                         |   | 06 05 2010  |
|        | City<br>NEW YORK   | State<br>NY             | Zip Code<br>10011   | Transaction ID: INC.A.82145                                     |
|        | FEC ID number of contributing federal political committee.   | C                       | 10011   | Amount of Each Receipt this Period  50.00                       |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP MKTIN     | G & PRODUCT DEV   |   |
|        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y             | /ear-to-Date ▼<br>650.00  |   |
| <br>3. | Full Name (Last, First, Middle Initial) MS JULIANA MOLEK Mailing Address 8620 LAKE RILEY DRI   | IVE                     |   | Date of Receipt   |
|        |  |                         | 7. 0. 1   | 06 05 2010  |
|        | City<br>CHANHASSEN   | State<br>MN             | Zip Code<br>55317   | Transaction ID: INC.A.81799  Amount of Each Receipt this Period |
|        | FEC ID number of contributing federal political committee.   | C                       |   | 50.00   |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR SF | PECIAL MARKETS  |   |
|        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y             | ear-to-Date ▼ 650.00  |   |
|        | Full Name (Last, First, Middle Initial) ROBERT MOLONEY Mailing Address 24 ABBINGTON TERF   | RACE                    |   | Date of Receipt  0 6 0 5 2 0 1 0                                |
|        | City   | State                   | Zip Code  | Transaction ID: INC.A.82163                                     |
|        | GLEN ROCK  | NJ                      | 07452   | Amount of Each Receipt this Period                              |
|        | FEC ID number of contributing federal political committee.   | С                       |   | 25.00   |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                         | AL SPECIALIST   |   |
|        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y             | /ear-to-Date ▼ 325.00   |   |
|        |  | •                       |   | 125.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 115 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                                |
|---|--|--|
| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)   | and Statements may not be sold or used by any persong the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR ERICK MONCAYO Mailing Address 404 HAMILTON A  City GLEN ROCK FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State Zip Code NJ 07452  C Occupation  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81678  Amount of Each Receipt this Period  25.00 |
| Receipt For:  Primary General  Other (specify) ▼  | SR DIR CLINICAL THERAPEUTICS  Aggregate Year-to-Date ▼  325.00   |  |
| Full Name (Last, First, Middle Initial) MR PETER MONKHOUSE  Mailing Address 1320 BRONCO Cl  | R  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y   |
| City  | State Zip Code   | Transaction ID: INC.A.81807  |
| WARRINGTON  FEC ID number of contributing federal political committee.  | PA 18976   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR TECHNOLOGY   | 7  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  325.00   |  |
| Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY Mailing Address 86 WELLINGTON  | AVENUE   | Date of Receipt  |
| City  | State Zip Code   | 0 6 0 5 2 0 1 0  Transaction ID: INC.A.81641   |
| SHORT HILLS   | NJ 07078   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 192.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation GENL C-SEC-SVP PHARM STRAT S  | ¬<br>SQL   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 2496.00   |  |
|   | al)  | 242.00   |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                              | Use separate schedule(s) for each category of the Detailed Summary Page     | FOR LINE NUMBER: PAGE 116 / 409 (check only one)    X   11a                                 |
|----------|---|------------------------------|---|---|
| \[ \]    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>name and ad | ly not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MS THERESA MORMILE  | _                            |   | Date of Receipt   |
|          | Mailing Address 59 VALLEY VIEW TER  |                              |   | 06 05 2010  |
|          | City<br><u>MONTVALE</u>   | State<br>NJ                  | Zip Code<br>07645   | Transaction ID: INC.A.82017  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.  | C                            |   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP FINA           |   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼ 650.00   |   |
| ь.<br>В. | Full Name (Last, First, Middle Initial)<br>MR CRAIG MORRIS  |                              |   | Date of Receipt   |
|          | Mailing Address N 49 W 25648 MCKER  | RROW DR                      |   | 06 05 2010  |
|          | City<br>PEWAUKEE  | State<br>WI                  | Zip Code  | Transaction ID: INC.A.81841   |
|          | FEC ID number of contributing federal political committee.  | C                            | 53072   | Amount of Each Receipt this Period  50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC D            | on<br>IR CLINICAL SVCS  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼<br>650.00  |   |
| с.<br>С. | Full Name (Last, First, Middle Initial) JACQUELINE MORRIS   | 1                            |   | Date of Receipt   |
|          | Mailing Address 750 COLUMBUS AVE APT 06S  |                              |   | 06 05 2010  |
|          | City<br>NEW YORK  | State<br>NY                  | Zip Code<br>10025   | Transaction ID: INC.A.82209  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.  | C                            |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR INT           | on<br>'L BUSINESS DEV   |   |
|          | Receipt For:  ☐ Primary ☐ General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼<br>325.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   | 1                            |   | 125.00  |
| Ì        | TOTAL This Period (last page this line number   | only)                        | ······································                                      |   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  Any information copied from such Reports a      | for each category of the Detailed Summary Page         | FOR LINE NUMBER: PAGE 117 / 409 (check only one)    X                    |
|---|--|--|
| or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)                  | g the name and address of any political committee to s | solicit contributions from such committee.                               |
| Full Name (Last, First, Middle Initial) MR RICHARD MOUNTJOY Mailing Address 2 STONEBRIDGE | RD   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City  | State Zip Code   | Transaction ID: INC.A.82061  |
| <u>SPARTA</u>   | NJ 07871   | Amount of Each Receipt this Period                                       |
| FEC ID number of contributing federal political committee.                                | C  | 20.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NATL ACCT EXEC                           |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 260.00                        |  |
| Full Name (Last, First, Middle Initial)  MR ROBERT MULLER  Mailing Address 20 FFRM BLAGE  |  | Date of Receipt  |
| Mailing Address 69 FERN PLACE   |  | 06 05 2010   |
| City<br>PARAMUS   | State Zip Code<br>NJ 07652                             | Transaction ID: INC.A.82034  Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.                                | C  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP HLTH BUS CLIENT ENROLLMNT                |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00                        |  |
| Full Name (Last, First, Middle Initial) MS BECKY NAGLE                                    |  | Date of Receipt  |
| Mailing Address 64 WALTER AVE   |  | 0 6 0 5 2 0 1 0  |
| City  | State Zip Code   | Transaction ID: INC.A.81719  |
| HASBROUCK HEIGHTS   | NJ 07604   | Amount of Each Receipt this Period                                       |
| FEC ID number of contributing federal political committee.                                | C  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP CLINICAL SVCS                            |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00                        |  |
| SUBTOTAL of Receipts This Page (option  | al)  | 120.00   |

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

| Any information copied from such Reports or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS II  Full Name (Last, First, Middle Initial)  MR ANDREW NANICK  Mailing Address 220 LAUREL BAY | ng the name and add    | dress of any political committee to | solicit contributions from such committee.                      |
|---|------------------------|-------------------------------------|---|
| MEDCO HEALTH SOLUTIONS II  Full Name (Last, First, Middle Initial) MR ANDREW NANICK   |                        | ACTION COMMITTEE (a.k.a.            | Medco Health PAC)   |
| MR ANDREW NANICK  | / DRIVE                |                                     |   |
| Mailing Address 220 LAUREL BAY  | / DRIVE                |                                     | Date of Receipt   |
|   |                        |                                     | 06 05 7 2010  |
| City  | State                  | Zip Code                            | Transaction ID: INC.A.81724                                     |
| MURRELLS INLET  FEC ID number of contributing federal political committee.  | SC C                   | 29576                               | Amount of Each Receipt this Period  25.00                       |
| Name of Employer MEDCO HEALTH SOLUTIONS   | Occupation SR DIR (    | n<br>CLINICAL SVCS                  | _   |
| Receipt For:  Primary  General  Other (specify) ▼   | <del> </del>           | Year-to-Date ▼<br>325.00            |   |
| Full Name (Last, First, Middle Initial) JANARDHAN NARAYANAN   |                        |                                     | Date of Receipt   |
| Mailing Address 32 BLACKSTONE   | E DRIVE                |                                     | 06 05 7 2010  |
| City<br>PRINCETON   | State<br>NJ            | Zip Code<br>08540                   | Transaction ID: INC.A.82205                                     |
| FEC ID number of contributing federal political committee.  | C                      | 00340                               | Amount of Each Receipt this Period  29.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR N    | MARKET STRATEGY                     |   |
| Receipt For:  Primary  General  Other (specify) ▼   | Aggregate              | Year-to-Date ▼ 427.00               |   |
| Full Name (Last, First, Middle Initial) MS BARBARA NEAVERTH   |                        |                                     | Date of Receipt   |
| Mailing Address PO BOX 523  |                        |                                     | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City<br>SUGAR LOAF  | State<br>NY            | Zip Code<br>10981                   | Transaction ID: INC.A.81696  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C                      | 10301                               | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR E | n<br>BUSINESS REQUIREMENTS          | 3   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | Year-to-Date ▼ 325.00               |   |
| SUBTOTAL of Receipts This Page (optio   | nal)                   | <b>.</b>                            | 79.00   |

|              | DULE A (FEC Form 3X) ZED RECEIPTS  |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 119 / 409 (check only one)    X   |
|--------------|--|--------------------|---|---|
| or for cor   | mation copied from such Reports and Simmercial purposes, other than using the E OF COMMITTEE (In Full) ICO HEALTH SOLUTIONS INC. P | name and add       | dress of any political committee to                                     | n for the purpose of soliciting contributions solicit contributions from such committee.  Medco Health PAC) |
| . CHRIS      | lame (Last, First, Middle Initial) STIAN NICKERSON g Address 20 MELVILLE ROAD  |                    |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| -            | NCETON JCT   | State<br>NJ        | Zip Code<br>08550   | Transaction ID: INC.A.82203  Amount of Each Receipt this Period   |
| federa       | D number of contributing al political committee.  of Employer CO HEALTH SOLUTIONS  | Occupation         | n   | 25.00   |
| Recei        | pt For: Primary General Other (specify) ▼  | SR DIR             | ENTERPRISE BUS INTELLIC<br>9 Year-to-Date ▼<br>325.00                   | <u>3</u>  |
| MR M         | lame (Last, First, Middle Initial) ICHAEL NICODEMO g Address 407 MEER AVE  |                    |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City         |  | State              | Zip Code  | Transaction ID: INC.A.82066   |
|              | CKOFF  | NJ                 | 07481   | Amount of Each Receipt this Period  |
| federa       | D number of contributing al political committee.   | С                  |   | 50.00   |
| Name<br>MED( | of Employer<br>CO HEALTH SOLUTIONS   | Occupation VP INFO | n<br>TECHNOLOGY   |   |
|              | pt For:<br>Primary General<br>Other (specify) ♥  | Aggregate          | e Year-to-Date ▼ 600.00   |   |
|              | lame (Last, First, Middle Initial)<br>VELYN NIXON  |                    |   | Date of Receipt   |
| Mailin       | g Address 10011 BELLONA CT   |                    |   | 06 05 7 9 9 9   |
| City         | RICO   | State<br>VA        | Zip Code  | Transaction ID: INC.A.82039   |
| FEC I        | D number of contributing all political committee.  | C                  | 23233   | Amount of Each Receipt this Period  25.00   |
|              | e of Employer<br>CO HEALTH SOLUTIONS   |                    | T MGMT OPS  |   |
|              | pt For: Primary General Other (specify) ▼  | Aggregate          | e Year-to-Date ▼ 325.00   |   |
| SUBTO        | TAL of Receipts This Page (optional)   |                    |   | 100.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | <b>(</b> )            | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 120 / 409 (check only one)    X           |
|---|-----------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add      | dress of any political committee to                                     | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial)  MS ARLENE NOLAN  Mailing Address 319 BOGERT AVE  | NUE                   |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City RIDGEWOOD FEC ID number of contributing  | State<br>NJ           | Zip Code<br>07450   | Transaction ID: INC.A.81760  Amount of Each Receipt this Period |
| federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS   | Occupation<br>VP FINA |   | 50.00   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate             | Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MR HAIK NOVSHADIAN Mailing Address 45 DAVIS ROAD  | •                     |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City  | State                 | Zip Code  | Transaction ID: INC.A.81845                                     |
| SPARTA  FEC ID number of contributing federal political committee.  | C                     | 07871   | Amount of Each Receipt this Period  38.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR CLIN   | n<br>NICAL THERAPEUTICS   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate             | Year-to-Date ▼ 494.00   |   |
| Full Name (Last, First, Middle Initial) MS JANINE NOWATZKY  |                       |   | Date of Receipt   |
| Mailing Address 24 CHEROKEE TR  | AIL                   |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City  | State                 | Zip Code  | Transaction ID: INC.A.81907                                     |
| OAKLAND FEC ID number of contributing federal political committee.  | C                     | 07436   | Amount of Each Receipt this Period  30.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR N   | n<br>MARKET STRATEGY  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate             | Year-to-Date ▼ 340.00   |   |
| SUBTOTAL of Receipts This Page (optional  | 1)                    |   | 118.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | )                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 121 / 409   (check only one) |
|---|--------------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using t | d Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions       |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                      | . POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)                                 |
| Full Name (Last, First, Middle Initial) DENISE O'CALLAGHAN                                  |                                      |   | Date of Receipt                                      |
| Mailing Address 4 HIGHLAND AVE P.O. BOX 408   |                                      |   | 06 05 2010   |
| City<br>PEAPACK   | State<br>NJ                          | Zip Code<br>07977   | Transaction ID: INC.A.82198                          |
| FEC ID number of contributing federal political committee.                                  | C                                    | 07977   | Amount of Each Receipt this Period  50.00            |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP OPS                    | n   |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del>-   '</del>                     | Year-to-Date ▼ 650.00   |  |
| Full Name (Last, First, Middle Initial) MR ROBERT O'CONNELL                                 |                                      |   | Date of Receipt                                      |
| Mailing Address 12001 PEONY CT  |                                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| City  | State<br>FL                          | Zip Code  | Transaction ID: INC.A.81755                          |
| TAMPA  FEC ID number of contributing federal political committee.                           | C                                    | 33635   | Amount of Each Receipt this Period  25.00            |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR SEC                   |   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial) SUSAN O'CONNOR                                      |                                      |   | Date of Receipt                                      |
| Mailing Address 5 HICKORY DRIVE   |                                      |   | 0 6 0 5 2 0 1 0                                      |
| City<br>NANUET  | State<br>NY                          | Zip Code  | Transaction ID: INC.A.82211                          |
| FEC ID number of contributing federal political committee.                                  | C                                    | 10954   | Amount of Each Receipt this Period  25.00            |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR N                  | n<br>MEDICAL  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼ 325.00   |  |
|   |                                      |   | 100.00   |

| SCHEDULE A (FEC Form  | 3X)                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 122 / 409 (check only one)    X   |
|---|----------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS | ing the name and add | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.  a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR CHARLES OESTREICHER Mailing Address 6 PARK DR SOL  | JTH                  |   | Date of Receipt  0 6 0 5 2 0 1 0  |
| City RYE  | State<br>NY          | Zip Code<br>10580   | Transaction ID: INC.A.82049  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                                     | Occupation           |   | 50.00   |
| Receipt For: Primary General Other (specify)  | GROUP<br>Aggregate   | COO<br>Year-to-Date ▼<br>650.00   |   |
| Full Name (Last, First, Middle Initial) MR SUNNY OGBONDA Mailing Address 79 LAUREL WO   | OD COURT             |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State                | Zip Code  | Transaction ID: INC.A.81675   |
| ROCKAWAY TOWNSHIP   | OCKAWAY TOWNSHIP NJ  |   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                    |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                      | INESS REQUIREMENTS  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate            | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial)<br>MR MELVIN OHL  | •                    |   | Date of Receipt   |
| Mailing Address 274 E FRANKLIN  |                      |   | 06 / 05 / 2010  |
| City<br>RIDGEWOOD   | State<br>NJ          | Zip Code<br>07450   | Transaction ID: INC.A.81988  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C                    | 07400   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP PRO    | n<br>CUREMENT & INVENTORY   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate            | Year-to-Date ▼ 650.00   |   |
| SUBTOTAL of Receipts This Page (option  | onal)                |   | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | for each  | parate schedule(s)<br>n category of the<br>d Summary Page | FOR LINE NUMBER: PAGE 123 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 1                  |
|---|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | e name and address of any   | y political committee to s                                | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR BRYAN OLENIK Mailing Address 653 E. DEVON DRIVI  City GILBERT  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General                   | State Zip Co AZ 85296  C  Occupation DIR PHARM PRAC  Aggregate Year-to-Da | CTICE   | Date of Receipt  O 6  O 5  Transaction ID: INC.A.82031  Amount of Each Receipt this Period  12.50 |
| Full Name (Last, First, Middle Initial) MRS SUE OLIVER Mailing Address 11 LEE DRIVE  City NORTH HALEDON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼ | State Zip Co NJ 07508  C  Occupation EXEC DIR TECHN Aggregate Year-to-Da  | NOLOGY  | Date of Receipt  M M M O D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                  |
| Full Name (Last, First, Middle Initial) MS CLAUDINE OLSEN Mailing Address 4 HIGHGATE CT  City SUFFERN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)      | State Zip Co NY 10901  C  Occupation NATL ACCT EXEC  Aggregate Year-to-Da |   | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                      |
| SUBTOTAL of Receipts This Page (optional) .   |   | <b>)</b>  | 87.50   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 124 / 409 (check only one)    X  |
|---|----------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | ne name and ad | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                        |
| Full Name (Last, First, Middle Initial)  MS CYNTHIA O'NEILL  Mailing Address 69 SUMMIT AVE  City  MONTVALE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify)                     |                | Zip Code 07645  n & INSTALLATION SVCS e Year-to-Date  325.00                  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81973  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) ALEXANDER ONIK Mailing Address 1 SCHINDLER CT  City UPPER SADDLE RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)  Other (specify) |                | Zip Code<br>07458   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82152  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial)  MS NATALYA ONIK  Mailing Address 1 SCHINDLER CT  City  UPPER SADDLE RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)              |                | Zip Code<br>07458<br>on<br>C SYSTEMS SOLUTIONS<br>e Year-to-Date ▼            | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6  |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number  |                | •   | 75.00  |

| SCHEDULE A (FEC Forr  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 125 / 409 (check only one)    X           |
|---|--|---|
| or for commercial purposes, other than  NAME OF COMMITTEE (In Full)               | orts and Statements may not be sold or used by any personal using the name and address of any political committee to SINC. POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial MR KIPP OTTLEY  Mailing Address 672 PETWOR |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City<br>POWELL  | State Zip Code<br>OH 43065   | Transaction ID: INC.A.81808  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                        | C  | 25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For:                              | Occupation DIR HLTH CARE OPS Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 325.00   |   |
| Full Name (Last, First, Middle Initial MS DAWN PAGANO Mailing Address 185 PASCACH |  | Date of Receipt   |
| City  | State Zip Code   | 0 6 0 5 2 0 1 0  Transaction ID: INC.A.81976                    |
| PARK RIDGE  | NJ 07656   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                        | C  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>GROUP COO  |   |
| Receipt For:  Primary General  Other (specify) ▼                                  | Aggregate Year-to-Date ▼ 600.00  |   |
| Full Name (Last, First, Middle Initial<br>MR RICHARD PAGANO                       |  | Date of Receipt   |
| Mailing Address 185 PASCACH   | ( RD   | 06 05 7 4 4 4   |
| City  | State Zip Code   | Transaction ID: INC.A.81969                                     |
| PARK RIDGE  FEC ID number of contributing federal political committee.            | NJ 07656   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR BUSINESS REQUIREMENTS  | s_  |
| Receipt For:  Primary General  Other (specify) ▼                                  | Aggregate Year-to-Date ▼ 325.00  |   |
| SUBTOTAL of Receipts This Page (c   | ptional)   | 100.00  |

| IT         | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                               | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 126 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                                  |
|------------|--|-------------------------------|---|--|
| An         | y information copied from such Reports and St<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P   | name and ad                   | dress of any political committee to                                     | solicit contributions from such committee.   |
| <b>A.</b>  | Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE  Mailing Address 12 MILLBROOK COUF  City LIVINGSTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     | State NJ C Occupation VP RETI | Zip Code<br>07039<br>on<br>IREE SOLUTIONS MKTG<br>e Year-to-Date ▼      | Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: INC.A.81867  Amount of Each Receipt this Period  50.00 |
| В.         | Full Name (Last, First, Middle Initial) MR RICHARD PALOMBO Mailing Address 19 E. HOLLYWOOD LA City BEESLEY'S POINT FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NJ C Occupation SR DIR  | Zip Code 08223  on PHARMACY REGULATORY e Year-to-Date ▼ 325.00          | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82103  Amount of Each Receipt this Period  25.00   |
| <b>c</b> . | Full Name (Last, First, Middle Initial) MR JUN PARK Mailing Address 2843 HONEYSUCKLE  City HILLIARD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)               | State OH C Occupation BUSINE  | Zip Code 43026  on SS PROCESS CHAMPION e Year-to-Date  325.00           | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82141  Amount of Each Receipt this Period  12.50   |
|            | UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of  |                               | <u> </u>  | 87.50  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 127 / 409 (check only one)    X   |
|--|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.                     | ne name and add                                  | dress of any political committee to                                     | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial)  MS GIRA PATEL  Mailing Address 5 FOXHILL RUN  City  MONMOUTH JUNCTION  FEC ID number of contributing federal political committee. | State<br>NJ                                      | Zip Code<br>08852   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 0 5 2 0 1 0  Transaction ID: INC.A.81861  Amount of Each Receipt this Period  25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼   | <del>-                                    </del> | n<br>BUSINESS REQUIREMENTS<br>e Year-to-Date ▼<br>325.00                | S   |
| Full Name (Last, First, Middle Initial) MR JAY PATEL Mailing Address 14 BROWNSTONE   |  |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City HAWTHORNE FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:   |  | Zip Code<br>07506   | Transaction ID: INC.A.82137  Amount of Each Receipt this Period  25.00  |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR MATTHEW PATELLA  Mailing Address 30 TAM O SHANTEF  | R DRIVE  | 325.00  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  MAHWAH  FEC ID number of contributing federal political committee.   | State<br>NJ                                      | Zip Code<br>07430   | Transaction ID: INC.A.81698  Amount of Each Receipt this Period  50.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | <del></del>                                      | n<br>_ ACCT EXEC<br>• Year-to-Date ▼<br>650.00                          |   |
| SUBTOTAL of Receipts This Page (optional)  |  |   | 100.00  |

| ľ       | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 128 / 409 (check only one)    X   11a                                 |
|---------|---|-----------------------------------|---|---|
| 4       | Any information copied from such Reports and<br>or for commercial purposes, other than using th | Statements may<br>be name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | POLITICAL A                       | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| ۷.      | Full Name (Last, First, Middle Initial) MR PAVLOS PAVLIDIS                                      |                                   |   | Date of Receipt   |
|         | Mailing Address 2780 FOLKSTONE R  | 06 05 2010                        |   |   |
|         | City  | State                             | Zip Code  | Transaction ID: INC.A.81732   |
|         | COLUMBUS  | OH                                | 43220   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                      | C                                 |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM                  | n   |   |
|         | Receipt For:  | Aggregate                         | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼   | 0 0                               | 650.00  |   |
| -<br>3. | Full Name (Last, First, Middle Initial)<br>MR ROBERT PELLEGRINI                                 |                                   |   | Date of Receipt   |
|         | Mailing Address 211 WILTSIE COUR  | Γ                                 |   | 06 / 05 / 4 4 4 4   |
|         | City  | State                             | Zip Code  | Transaction ID: INC.A.81825   |
|         | WYCKOFF   | NJ                                | 07481   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                      | C                                 |   | 30.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                                   | TECHNOLOGY  |   |
|         | Receipt For: Primary General  | Aggregate                         | e Year-to-Date ▼  | -   |
|         | Other (specify)   | 0 0                               | 390.00  |   |
| . –     | Full Name (Last, First, Middle Initial) MERRI PENDERGRASS, MD                                   | 1                                 |   | Date of Receipt   |
|         | Mailing Address 3201 QUEENSBURY   | WAY WEST                          |   | 06 05 2010  |
|         | City  | State                             | Zip Code  | Transaction ID: INC.A.82218   |
|         | COLLEYVILLE   | TX                                | 76034   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                      | C                                 |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | <del>- '</del>                    | ONAL PRACTICE LEADER  |   |
|         | Receipt For:  | Aggregate                         | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼   |                                   | 650.00  |   |
| Г       |   | 1                                 |   | 105.00  |

|                 | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 129 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|-----------------|---|-------------------------------|---|---|
|                 | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may<br>name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
|                 | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F                                       | OLITICAL A                    | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| ∠<br><b>А</b> . | Full Name (Last, First, Middle Initial)<br>MR VICTOR PERINI                                     |                               |   | Date of Receipt   |
|                 | Mailing Address 9304 GROVE PARK C   | OVE                           |   | 06 05 7 2010  |
|                 | City<br>GERMANTOWN  | State<br>TN                   | Zip Code<br>38139   | Transaction ID: INC.A.82222  Amount of Each Receipt this Period                           |
|                 | FEC ID number of contributing federal political committee.                                      | C                             |   | 50.00   |
|                 | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>VP TRC           | n   |   |
|                 | Receipt For:  Primary  General  Other (specify) ▼   | Aggregate                     | e Year-to-Date ▼<br>650.00  |   |
| В.              | Full Name (Last, First, Middle Initial) JIMMY PERREN Mailing Address 1250 BRAY PARK DR          | FAST                          |   | Date of Receipt   |
|                 |   | 06 05 2010                    |   |   |
|                 | City<br>COLLIERVILLE  | State<br>TN                   | Zip Code<br>38017   | Transaction ID: INC.A.82247   |
|                 | FEC ID number of contributing federal political committee.                                      | C                             | 30017   | Amount of Each Receipt this Period  75.00   |
|                 | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>VP REG           | n<br>ULATORY COMPLIANCE   |   |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼<br>975.00  |   |
| -<br>С.         | Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY                                      |                               |   | Date of Receipt   |
|                 | Mailing Address 4769 STAVANGER LA   | NE                            |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|                 | City  | State                         | Zip Code  | Transaction ID: INC.A.81954   |
|                 | LAS VEGAS  FEC ID number of contributing federal political committee.                           | C                             | 89147   | Amount of Each Receipt this Period  25.00   |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR PRO          | n<br>DDUCT DEVELOPMENT  |   |
|                 | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼ 325.00   |   |
|                 | SUBTOTAL of Receipts This Page (optional)   |                               |   | 150.00  |
|                 | TOTAL This Period (last page this line number   |                               | ·   |   |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page     | FOR LINE NUMBER: PAGE 130 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----|---|--------------------------------|---|---|
|    | Any information copied from such Reports and or for commercial purposes, other than using the | Statements ma<br>e name and ad | ly not be sold or used by any persol<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.                                       | POLITICAL                      | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial) MR NATHAN PETERSON                                    |                                |   | Date of Receipt   |
|    | Mailing Address 1520 PEMBROKE PA  | iSS                            |   | 06 05 2010  |
|    | City<br>CHANHASSEN  | State<br>MN                    | Zip Code<br>55317   | Transaction ID: INC.A.81837   |
|    | FEC ID number of contributing federal political committee.                                    | C                              | 33317   | Amount of Each Receipt this Period  25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation NATL A              | on<br>CCT EXEC  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
| В. | Full Name (Last, First, Middle Initial) MR THOMAS PETTYES                                     | DTU                            |   | Date of Receipt   |
|    | Mailing Address 8522 UPLAND LN NC   | KIH                            |   | 06 05 2010  |
|    | City<br>MAPLE GROVE   | State<br>MN                    | Zip Code<br>55311   | Transaction ID: INC.A.81785   |
|    | FEC ID number of contributing federal political committee.                                    | C                              | 33311   | Amount of Each Receipt this Period  50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM               | on  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 650.00   |   |
| C. | Full Name (Last, First, Middle Initial) MARTINE PFLIEGER                                      |                                |   | Date of Receipt   |
|    | Mailing Address 44 HENRY TERRACE  |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City<br>LINCOLN PARK  | State<br>NJ                    | Zip Code<br>07035   | Transaction ID: INC.A.82185  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.                                    | C                              | 0.000   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR ATT              |   |   |
|    | Receipt For:  Primary General  Other (specify) ▼  |                                | e Year-to-Date ▼ 325.00   |   |
|    | SUBTOTAL of Receipts This Page (optional) .   | 1                              |   | 100.00  |
|    | TOTAL This Period (last page this line number   | r only)                        | ·   |   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | for each ca                                      | ate schedule(s)<br>ategory of the<br>ummary Page | FOR LINE NUMBER: PAGE 131 / 409 (check only one)    X                  |
|--|--|--|--|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | the name and address of any p                    | olitical committee to                            | solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial) MR LOUIS PICONE Mailing Address 37 TAMARACK DF   |  |  | Date of Receipt  0 6 0 5 2 0 1 0                                       |
| City SUCCASUNNA FEC ID number of contributing federal political committee.   | State Zip Code NJ 07876                          | ,  | Transaction ID: INC.A.82099  Amount of Each Receipt this Period  25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation DIR TECHNOLOGY Aggregate Year-to-Date | 325.00   |  |
| Full Name (Last, First, Middle Initial)  MR THOMAS PIERCE  Mailing Address 10297 E. LAKE DF  |  |  | Date of Receipt  0 6 0 5 2 0 1 0                                       |
| City   | State Zip Code                                   | )  | Transaction ID: INC.A.82174  |
| ENGLEWOOD  FEC ID number of contributing federal political committee.  | CO 80111   | 0 0  | Amount of Each Receipt this Period  50.00                              |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP LABOR RELATION                     | ONS  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date                           |  | ]  |
| Full Name (Last, First, Middle Initial) DR PAGE PIGG   |  |  | Date of Receipt  |
| Mailing Address 9297 ANGLER TRI  | -  |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| City   | State Zip Code                                   | )  | Transaction ID: INC.A.81835  |
| MECHANICSVILLE  FEC ID number of contributing federal political committee.   | VA 23116   |  | Amount of Each Receipt this Period  25.00                              |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CLINICAL SVCS                     | <br>S  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date                           |  |  |
| SUBTOTAL of Receipts This Page (optional   | J)   |  | 100.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                     | FOR LINE NUMBER: PAGE 132 / 409 (check only one)    X           |
|--|---|---|
| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any per e name and address of any political committee |   |
| MEDCO HEALTH SOLUTIONS INC.  | POLITICAL ACTION COMMITTEE (a.k   | .a. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN Mailing Address 29 BLACKWELL AVE                                 |   | Date of Receipt   |
| City   | State Zip Code  | 0 6 0 5 2 0 1 0 Transaction ID: INC.A.81655                     |
| MORRISTOWN   | NJ 07960  | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C   | 192.30  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & GENERAL MGR  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 2499.90  |   |
| Full Name (Last, First, Middle Initial) MR RICHARD PONESSE   |   | Date of Receipt   |
| Mailing Address 10 DISTILLERY PATH   | 1   | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$          |
| City   | State Zip Code  | Transaction ID: INC.A.82076                                     |
| NEWBURGH   | NY 12550  | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C   | 30.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP PRICING   |   |
| Receipt For:   | Aggregate Year-to-Date ▼  | _   |
| Primary General Other (specify) ▼  | 290.00  |   |
| Full Name (Last, First, Middle Initial)<br>MS JANET PORAT  | 1   | Date of Receipt   |
| Mailing Address 5 CRABAPPLE CT   |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City<br>MONSEY   | State Zip Code<br>NY 10952  | Transaction ID: INC.A.81788  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR TECHNOLOGY   |   |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (optional) .  | 1   | 247.30  |

| SCHEDULE A (F  | •  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 133 / 409 (check only one)    X   11a   |
|--|--|--|---|
| or for commercial purpose  NAME OF COMMITTE  | s, other than using the name an<br>EE (In Full)  | s may not be sold or used by any person<br>d address of any political committee to<br>AL ACTION COMMITTEE (a.k.a | on for the purpose of soliciting contributions o solicit contributions from such committee.  a. Medco Health PAC) |
| Full Name (Last, First, MS LYDIA POTTER  Mailing Address 196  City  DUNNELLON  FEC ID number of confederal political commit  Name of Employer  MEDCO HEALTH SO  Receipt For:  Primary  Other (specify) | State FL cributing tee. C C DIR General State FL C C   | 34432<br>pation  | Date of Receipt  M M M C D D C 2010  Transaction ID: INC.A.82050  Amount of Each Receipt this Period  25.00       |
| Full Name (Last, First, MR NEIL PREZIOSO Mailing Address 102  City POWELL  FEC ID number of confederal political commit  Name of Employer MEDCO HEALTH SO  Receipt For: Primary Other (specify)        | Stat OH  tributing tee.  C  LUTIONS  General  Stat OH  Aggree  Aggree                        | •  | Date of Receipt  M M M O D D O D O D O D O D O D O D O D  |
| Full Name (Last, First, MS KARIN PRINCIVALL Mailing Address 875  City  RAMSEY  FEC ID number of confederal political commit  Name of Employer MEDCO HEALTH SO  Receipt For:  Primary  Other (specify)  | State NJ  tributing tee.  LUTIONS  General  C  State NJ  C  State NJ  Aggree  Aggree  Aggree | 07446<br>pation  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81890  Amount of Each Receipt this Period  192.30 |
| SUBTOTAL of Receipts   | This Page (optional)   | <b>)</b>   | 267.30  |

|         | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 134 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11 |
|---------|---|----------------------------------|---|---|
| A<br>or | ny information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements may<br>e name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                                    |
|         | MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL A                      | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
|         | Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET Mailing Address 135 HOLLYBERRY DI                                  | DIVE                             |   | Date of Receipt   |
|         |   |                                  |   | 06 05 2010  |
|         | City HOPEWELL JUNCTION  | State<br>NY                      | Zip Code<br>12533   | Transaction ID: INC.A.82005   |
|         | FEC ID number of contributing federal political committee.  | C                                | 12333   | Amount of Each Receipt this Period  25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR DIR (            | n<br>CONTRACT ADMINISTRATI  | ON  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                        | e Year-to-Date ▼ 325.00   |   |
|         | Full Name (Last, First, Middle Initial) MR JASON PROULX   | 1                                |   | Date of Receipt   |
|         | Mailing Address 3601 LEANNE DRIVE   |                                  |   | 06 05 2010  |
|         | City  | State                            | Zip Code  | Transaction ID: INC.A.82098   |
|         | FEC ID number of contributing federal political committee.  | C                                | 75022   | Amount of Each Receipt this Period  50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP OPS              | n<br>PLANNING   |   |
|         | Receipt For:  Primary  General  | Aggregate                        | e Year-to-Date ▼  |   |
|         | Other (specify)   |                                  | 650.00  |   |
| _       | Full Name (Last, First, Middle Initial)<br>MR MARK PROULX   |                                  |   | Date of Receipt   |
|         | Mailing Address 20 BRANDY RIDGE F   | OAD                              |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
|         | City  | State                            | Zip Code  | Transaction ID: INC.A.82091   |
|         | SPARTA  | NJ                               | 07871   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                                |   | 192.31  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | 1 '                              | F OPERATIONS  |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                        | e Year-to-Date ▼<br>2500.03   |   |
|         | SUBTOTAL of Receipts This Page (optional)   |                                  |   | 267.31  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | <b>(</b> )                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)    X   11a   |
|---|---------------------------------------|---|---|
| Any information copied from such Reports are or for commercial purposes, other than using | nd Statements may<br>the name and add | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                     | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) SYED QUADRI                                       |                                       |   | Date of Receipt   |
| Mailing Address 6040 KENNEDY BI<br>APT 30N  | LVD EAST                              |   | 0 6 0 5 2 0 1 0   |
| City WEST NEW YORK  | State<br>NJ                           | Zip Code<br>07093   | Transaction ID: INC.A.82082  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                | С                                     |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PRIN                   |   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                             | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR GILBERT RAINES                                 |                                       |   | Date of Receipt   |
| Mailing Address 800 SANDY TRAIL   | -                                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>KELLER  | State<br>TX                           | Zip Code<br>76248   | Transaction ID: INC.A.82116  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                | C                                     | 70240   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR HR                     | n   |   |
| Receipt For:  Primary General  Other (specify) ▼  |                                       | Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MS FRANCES RAO                                    |                                       |   | Date of Receipt   |
| Mailing Address 19 ROSS ROAD  |                                       |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| City<br>SCARSDALE   | State<br>NY                           | Zip Code<br>10583   | Transaction ID: INC.A.81691  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                | C                                     | 10303   | 75.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>EXEC DI                 | n<br>R REGULATORY   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                             | Year-to-Date ▼ 975.00   |   |
| SUBTOTAL of Receipts This Page (optional  | al)                                   |   | 125.00  |

| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC  Full Name (Last, First, Middle Initial)  MRS DOLORES RAPUANO  Mailing Address 57660 BEAVER VAL  City  QUAKER CITY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | LEY RD State OH C Occupatio SR DIR I  | ACTION COMMITTEE (a.k.a  Zip Code 43773 | o solicit contributions from such committee.   |
|--|---------------------------------------|---|--|
| MEDCO HEALTH SOLUTIONS INC  Full Name (Last, First, Middle Initial) MRS DOLORES RAPUANO  Mailing Address 57660 BEAVER VAL  City QUAKER CITY  FEC ID number of contributing federal political committee.  | State OH  C  Occupatio SR DIR I       | Zip Code<br>43773                       | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 D 5 2 0 1 0  Transaction ID: INC.A.82056  Amount of Each Receipt this Period |
| MRS DOLORES RAPUANO  Mailing Address 57660 BEAVER VAL  City  QUAKER CITY  FEC ID number of contributing federal political committee.   | State OH C Occupatio SR DIR I         | 43773<br>n                              | Transaction ID: INC.A.82056  Amount of Each Receipt this Period  |
| Mailing Address 57660 BEAVER VAL  City  QUAKER CITY  FEC ID number of contributing federal political committee.  | State OH C Occupatio SR DIR I         | 43773<br>n                              | Transaction ID: INC.A.82056  Amount of Each Receipt this Period  |
| QUAKER CITY  FEC ID number of contributing federal political committee.  | OH C Occupation SR DIR I              | 43773<br>n                              | Transaction ID: INC.A.82056  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | Occupatio<br>SR DIR I                 | n                                       |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | SR DIR I                              |   |  |
|  |                                       | ELIGIBILITY                             |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | e Year-to-Date ▼ 325.00                 |  |
| Full Name (Last, First, Middle Initial)<br>MRS MONICA REED   |                                       |   | Date of Receipt  |
| Mailing Address 8475 DUNHAM STA  | TION DRIVE                            |   | 0 6 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>TAMPA  | State<br>FL                           | Zip Code<br>33647                       | Transaction ID: INC.A.81885  |
| FEC ID number of contributing federal political committee.   | C                                     | 33047                                   | Amount of Each Receipt this Period  50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP PRO                   |   |  |
| Receipt For:  Primary  General  Other (specify) ▼  | Aggregate                             | e Year-to-Date ▼ 650.00                 |  |
| Full Name (Last, First, Middle Initial) MS MARGARET REICHENBACHER  |                                       |   | Date of Receipt  |
| Mailing Address 26 UNDERWOOD D   | )R                                    |   | 0 6 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>WEST ORANGE  | State<br>NJ                           | Zip Code<br>07052                       | Transaction ID: INC.A.81904  |
| FEC ID number of contributing federal political committee.   | C                                     | 0/052                                   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR                   | n<br>TECHNOLOGY                         |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | e Year-to-Date ▼ 325.00                 |  |
| SUBTOTAL of Receipts This Page (optional)  | · · · · · · · · · · · · · · · · · · · |   | 100.00   |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 137 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|----|---|-----------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL                   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)<br>MRS HEATHER REIGLE                                   |                             |   | Date of Receipt   |
|    | Mailing Address 10816 BARBADOS IS   | LE DRIVE                    |   | 06 05 2010  |
|    | City  | State                       | Zip Code  | Transaction ID: INC.A.81693   |
|    | TAMPA   | FL                          | 33647   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C                           |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR           | on<br>CUST SVC  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼<br>325.00  |   |
| В. | Full Name (Last, First, Middle Initial) MR THOMAS REINCKENS                                     |                             |   | Date of Receipt   |
|    | Mailing Address 204 TOKENEKE RD   |                             |   | 06 05 2010  |
|    | City  | State                       | Zip Code  | Transaction ID: INC.A.81804   |
|    | DARIEN FEC ID number of contributing  | CT                          | 06820   | Amount of Each Receipt this Period  |
|    | federal political committee.  | C                           |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP BIAC          |   |   |
|    | Receipt For: Primary General Other (specify)  | Aggregate                   | e Year-to-Date ▼ 650.00   | 1   |
| -  | Full Name (Last, First, Middle Initial)   |                             |   | 1   |
| C. | MR VICTOR RENNA  Mailing Address 8 CARLA ANN CT   |                             |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                  |
|    | City  | State                       | Zip Code  | Transaction ID: INC.A.82053   |
|    | FLANDERS  | NJ                          | 07836   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C                           |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP PRO           | on<br>CUREMENT & INVENTORY  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼ 650.00   |   |
|    | SUBTOTAL of Receipts This Page (optional)   |                             | <b>.</b>  | 125.00  |
|    | TOTAL This Period (last page this line number   |                             | <u> </u>  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | for each c   | rate schedule(s)<br>ategory of the<br>Summary Page | FOR LINE NUMBER: PAGE 138 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11                                |
|--|--|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. I   | name and address of any p  | political committee to s                           | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MRS YVETTE RENNIE  Mailing Address 1 RED OAK LANE  City KINNELON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)      | State Zip Code NJ 07405  C  Occupation SR DIR PRICING Aggregate Year-to-Date   |  | Date of Receipt  M M M D D D Z 2 0 1 0  Transaction ID: INC.A.81674  Amount of Each Receipt this Period  25.00   |
| Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS  Mailing Address 412 RIVER MEWS LA  City EDGEWATER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07020  C  Occupation EXEC DIR TECHNO Aggregate Year-to-Date  | DLOGY  | Date of Receipt  M M M D D D 2 2 0 1 0  Transaction ID: INC.A.82113  Amount of Each Receipt this Period  70.00   |
| Full Name (Last, First, Middle Initial) SUZANNE RICHARDS  Mailing Address 1398 SW PENISULA  City PALM CITY  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify)     | State Zip Code FL 34990  C  Occupation NATL ACCT MGR P  Aggregate Year-to-Date | PHARM MANUFAC                                      | Date of Receipt  M M M O 6 O 5 O 2 O 1 O  Transaction ID: INC.A.82248  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional)  |  | ·····  | 120.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 139 / 409 (check only one)    X  |
|--|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any persole name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a | on for the purpose of soliciting contributions o solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial) MS ANGELA RIECK  Mailing Address 5 EGBERT AVENUE  City MORRISTOWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     | State Zip Code NJ 07960  C  Occupation DIR PERFORMANCE CONSULTING Aggregate Year-to-Date  325.00                                   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82225  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MRS JACQUELINE RIMSKY  Mailing Address 13 HILLCREST ROAL  City TOWACO  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07082  C  Occupation DIR FINANCE  Aggregate Year-to-Date  300.00   | Date of Receipt  M M M D D D 2 2 0 1 0  Transaction ID: INC.A.82164  Amount of Each Receipt this Period  25.00   |
| Full Name (Last, First, Middle Initial) MR WILLIAM RINCON Mailing Address 32 CLINTON VIEW T  City HEWITT  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)      | State Zip Code NJ 07421  C  Occupation DIR BUSINESS REQUIREMENTS  Aggregate Year-to-Date  325.00                                   | Date of Receipt  M M M O D D O D O D O D O D O D O D O D   |
| SUBTOTAL of Receipts This Page (optional)  |  | 75.00  |

|    | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 140 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|----|--|---------------------|---|--|
| 0  | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | ne name and add     | dress of any political committee to                                     | solicit contributions from such committee.                                     |
|    | Full Name (Last, First, Middle Initial) ELIZABETH RITCHIE Mailing Address 27 DAY RD City   | State               | Zip Code  | Date of Receipt  0 6 0 5 2 0 1 0  Transaction ID: INC.A.82179                  |
|    | PLEASANT VALLEY FEC ID number of contributing federal political committee.   | CT                  | 06063   | Amount of Each Receipt this Period  50.00                                      |
|    | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | '                   | n<br>BUSINESS DEVELOPMENT<br>9 Year-to-Date ▼<br>650.00                 | ]  |
|    | Full Name (Last, First, Middle Initial) MS VIRGINIA RIVAS  Mailing Address 7845 E 5TH ST   | <b>-</b>            |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
|    | City   | State               | Zip Code  | Transaction ID: INC.A.81658  |
|    | DOWNEY  FEC ID number of contributing federal political committee.   | CA                  | 90241   | Amount of Each Receipt this Period  25.00                                      |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR OPS  |   |  |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 325.00   |  |
|    | Full Name (Last, First, Middle Initial) MR DAVID ROBARGE Mailing Address 4565 QUEENSLAND   | LN N                |   | Date of Receipt  0 6 0 5 2 0 1 0   |
|    | City   | State               | Zip Code  | Transaction ID: INC.A.81737  |
|    | MINNEAPOLIS FEC ID number of contributing federal political committee.   | C                   | 55446   | Amount of Each Receipt this Period  25.00                                      |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR ( | n<br>CLINICAL SVCS  |  |
|    | Receipt For:  Primary  General  Other (specify) ▼  | <del></del>         | Year-to-Date ▼ 325.00   |  |
| Γ, | SUBTOTAL of Receipts This Page (optional)  | 1                   |   | 100.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 141 / 409 (check only one)    X   11a  |
|---|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | e name and ad                           | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial) MRS JENNIFER ROBERTS Mailing Address 1342 DALTON CT  City FAIRFIELD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)            | State OH C Occupation DIR OPS Aggregate |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MS TRACEY RODGERS-LENGE Mailing Address 19 FARMINGTON CO  City RAMSEY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)          | State NJ C Occupatio DIR CLIN           | Zip Code<br>07446<br>on<br>NICAL SVCS<br>e Year-to-Date ▼               | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81664  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial)  MS SORAYA RODRIGUEZ-BALZAC  Mailing Address 22 PAPOOSE TRAIL  City  ANDOVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State NJ C Occupation SR DIR I          | Zip Code<br>07821<br>on<br>MARKETING<br>e Year-to-Date ▼                | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional) a   |   | <u> </u>  | 62.50  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 142 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                             |
|---|--------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | e name and ad                  | dress of any political committee to   | n for the purpose of soliciting contributions solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial)  ERIC ROELOFS  Mailing Address 9 STRATFORD WAY  City  MORRIS PLAINS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)     | State NJ C Occupatio DIR TEC   | Zip Code<br>07950<br>on<br>CHNOLOGY<br>e Year-to-Date ▼                       | Date of Receipt  M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial)  MR MICHAEL ROMANZO  Mailing Address 855 CLUB MOSS CT.  City  MARIETTA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State GA  C  Occupatio PRESIDI | Zip Code 30068  n ENT SYSTEMED e Year-to-Date ▼ 2499.90                       | Date of Receipt  M M J D D J Z D 1 D  Transaction ID: INC.A.81802  Amount of Each Receipt this Period  192.30 |
| Full Name (Last, First, Middle Initial) DAVID ROOT Mailing Address 212 SPRING BRANC  City WAVERLY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                | State VA  C  Occupatio DIR STA | Zip Code 23890  n TE GOVERNMENT AFFAIRS e Year-to-Date ▼ 325.00               | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional) .   |                                | ·····   | 242.30  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | )                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 143 / 409 (check only one)    X   |
|--|------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC   | he name and add              | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                                 |
| Full Name (Last, First, Middle Initial)  MS DONNA ROSEN  Mailing Address 7 RED OAK LANE  City  KINNELON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify)         | <del></del>                  | Zip Code<br>07405<br>n<br>-CLINICAL TECH<br>e Year-to-Date ▼                  | Date of Receipt  M M M / D D / Y Y Y Y Y  2 0 1 0  Transaction ID: INC.A.82006  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) DR CHRISTINE ROTTAS  Mailing Address 7227 RAMOTH DRIV  City  JACKSONVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State FL C Occupatio EXEC DI | Zip Code 32226  n IR FORMULARY CONSULTI 2 Year-to-Date ▼ 650.00               | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6   |
| Full Name (Last, First, Middle Initial)  MS LAUREN RUBENSTEIN  Mailing Address 345 WINTHROP DR  City  NUTLEY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify)    | State NJ C Occupatio DIR TEC | Zip Code 07110  n EHNOLOGY e Year-to-Date  325.00                             | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional)  |                              | ·····   | 125.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 144 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                                 |
|--|--|---|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any personant the name and address of any political committee to committee to committee. POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 3 APACHE DRIVE  City OAKLAND  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)            | State Zip Code NJ 07436  C  Occupation SVP FINANCE & CHIEF FIN OFFCR Aggregate Year-to-Date  2509.00   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82002  Amount of Each Receipt this Period  193.00 |
| Full Name (Last, First, Middle Initial)  MR STEVEN RUSSEK  Mailing Address 21 SKY TOP RIDGI  City  OAKLAND  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify)         | State Zip Code NJ 07436  C  Occupation VP CLINICAL MGMT & SVCS  Aggregate Year-to-Date  650.00   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81827  Amount of Each Receipt this Period  50.00  |
| Full Name (Last, First, Middle Initial)  MS KAREN RUSSELL  Mailing Address 148 CLUBHOUSE I  City  WEST COLUMBIA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code SC 29172  C  Occupation SR DIR CLINICAL SVCS  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81685  Amount of Each Receipt this Period  25.00  |
| SUBTOTAL of Receipts This Page (optional   | )  | 268.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 145 / 409 (check only one)    X   11a  |
|---|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any personal ename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | o solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MS KATHERYN RUSSI Mailing Address 5965 VILLAGE CIRC  City JOHNSTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code IA 50131  C  Occupation EXEC DIR CLINICAL SVCS Aggregate Year-to-Date  650.00   | Date of Receipt  M M M O D D O 2 0 1 0  Transaction ID: INC.A.81706  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MR ANTHONY RUSSO Mailing Address 66 FINCH RD  City RINGWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)        | State Zip Code NJ 07456  C  Occupation VP PROF PRA  Aggregate Year-to-Date   650.00  | Date of Receipt  M M M O D D C 2010  Transaction ID: INC.A.81948  Amount of Each Receipt this Period  50.00    |
| Full Name (Last, First, Middle Initial) JULIANA RUTH  Mailing Address 1 UNDERCLIFF TER  City KINNELON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)      | RACE  State Zip Code NJ 07405  C  Occupation SR DIR BUSINESS DEVELOPMENT Aggregate Year-to-Date   650.00                               | Date of Receipt  M M M D D D 2010  Transaction ID: INC.A.82228  Amount of Each Receipt this Period  50.00      |
| SUBTOTAL of Receipts This Page (optional)   | ·<br>  | 150.00   |

|             | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 146 / 409 (check only one)    X |
|-------------|--|--------------------|---|---|
| \<br>\<br>\ | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad      | dress of any political committee to                                     | o solicit contributions from such committee.          |
|             | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)                                  |
| Α.          | Full Name (Last, First, Middle Initial) MR JESSE RUZICKA   |                    |   | Date of Receipt                                       |
|             | Mailing Address 334 MORRIS AVE   |                    |   | 06 05 7 2010  |
|             | City   | State              | Zip Code  | Transaction ID: INC.A.82135                           |
|             | BOONTON FEC ID number of contributing federal political committee.   | C                  | 07005   | Amount of Each Receipt this Period 30.00              |
|             | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL AC | on<br>CCT EXEC  |   |
|             | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 390.00   |   |
| —<br>В.     | Full Name (Last, First, Middle Initial) MS MARY RYAN   |                    |   | Date of Receipt                                       |
|             | Mailing Address 456 RICHMOND AVE   | NUE                |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
|             | City   | State              | Zip Code  | Transaction ID: INC.A.81995                           |
|             | MAPLEWOOD  | NJ                 | 07040   | Amount of Each Receipt this Period                    |
|             | FEC ID number of contributing federal political committee.   | C                  |   | 78.34   |
|             | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP PHA  | on<br>RMACY REGULATORY  |   |
|             | Receipt For:  Primary  General  Other (specify)  | Aggregate          | e Year-to-Date ▼<br>940.08  | 1   |
| _<br>C.     | Full Name (Last, First, Middle Initial) MRS CYNTHEA RYDER  |                    |   | Date of Receipt                                       |
|             | Mailing Address 74 CHOCTAW TRAIL   | -                  |   | 0 6 0 5 2 0 1 0                                       |
|             | City<br>RINGWOOD   | State<br>NJ        | Zip Code  | Transaction ID: INC.A.81673                           |
|             | FEC ID number of contributing federal political committee.   | C                  | 07456   | Amount of Each Receipt this Period  25.00             |
|             | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR E-C | on<br>OM STRAT & DELIV  |   |
|             | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>325.00  |   |
|             | SUBTOTAL of Receipts This Page (optional) .  |                    |   | 133.34  |
|             | TOTAL This Period (last page this line number  |                    | <u> </u>  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 147 / 409 (check only one)    X  |
|--|---------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.  | e name and ad                   | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                        |
| Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS Mailing Address 4836 MIDDLE RD  City ALLISON PARK FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) |                                 | Zip Code 15101  n SINESS REQUIREMENTS e Year-to-Date  325.00                  | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6  |
| Full Name (Last, First, Middle Initial) MR RYAN SADLER Mailing Address 85 VANCE ST. #201  City MEMPHIS FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)           |                                 | Zip Code 38103  n VERNMENT AFFAIRS e Year-to-Date  ▼ 325.00                   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82200  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) CHRISTOPHER SANDERS  Mailing Address 7475 MINK HOLLOW  City HIGHLAND  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | State MD  C  Occupation DIR CAC |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line numbe  |                                 | •   | 75.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 148 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11                              |
|---|--|--|
| or for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any person e name and address of any political committee to septimental political ACTION COMMITTEE (a.k.a. | for the purpose of soliciting contributions olicit contributions from such committee.                          |
| Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE Mailing Address 7 AHERN WAY  City WEST ORANGE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | State Zip Code NJ 07052  C  Occupation SR DIR ENTERPRISE BUS INTELLIG Aggregate Year-to-Date   325.00  | Date of Receipt    M   M   D   D   2 0 1 0   |
| Full Name (Last, First, Middle Initial) MR MATTHEW SARDY Mailing Address 230 FAIRFIELD AVE.  City RIDGEWOOD FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07450  C  Occupation VP FINANCE  Aggregate Year-to-Date   650.00   | Date of Receipt  M M M D D D 2 2 0 1 0  Transaction ID: INC.A.81742  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial)  MS BETH SAVARE  Mailing Address 27 JONES LN  City  BLAIRSTOWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)    | State Zip Code NJ 07825  C  Occupation SR DIR PHARM OPS  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M   |
| SUBTOTAL of Receipts This Page (optional) .   | •  | 100.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                    | FOR LINE NUMBER: PAGE 149 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17        |
|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any persone name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.                                       | POLITICAL ACTION COMMITTEE (a.k.a.   | Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR MITCHELL SCHERF                                    |  | Date of Receipt  |
| Mailing Address 739 CAMBERWELL C  | DR State Zip Code  | 0 6 0 5 2 0 1 0  Transaction ID: INC.A.81824   |
| EAGAN   | MN 55123   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                    | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation NATL ACCT EXEC  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00  |  |
| Full Name (Last, First, Middle Initial) MR DAVID SCHLETT Mailing Address 339 GRAMERCY PL      |  | Date of Receipt  |
|   |  | 06 05 2010   |
| City  | State Zip Code   | Transaction ID: INC.A.82001  |
| GLEN ROCK   | NJ 07452   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                    | C  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP FINANCIAL & ANALYTICAL SVC  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00  |  |
| Full Name (Last, First, Middle Initial) ERIC SCHUPP   |  | Date of Receipt  |
| Mailing Address 340 S. MAIN   |  | 06 05 2010   |
| City  | State Zip Code<br>TN 38103   | Transaction ID: INC.A.82202  |
| MEMPHIS  FEC ID number of contributing federal political committee.                           | TN 38103   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR PRODUCT LINE II   |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 325.00   |  |
| SUBTOTAL of Receipts This Page (optional) .   |  | 100.00   |
| TOTAL This Period (last page this line number   | <u> </u>   |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                             | FOR LINE NUMBER: PAGE 150 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|--|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any per-<br>the name and address of any political committee |  |
| MEDCO HEALTH SOLUTIONS INC   | . POLITICAL ACTION COMMITTEE (a.k.  | a. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ  |   | Date of Receipt  |
| Mailing Address 9111 N KARLOV  | Otata 7:n Oada  | 06 05 2010   |
| City<br>SKOKIE   | State Zip Code IL 60076   | Transaction ID: INC.A.81733  Amount of Each Receipt this Period                |
| FEC ID number of contributing federal political committee.   | C   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC DIR CLINICAL SVCS   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00   |  |
| Full Name (Last, First, Middle Initial) BRUCE SCOTT  |   | Date of Receipt  |
| Mailing Address 18650 BEARPATH   | TRAIL   | 0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                      |
| City   | State Zip Code  | Transaction ID: INC.A.82217  |
| EDEN PRAIRIE   | MN 55347  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 192.31   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation PRESIDENT  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 2500.03  |  |
| Full Name (Last, First, Middle Initial) MS CYNTHIA SCOTT   |   | Date of Receipt  |
| Mailing Address 18650 BEARPATH   | TRAIL   | 0 6 0 5 7 Y Y Y Y Y  |
| City   | State Zip Code  | Transaction ID: INC.A.81659  |
| EDEN PRAIRIE  FEC ID number of contributing federal political committee.   | MN 55437  | Amount of Each Receipt this Period  50.00                                      |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CLINICAL PROG DEV   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  650.00  |  |
| SUPTOTAL of Possints This Poss (entians  | )   | 292.31   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 151 / 409 (check only one)    X   11a     |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | Statements may not be sold or used by any poster name and address of any political committee POLITICAL ACTION COMMITTEE (a | ee to solicit contributions from such committee.                |
| Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT Mailing Address 7330 EVEREST LAN  City MAPLE GROVE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | E - NORTH  State Zip Code MN 55311  C  Occupation SR NATL ACCT EXEC  | Date of Receipt    M M  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00  | 1   |
| Full Name (Last, First, Middle Initial) MS MONICA SCOZZARE  Mailing Address 3021 E MILLCREEK   | ROAD   | Date of Receipt  0 6 0 5 2 0 1 0                                |
| City   | State Zip Code   | Transaction ID: INC.A.81649                                     |
| SALT LAKE CITY FEC ID number of contributing federal political committee.  | UT 84109   | Amount of Each Receipt this Period  50.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC DIR CLINICAL SVCS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00  |   |
| Full Name (Last, First, Middle Initial) MR ROBERT SENDEWICZ  |  | Date of Receipt   |
| Mailing Address 1220 CROSSING W  | AY   | 06 05 2010  |
| City<br>WAYNE  | State Zip Code<br>NJ 07470   | Transaction ID: INC.A.81695  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR TECHNOLOGY   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00  |   |
| SUBTOTAL of Receipts This Page (optional)  |  | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 152 / 409 (check only one)    X  |
|---|------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F  | name and add                 | dress of any political committee to   | n for the purpose of soliciting contributions solicit contributions from such committee.                         |
| Full Name (Last, First, Middle Initial) MR GEORGE SERPIKOV  Mailing Address 66 PROSPECT AVE  City WESTWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     | 1                            | Zip Code<br>07675<br>n<br>NESS DEV<br>e Year-to-Date ▼                        | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MRS PATRICIA SGARELLA Mailing Address 275 MAIN STREET  City GLEN ROCK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  |                              | Zip Code 07452  n PRICING PYear-to-Date  325.00                               | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 1767 FAIRMOUNT ST  City CARMEL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State IN C Occupation VP ONC | Zip Code<br>46032<br>n<br>OLOGY TRC OPS<br>e Year-to-Date ▼                   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81916  Amount of Each Receipt this Period  30.00 |
| SUBTOTAL of Receipts This Page (optional)   |                              |   | 105.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | )                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 153 / 409 (check only one)    X                   |
|---|---------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | he name and add     | dress of any political committee to   | solicit contributions from such committee.                              |
| Full Name (Last, First, Middle Initial)  MR ROBERT SHANNON  Mailing Address 59 DANNER AVE   |                     |   | Date of Receipt  0 6 0 5 2 0 1 0  |
| City HARRISON FEC ID number of contributing   | State<br>NY         | Zip Code<br>10528   | Transaction ID: INC.A.82007  Amount of Each Receipt this Period  25.00  |
| Receipt For:  Primary  Other (specify)  General  Other (specify)  Primary  General  | Occupation DIR FINA |   | 1   |
| Full Name (Last, First, Middle Initial)  MR JOHN SHEA  Mailing Address 62 FRANKLIN TURN   | NPIKE               |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| City ALLENDALE  FEC ID number of contributing federal political committee.  | State<br>NJ         | Zip Code<br>07401   | Transaction ID: INC.A.81671  Amount of Each Receipt this Period  40.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation ASST CO  |   |   |
| Full Name (Last, First, Middle Initial) MR FRANK SHEEHY Mailing Address 119 HAMILTON RD   |                     |   | Date of Receipt   |
| City RIDGEWOOD FEC ID number of contributing federal political committee.   | State<br>NJ         | Zip Code<br>07450   | Transaction ID: INC.A.81752  Amount of Each Receipt this Period  192.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General   |                     | ENERAL MGR  Year-to-Date  |   |
| Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  |                     | 2496.00   | 257.00  |

|                        | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 154 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|------------------------|--|--------------------|---|---|
|                        | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P | name and ad        | dress of any political committee to                                     | solicit contributions from such committee.  |
| <b>∠</b><br><b>A</b> . | Full Name (Last, First, Middle Initial)  DAWN SHERMAN  Mailing Address 63 BRAMSHILL DRIVE  City  | State              | Zip Code  | Date of Receipt  0 6 0 5 2 0 1 0  |
|                        | MAHWAH   | NJ                 | 07430   | Transaction ID: INC.A.82186  Amount of Each Receipt this Period                   |
|                        | FEC ID number of contributing federal political committee.   | C                  | 0,100   | 50.00   |
|                        | Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:   |                    | on<br>DO INTL STRATEGY & OPS<br>e Year-to-Date ▼                        |   |
|                        | Primary General Other (specify) ▼  | 7 iggi ogai.       | 650.00  |   |
| 3.                     | Full Name (Last, First, Middle Initial) MR PETER SHERMAN Mailing Address 139 GATES AVENUE  |                    |   | Date of Receipt   |
|                        | City   | State              | Zip Code  | 0 6 0 5 2 0 1 0<br>Transaction ID: INC.A.81642                                    |
|                        | MONTCLAIR  | NJ                 | 07042   | Amount of Each Receipt this Period  |
|                        | FEC ID number of contributing federal political committee.   | С                  |   | 50.00   |
|                        | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation ASST G  | on<br>ENERAL COUNSEL  |   |
|                        | Receipt For: Primary General Other (specify)   | Aggregate          | e Year-to-Date ▼ 650.00   |   |
| -<br>).                | Full Name (Last, First, Middle Initial) WENDELL SHERRELL Mailing Address PO BOX 748  |                    |   | Date of Receipt   |
|                        | Mailing Address PO BOX 748   |                    |   | 06 05 2010  |
|                        | City   | State              | Zip Code  | Transaction ID: INC.A.82213   |
|                        | COLLIERVILLE FEC ID number of contributing federal political committee.  | C                  | 38027   | Amount of Each Receipt this Period  30.00   |
|                        | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR ACC | on<br>CDO CORP HR & TALENT M  | —<br>IGT  |
|                        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 330.00   |   |
|                        | SUBTOTAL of Receipts This Page (optional)  |                    |   | 130.00  |
|                        | TOTAL This Period (last page this line number of   | only)              |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 155 / 409 (check only one)    X  |
|---|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. I  | e name and ad                              | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                          |
| Full Name (Last, First, Middle Initial)  MR JAMES SHIVAS  Mailing Address 18 PROSPECT AVE  City  NORTH ARLINGTON  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify)    | State NJ  C  Occupatio DIR PRIC  Aggregate |   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81854  Amount of Each Receipt this Period  25.00   |
| Full Name (Last, First, Middle Initial)  MR ELWOOD SIDES III  Mailing Address 150 CLAREMONT AV  City  LONG BEACH  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)  | State CA C Occupatio VP SALE               |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: INC.A.81765  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial)  JEFFREY SIMEK  Mailing Address 3555 GRANDE TUSC  City  NEW SMYRNA BEACH  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State FL  C  Occupation VP COR             | Zip Code 32168  n P COMMUNICATIONS e Year-to-Date                             | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81882  Amount of Each Receipt this Period  1.00    |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number  |  | •   | 51.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s<br>for each category of the<br>Detailed Summary Page                | FOR LINE NUMBER: PAGE 156 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11   |
|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   |   | person for the purpose of soliciting contributions ee to solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial) MR JAMES SIMON Mailing Address 2500 STATE HWY 12  City EULESS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)         | `   | Date of Receipt  M M M / D D D / Y Y Y Y Y  O 6 2 0 1 0  Transaction ID: INC.A.81774  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MR LEE SIMON Mailing Address 2390 GREENVIEW R  City NORTHBROOK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)        | OAD  State Zip Code IL 60062  C  Occupation VP/GM  Aggregate Year-to-Date   650.00          | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial)  MR JEFFREY SINKO  Mailing Address 10 CHERRY TREE LA  City  KINNELON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) | State Zip Code NJ 07405  C  Occupation ASST GENERAL COUNSEL  Aggregate Year-to-Date  600.00 | Date of Receipt  M M M / D D / Y Y Y Y Y  2 0 1 0  Transaction ID: INC.A.81926  Amount of Each Receipt this Period  50.00       |
| SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line numbe  |   | 125.00  |

| IT        | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  y information copied from such Reports and St.  | atements ma       | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 157 / 409 (check only one)    X           |
|-----------|--|-------------------|---|---|
| or        | or commercial purposes, other than using the part of the last of t | name and ad       | dress of any political committee to                                     | solicit contributions from such committee.                      |
| <b>A.</b> | Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO Mailing Address 564 DALE COURT EAS   | ST                |   | Date of Receipt   |
|           | City   | State             | Zip Code  | 0 6 0 5 2 0 1 0  Transaction ID: INC.A.81694                    |
|           | RIVER VALE   | NJ                | 07675   | Amount of Each Receipt this Period                              |
|           | FEC ID number of contributing federal political committee.   | C                 |   | 30.00   |
|           | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                   | TECHNOLOGY  |   |
|           | Receipt For:  Primary General  Other (specify) ▼   | Aggregate         | e Year-to-Date ▼ 390.00   |   |
| —<br>В.   | Full Name (Last, First, Middle Initial) MR JOHN SISTO  |                   |   | Date of Receipt   |
|           | Mailing Address 24 MAYBERRY LANE   |                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
|           | City MECHANICSBURG   | State<br>PA       | Zip Code<br>17050   | Transaction ID: INC.A.81987  Amount of Each Receipt this Period |
|           | FEC ID number of contributing federal political committee.   | C                 |   | 25.00   |
|           | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR | on<br>PHARMACY REGULATORY   |   |
|           | Receipt For:  Primary General  Other (specify) ▼   | Aggregate         | e Year-to-Date ▼ 325.00   |   |
| <br>c.    | Full Name (Last, First, Middle Initial) MR DAVID SITVER  |                   |   | Date of Receipt   |
|           | Mailing Address 24 YORKSHIRE AVE   |                   |   | 0 6 0 5 2 0 1 0   |
|           | City<br>SUFFERN  | State<br>NY       | Zip Code<br>10901   | Transaction ID: INC.A.81853                                     |
|           | FEC ID number of contributing federal political committee.   | C                 | 10901   | Amount of Each Receipt this Period  25.00                       |
|           | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR | n<br>TECHNOLOGY   |   |
|           | Receipt For: Primary General Other (specify)   | Aggregate         | e Year-to-Date ▼ 325.00   |   |
| SI        | JBTOTAL of Receipts This Page (optional)   |                   |   | 80.00   |

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

|                       | OULE A (FEC Form 3X)<br>ZED RECEIPTS  |                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 158 / 409   (check only one)                                      |
|-----------------------|---|---------------------|---|---|
| Any inform or for com | nation copied from such Reports and S<br>mercial purposes, other than using the | tatements may       | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \                     | OF COMMITTEE (In Full) CO HEALTH SOLUTIONS INC. F                               | POLITICAL A         | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
|                       | me (Last, First, Middle Initial)<br>ADLEY SKATTER                               |                     |   | Date of Receipt   |
| Mailing               | Address 6433 FRANKLIN HILLS   | S RD                |   | 0 6 0 5 2 0 1 0   |
| City<br>INDE          | PENDENCE  | State<br>MN         | Zip Code<br>55359   | Transaction ID: INC.A.81677  Amount of Each Receipt this Period                           |
| FEC ID                | number of contributing political committee.                                     | C                   |   | 50.00   |
| Name (<br>MEDC        | of Employer<br>O HEALTH SOLUTIONS   | Occupation EXEC DI  | n<br>R CLINICAL SVCS  |   |
|                       | t For:<br>Primary General<br>Other (specify) ▼                                  | . '                 | Year-to-Date ▼ 650.00   |   |
|                       | ıme (Last, First, Middle Initial)<br>WARD SKRIPATA                              |                     |   | Date of Receipt   |
|                       | Address 70 RIVER ROAD UNIT D9   |                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>CLIF1         | ΓΟN   | State<br>NJ         | Zip Code<br>07014   | Transaction ID: INC.A.81965  Amount of Each Receipt this Period                           |
| FEC ID                | number of contributing political committee.                                     | C                   | 07014   | 25.00   |
| Name (                | of Employer<br>O HEALTH SOLUTIONS   | Occupation          | n<br>CAL SPECIALIST   |   |
|                       | t For:<br>Primary General<br>Other (specify) ▼                                  | . '                 | e Year-to-Date ▼<br>325.00  |   |
| Full Na               | ame (Last, First, Middle Initial)   |                     |   | Date of Receipt   |
|                       | Address 437 GLENDALE RD   |                     |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| City<br>WYC           | KOEE  | State<br>NJ         | Zip Code<br>07481   | Transaction ID: INC.A.81860   |
| FEC ID                | number of contributing political committee.                                     | C                   | 07401   | Amount of Each Receipt this Period  25.00   |
| Name (<br>MEDC        | of Employer<br>O HEALTH SOLUTIONS   | Occupation SR DIR F | n<br>PUBLIC AFFAIRS   |   |
|                       | t For:<br>Primary General<br>Other (specify) ▼                                  |                     | Year-to-Date ▼ 325.00   |   |
| SUBTOT                | AL of Receipts This Page (optional)   |                     | <b>__</b>   | 100.00  |

| ITEMIZED RECEIPTS  | <b>(</b> )  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 159 / 409   (check only one)  |
|--|---|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add             | not be sold or used by any persolress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                                    | CTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR ROBERT SMITH                                  |   |   | Date of Receipt   |
| Mailing Address 40 JOSHUA DR   | Т   |   | 06 05 2010  |
| City   | State   | Zip Code  | Transaction ID: INC.A.82027   |
| RAMSEY FEC ID number of contributing federal political committee.                        | NJ<br>C   | 07446   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP OPS                                 | 1   |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del>-                                     </del> | Year-to-Date ▼<br>650.00  |   |
| Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR                                |   |   | Date of Receipt   |
| Mailing Address 23 CEDAR GATE F  | 0 6 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y     |   |   |
| City   | State<br>CT                                       | Zip Code  | Transaction ID: INC.A.82100   |
| DARIEN FEC ID number of contributing federal political committee.                        | C   | 06820   | Amount of Each Receipt this Period  192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation CHAIRM                                 | AN & CEO  |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del>-   '</del>                                  | Year-to-Date ▼<br>2500.03   |   |
| Full Name (Last, First, Middle Initial) MR ALAN SOKALER                                  |   |   | Date of Receipt   |
| Mailing Address 30 MICHELLE WAY  | Y   |   | 0 6 0 5 2 0 1 0   |
| City<br>PINE BROOK   | State<br>NJ                                       | Zip Code<br>07058   | Transaction ID: INC.A.82136  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C   | 07030   | 50.00   |
| Name of Employer<br>MEDGO HEALTH SOLUTIONS   | Occupation VP FINAL                               |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del>- + +</del>                                  | Year-to-Date ▼ 650.00   |   |
|  |   |   | 292.31  |

| SCHEDULE A ITEMIZED REC                                       | (FEC Form 3X)<br>EIPTS            | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 160 / 409 (check only one)    X   11a  |
|---|-----------------------------------|---|--|
| or for commercial purpo                                       | oses, other than using the name a | nts may not be sold or used by any pers<br>and address of any political committee t<br>CAL ACTION COMMITTEE (a.k. | son for the purpose of soliciting contributions o solicit contributions from such committee.  a. Medco Health PAC) |
| Full Name (Last, Fir MS JENNIFER SPID Mailing Address         | ,                                 |   | Date of Receipt  0 6 0 5 2 0 1 0   |
| City  |                                   | ate Zip Code  | Transaction ID: INC.A.81942  |
| COLLEYVILLE FEC ID number of of federal political com         |                                   |   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH S                            | SOLUTIONS Occ                     | cupation<br>/GM   |  |
| Receipt For: Primary Other (specify                           | General                           | gregate Year-to-Date ▼ 650.00   |  |
| Full Name (Last, Fir<br>MS MICHELE ST CL<br>Mailing Address 7 | ,                                 |   | Date of Receipt  |
| L<br>City   | INIT 47                           | rate Zip Code   | 06 05 2010   |
| CLIFTON   | N                                 | •   | Transaction ID: INC.A.82069  Amount of Each Receipt this Period  |
| FEC ID number of c  | ontributing                       |   | 25.00  |
| Name of Employer<br>MEDCO HEALTH S                            |                                   | cupation<br>R FORMULARY & COVERAGE M  | IGINT  |
| Receipt For: Primary Other (specify                           | General                           | gregate Year-to-Date ▼ 325.00   |  |
| Full Name (Last, Fir  |                                   |   | Date of Receipt  |
| Mailing Address 6   | 47 BERKELEY AVENUE                |   | 0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  |                                   | ate Zip Code  | Transaction ID: INC.A.82219  |
| ORANGE  | N                                 | J 07050   | Amount of Each Receipt this Period   |
| FEC ID number of c  | mittee.                           |   | 25.00  |
| Name of Employer<br>MEDCO HEALTH                              | 140                               | supation<br>ST COUNSEL  |  |
| Receipt For: Primary Other (specify                           | General                           | gregate Year-to-Date ▼ 325.00   |  |
| SURTOTAL of Receiv  | to This Dags (entired)            |   | 75.00  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 161 / 409 (check only one)  X 11a 11b 11c 12                       |
|----|---|-------------------------------|---|--|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may<br>name and add | y not be sold or used by any person<br>dress of any political committee to    | n for the purpose of soliciting contributions solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL A                   | ACTION COMMITTEE (a.k.a.  | Medco Health PAC)  |
| A. | Full Name (Last, First, Middle Initial) MR RALPH STAIANO Mailing Address 1 LAMBROS DRIVE                                    |                               |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                 |
|    | City<br>MONROE  | State<br>NY                   | Zip Code<br>10950   | Transaction ID: INC.A.81660  Amount of Each Receipt this Period                          |
|    | FEC ID number of contributing federal political committee.  | C                             |   | 25.00  |
|    | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For:  |                               | BUSINESS REQUIREMENTS   | 3  |
|    | Primary General Other (specify) ▼   | Aggregate                     | e Year-to-Date ▼<br>325.00  |  |
| В. | Full Name (Last, First, Middle Initial) PETER STARK  Mailing Address 4840 COLE ROAD   |                               |   | Date of Receipt  |
|    | City  | State                         | Zip Code  | 0 6 0 5 2 0 1 0  Transaction ID: INC.A.82274   |
|    | MEMPHIS  FEC ID number of contributing federal political committee.   | C                             | 38117   | Amount of Each Receipt this Period  50.00  |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  |                               | INANCIAL OFFICER  |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼<br>650.00  |  |
| C. | Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN   |                               |   | Date of Receipt  |
|    | Mailing Address 7 FOREST LAKE DR  |                               |   | 06 05 7 2010   |
|    | City<br>WEST HARRISON   | State<br>NY                   | Zip Code<br>10604   | Transaction ID: INC.A.82003  Amount of Each Receipt this Period                          |
|    | FEC ID number of contributing federal political committee.  | C                             |   | 192.31   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | . '                           | ANCIAL & ANALYTICAL SVO   |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼<br>2500.03   |  |
|    | SUBTOTAL of Receipts This Page (optional)   |                               | ·····   | 267.31   |
|    | TOTAL This Period (last page this line number   | only)                         | <b>&gt;</b>   |  |

|                        | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 162 / 409 (check only one)    X  |
|------------------------|---|----------------------|---|--|
| \<br>\<br>\            | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | e name and ad        | dress of any political committee to   | o solicit contributions from such committee.   |
| <b>∠</b><br><b>A</b> . | Full Name (Last, First, Middle Initial) CHANNING STAVE  Mailing Address 77 HIGHVIEW AVE  City TUCKAHOE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State<br>NY<br>C     | Zip Code<br>10707   | Date of Receipt  M M M O D D C 2 0 1 0  Transaction ID: INC.A.82189  Amount of Each Receipt this Period  25.00 |
| _                      | Receipt For: Primary General Other (specify)  | 1                    | e Year-to-Date ▼ 325.00   |  |
| 3.                     | Full Name (Last, First, Middle Initial) MS JILL STEARNS  Mailing Address 13130 HALSELL DR   |                      |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|                        | City  | State                | Zip Code  | Transaction ID: INC.A.82065  |
|                        | AUSTIN  | TX                   | 78732   | Amount of Each Receipt this Period   |
|                        | FEC ID number of contributing federal political committee.  | С                    |   | 50.00  |
|                        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                      | _ ACCT EXEC   |  |
|                        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate            | e Year-to-Date ▼ 650.00   |  |
|                        | Full Name (Last, First, Middle Initial)<br>MR CRAIG STEEL   | 1                    |   | Date of Receipt  |
|                        | Mailing Address 122 DEMAREST AVE  | NUE                  |   | 06 / 05 / Y Y Y Y Y  |
|                        | City  | State                | Zip Code  | Transaction ID: INC.A.81792  |
|                        | EMERSON FEC ID number of contributing federal political committee.  | C                    | 07630   | Amount of Each Receipt this Period  50.00  |
|                        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR NATI | n<br>_ ACCT EXEC  |  |
|                        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate            | e Year-to-Date ▼<br>650.00  |  |
| Γ                      | SUBTOTAL of Receipts This Page (optional)   |                      |   | 125.00   |

|             | HEDULE A (FEC Form 3X) MIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 163 / 409 (check only one)    X   11a     |
|-------------|---|----------------------|---|---|
| or fo       | information copied from such Reports and St<br>r commercial purposes, other than using the<br>IAME OF COMMITTEE (In Full) | name and add         | dress of any political committee to   | solicit contributions from such committee.                      |
|             | MEDCO HEALTH SOLUTIONS INC. P   | OLITICAL A           | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
|             | rull Name (Last, First, Middle Initial)<br>IIS AMY STEINKELLNER   |                      |   | Date of Receipt   |
| N           | Aailing Address 728 GULF BOULEVAR<br>C/O PO BOX 834   | ID                   |   | 06 05 7 2010  |
|             | City<br>NDIAN ROCKS BEACH   | State<br>FL          | Zip Code<br>33785   | Transaction ID: INC.A.81843  Amount of Each Receipt this Period |
| F           | EC ID number of contributing ederal political committee.  | C                    | 33763   | 50.00   |
| <u> </u>    | lame of Employer<br>//EDCO HEALTH SOLUTIONS   | Occupatio<br>VP NATI | n<br>ONAL PRACTICE LEADER   |   |
| F           | Receipt For:  Primary General  Other (specify) ▼  |                      | e Year-to-Date ▼ 650.00   |   |
| B. <u>N</u> | full Name (Last, First, Middle Initial)  MS LEAH STERMAN-KABRT  |                      |   | Date of Receipt   |
| IN          | Nailing Address 24 OAK PL   |                      |   | 06 05 7 2010  |
|             | City<br>NORTH CALDWELL  | State<br>NJ          | Zip Code  | Transaction ID: INC.A.81858                                     |
| F           | EC ID number of contributing ederal political committee.  | C                    | 07006   | Amount of Each Receipt this Period  25.00                       |
| <u> </u>    | lame of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>TECHNIC | n<br>CAL SPECIALIST   |   |
| F           | Receipt For:  Primary General  Other (specify)  | Aggregate            | e Year-to-Date ▼<br>325.00  |   |
|             | rull Name (Last, First, Middle Initial)<br>DR GLEN STETTIN  |                      |   | Date of Receipt   |
| _           | Mailing Address 8 MILL GLEN CT  |                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
|             | Sity<br>JPPER SADDLE RIVER  | State<br>NJ          | Zip Code<br>07458   | Transaction ID: INC.A.82084  Amount of Each Receipt this Period |
| F           | EC ID number of contributing ederal political committee.  | C                    | 07430   | 192.31  |
| 1           | lame of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SVP/GM  | n<br>ADVANCED CLINICAL SLT  | — <br>-NS   |
| F           | Receipt For:  Primary General  Other (specify) ▼  |                      | e Year-to-Date ▼<br>2500.03   |   |
| CIII        | BTOTAL of Receipts This Page (optional)   |                      |   | 267.31  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                             | FOR LINE NUMBER: PAGE 164 / 409 (check only one)    X                                       |
|--|---|---|
| NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any personal statements and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR GERARD STOCKER, JR                            | . POLITICAL ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  Date of Receipt   |
| Mailing Address 80 ALGONQUIN TR  City  | State Zip Code  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| OAKLAND FEC ID number of contributing federal political committee.                       | NJ 07436  | Amount of Each Receipt this Period 50.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼ | Occupation SR NATL ACCT EXEC  Aggregate Year-to-Date ▼  650.00  | 1   |
| Full Name (Last, First, Middle Initial) MS JANNA STOUL Mailing Address 4 APACHE WAY      |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
| City<br>MONTVILLE  | State Zip Code NJ 07045   | Transaction ID: INC.A.81681  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR TECHNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR SCOTT STRATTON                                |   | Date of Receipt   |
| Mailing Address 351 TIMBERLANE D   | PRIVE   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br><u>ORANGE</u>  | State Zip Code CT 06477   | Transaction ID: INC.A.82144  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP PRODUCT DEVELOPMENT   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00   |   |
| SURTOTAL of Receipts This Page (ontional)  |   | 125.00  |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 165 / 409 (check only one)    X           |
|----------|--|-----------------------|---|---|
|          | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements may          | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                  |
|          | MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL A            | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| A.       | Full Name (Last, First, Middle Initial) MS SUZANNE STREDNAK  |                       |   | Date of Receipt   |
|          | Mailing Address 157 WATCHUNG DR  |                       |   | 06 05 2010  |
|          | City<br>HAWTHORNE  | State<br>NJ           | Zip Code<br>07506   | Transaction ID: INC.A.81738  Amount of Each Receipt this Period |
|          | FEC ID number of contributing federal political committee.   | С                     |   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR ( | n<br>CLINICAL SVCS  |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼ 650.00   |   |
| -<br>В.  | Full Name (Last, First, Middle Initial) MS PATRICIA STRETE   |                       |   | Date of Receipt   |
|          | Mailing Address 19275 PAVER BARNES   | S ROAD                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
|          | City<br>MARYSVILLE   | State<br>OH           | Zip Code<br>43040   | Transaction ID: INC.A.81727  Amount of Each Receipt this Period |
|          | FEC ID number of contributing federal political committee.   | C                     |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR ( | n<br>CLINICAL THERAPEUTICS  |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼ 325.00   |   |
| с.<br>С. | Full Name (Last, First, Middle Initial)<br>MILAYNA SUBAR, MD   |                       |   | Date of Receipt   |
|          | Mailing Address 11 RIVERSIDE DRIVE #8CE  |                       |   | 0 6 0 5 2 0 1 0   |
|          | City<br>NEW YORK   | State<br>NY           | Zip Code<br>10023   | Transaction ID: INC.A.82216  Amount of Each Receipt this Period |
|          | FEC ID number of contributing federal political committee.   | C                     | 1 1 1 1 1   | 30.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP NATI  | n<br>ONAL PRACTICE LEADER   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼ 390.00   |   |
|          | SUBTOTAL of Receipts This Page (optional)  |                       |   | 105.00  |
|          | TOTAL This Period (last page this line number of   | only)                 |   |   |

|          | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 166 / 409 (check only one)    X           |
|----------|--|--------------------|---|---|
| A<br>0   | ny information copied from such Reports and S<br>r for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. I | e name and ad      | dress of any political committee to                                     | o solicit contributions from such committee.                    |
| $\angle$ |  | POLITICAL          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAG)  |
| ۸.       | Full Name (Last, First, Middle Initial) MRS WILARENE SUGGS Mailing Address 5111 FLUSS CV N   |                    |   | Date of Receipt   |
|          |  |                    |   | 06 05 2010  |
|          | City<br>BARTLETT   | State<br>TN        | Zip Code<br>38018   | Transaction ID: INC.A.81943  Amount of Each Receipt this Period |
|          | FEC ID number of contributing federal political committee.   | C                  |   | 25.00   |
|          | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR SPE | n<br>ECIALTY OPS CUST SVC   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>275.00  |   |
| _        | Full Name (Last, First, Middle Initial)<br>MS COLEEN SULLIVAN  |                    |   | Date of Receipt   |
|          | Mailing Address 38 BARKMILL TERRA  | CE                 |   | 06 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
|          | City   | State              | Zip Code  | Transaction ID: INC.A.82063                                     |
|          | MONTVILLE  | NJ                 | 07045   | Amount of Each Receipt this Period                              |
|          | FEC ID number of contributing federal political committee.   | С                  |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR  | on<br>TECHNOLOGY  |   |
|          | Receipt For: Primary General   | Aggregate          | e Year-to-Date  |   |
|          | Other (specify)  |                    | 325.00  |   |
|          | Full Name (Last, First, Middle Initial)<br>MR MARK SULLIVAN  | I                  |   | Date of Receipt   |
|          | Mailing Address 16025 PINE VALE PL   |                    |   | 06 05 YYYYY 2010  |
|          | City   | State              | Zip Code  | Transaction ID: INC.A.81668                                     |
|          | MIDLOTHIAN   | VA                 | 23113   | Amount of Each Receipt this Period                              |
|          | FEC ID number of contributing federal political committee.   | C                  |   | 50.00   |
|          | Name of Employer MEDCO HEALTH SOLUTIONS  |                    | SS PROCESS SPECIALIST   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 650.00   | ]   |
|          | SUBTOTAL of Receipts This Page (optional)  |                    |   | 100.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | SX)                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 167 / 409 (check only one)    X  |
|--|--------------------------------|---|--|
| Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS II  | ng the name and add            | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                        |
| Full Name (Last, First, Middle Initial) MR FREDERICK SUMNER Mailing Address 808 HOLLYWOO  City HO-HO-KUS FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)               | State NJ C Occupation SR DIR F | Zip Code<br>07423<br>n<br>PROJECT MGMT<br>e Year-to-Date ▼                    | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81747  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial)  MS IRENE SUTTON  Mailing Address 20 AVENUE @ Part 209  City  WEST NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State NJ C Occupation SR DIR 1 | Zip Code<br>07093   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81756  Amount of Each Receipt this Period  40.00 |
| Full Name (Last, First, Middle Initial)  MR TIMOTHY SWETT  Mailing Address 8362 GOLDEN Pl  City  TAMPA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify)              | State FL  C  Occupation VP/GM  | Zip Code<br>33647<br>n<br>• Year-to-Date ▼                                    | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81801  Amount of Each Receipt this Period  50.00 |
| SUBTOTAL of Receipts This Page (option  TOTAL This Period (last page this line nu  |                                | •   | 115.00   |

|          | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 168 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 17          |
|----------|--|---|---|---|
| A        | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | Statements ma<br>e name and ad                | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | POLITICAL /                                   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) NICOLETTE TAPAY  |   |   | Date of Receipt   |
|          | Mailing Address 1338 KENYON ST. N.   | .W.   |   | 06 05 2010  |
|          | City   | State   | Zip Code  | Transaction ID: INC.A.82231   |
|          | WASHINGTON   | DC  | 20010   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                                       | C   |   | 60.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP GOV                             | n<br>ERNMENT AFFAIRS  |   |
|          | Receipt For:  Primary General  | Aggregate                                     | e Year-to-Date ▼  |   |
|          | Primary ☐ General Other (specify) ▼  |   | 780.00  |   |
| —<br>В.  | Full Name (Last, First, Middle Initial)<br>MR NICHOLAS TAYLOR                                    |   |   | Date of Receipt   |
|          | Mailing Address 2847 NORTHWEST E   | 0 6 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
|          | City   | State   | Zip Code  | Transaction ID: INC.A.82092   |
|          | UPPER ARLINGTON  | OH  | 43221   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                                       | C   |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CLIN                           | n<br>NICAL SVCS   |   |
|          | Receipt For:  Primary  General   | Aggregate                                     | e Year-to-Date ▼  | ,   |
|          | Other (specify)  |   | 325.00  |   |
| С.<br>С. | Full Name (Last, First, Middle Initial)<br>AMI THAKKAR   |   |   | Date of Receipt   |
|          | Mailing Address 1040 W ADAMS STR<br>UNIT 248   | EET   |   | 06 / 05 / Y Y Y Y Y Y   |
|          | City<br>CHICAGO  | State<br>IL                                   | Zip Code  | Transaction ID: INC.A.82109   |
|          | FEC ID number of contributing  |   | 60607   | Amount of Each Receipt this Period  |
|          | federal political committee.   | C   |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | <del>, '</del>                                | CLINICAL SVCS   |   |
|          | Receipt For: Primary General   | Aggregate                                     | e Year-to-Date ▼  | ,   |
|          | Other (specify)  |   | 325.00  |   |
| ſ,       | SUBTOTAL of Receipts This Page (optional)  | 1   |   | 110.00  |
|          | OTAL This Period (last page this line number   |   | <u> </u>  |   |

| ITEMIZED R                             | A (FEC Form 3X)<br>ECEIPTS                                |                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 169 / 409   (check only one)  |
|--|---|----------------------------------|---|---|
| Any information copor for commercial p | pied from such Reports and Surposes, other than using the | Statements may<br>e name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| \                                      | MITTEE (In Full)<br>LTH SOLUTIONS INC. I                  | POLITICAL A                      | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last<br>MR BOOBALAN         | , First, Middle Initial)<br>THANGAVELU                    |                                  |   | Date of Receipt   |
| Mailing Address                        | 13 BIRCH TERRACE  |                                  |   | 06 05 2010  |
| City<br>MT ARLINGT                     | ON  | State<br>NJ                      | Zip Code<br>07856   | Transaction ID: INC.A.82121  Amount of Each Receipt this Period                             |
| FEC ID number federal political        | of contributing   | C                                |   | 25.00   |
| Name of Employ<br>MEDCO HEAL           | ver<br>TH SOLUTIONS                                       | Occupation TECHNIC               | n<br>CAL SPECIALIST   |   |
| Receipt For: Primary Other (spe        | General ecify) ▼  | Aggregate                        | e Year-to-Date ▼ 325.00   |   |
| Full Name (Last                        | , First, Middle Initial)                                  |                                  |   | Date of Receipt   |
| Mailing Address                        | 27 GARVEY ROAD  |                                  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>WAYNE                          |   | State<br>NJ                      | Zip Code<br>07470   | Transaction ID: INC.A.81764  Amount of Each Receipt this Period                             |
| FEC ID number federal political of     |   | C                                | 0,110   | 25.00   |
| Name of Employ<br>MEDCO HEAL           | yer<br>TH SOLUTIONS                                       | Occupation SR DIR F              | n<br>PRODUCT MGMT   |   |
| Receipt For: Primary Other (spe        | General ecify) ▼  | <del>, '</del>                   | e Year-to-Date ▼<br>325.00  |   |
| Full Name (Last                        | , First, Middle Initial)                                  |                                  |   | Date of Receipt   |
| Mailing Address                        |   |                                  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>EVANSTON                       |   | State<br>IL                      | Zip Code<br>60202   | Transaction ID: INC.A.81676  Amount of Each Receipt this Period                             |
| FEC ID number federal political of     |   | C                                | 00202   | 25.00   |
| Name of Employ<br>MEDCO HEAL           | ver<br>TH SOLUTIONS                                       | Occupation SR DIR A              | n<br>ACCT MGMT OPS  |   |
| Receipt For: Primary Other (spe        | General ecify) ▼  | Aggregate                        | e Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Re                         | eceipts This Page (optional)                              | 1                                |   | 75.00   |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 170 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 17          |
|----|--|--------------------------------|--|---|
|    | Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL A                    | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial) MS MARY THORSBY Mailing Address 17326 FILEN DR                                   |                                |  | Date of Receipt   |
|    |  | Chata                          | 7:a Code   | 06 05 2010  |
|    | City<br><u>LIVONIA</u>   | State<br>MI                    | Zip Code<br>48152  | Transaction ID: INC.A.81822  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.   | C                              |  | 75.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR NAT              | n<br>L ACCT EXEC   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼ 975.00  |   |
| В. | Full Name (Last, First, Middle Initial) DREW THRAEN  | 1                              |  | Date of Receipt   |
|    | Mailing Address 63 STILES AVE  |                                |  | 0 6 0 5 2 0 1 0   |
|    | City   | State                          | Zip Code   | Transaction ID: INC.A.82182   |
|    | MORRIS PLAINS FEC ID number of contributing  | NJ                             | 07950  | Amount of Each Receipt this Period  |
|    | federal political committee.   | C                              |  | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR OPS             |  |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>325.00   | ]   |
| C. | Full Name (Last, First, Middle Initial)<br>MR WILLIAM TOBIN  |                                |  | Date of Receipt   |
|    | Mailing Address 838 COLONIAL RD  |                                |  | 0 6 0 5 2 0 1 0   |
|    | City   | State                          | Zip Code   | Transaction ID: INC.A.81683   |
|    | FRANKLIN LAKES  FEC ID number of contributing federal political committee.   | C                              | 07417  | Amount of Each Receipt this Period  50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP BEN              | erit systems support   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>650.00   |   |
|    | SUBTOTAL of Receipts This Page (optional) .  |                                |  | 150.00  |
|    | TOTAL This Period (last page this line numbe   |                                | <u> </u>   |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | <b>.)</b>        | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 171 / 409 (check only one)    X            |
|---|------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC | the name and add | dress of any political committee to                                     | solicit contributions from such committee.                       |
| Full Name (Last, First, Middle Initial) MRS CHINNERETH TORRACA Mailing Address 95 ERNST AVENUE  | <b>=</b>         |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y     |
| City  BLOOMFIELD  FEC ID number of contributing   | State<br>NJ      | Zip Code<br>07003   | Transaction ID: INC.A.81700  Amount of Each Receipt this Period  |
| Receipt For:  Primary  Other (specify)  General   | <del>- ' '</del> | n<br>ENT REQUIREMENTS<br>Year-to-Date ▼<br>275.00                       | 25.00  |
| Full Name (Last, First, Middle Initial) SHERRY TOWNSEND Mailing Address 1327 FAIRWAY FO   | REST DRIVE E     | EAST  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y |
| City<br>CORDOVA   | State<br>TN      | Zip Code<br>38016   | Transaction ID: INC.A.82255  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                |   | 25.00  |
| Name of Employer ACCREDO HEALTH GROUP Receipt For:  | _ '              | RMACY PRACTICE  |  |
| Primary General Other (specify) ▼   | Aggregate        | Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial) MR DAVID TRICE  |                  |   | Date of Receipt  |
| Mailing Address 150 BRADFORD DF   | ₹.<br>           |   | 06 05 2010   |
| City<br>SCHWENKSVILLE   | State<br>PA      | Zip Code<br>19473   | Transaction ID: INC.A.81636  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                |   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | <del></del>      | CAL SPECIALIST  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate        | Year-to-Date ▼ 325.00   |  |
|   |                  |   |  |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 172 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|----------|---|--------------------------------|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                                    |
|          | MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL                      | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α.       | Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER  Mailing Address 713 INDIAN CREEK F                               | RD                             |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
|          | City<br>AMHERST   | State<br>VA                    | Zip Code<br>24521   | Transaction ID: INC.A.81921  Amount of Each Receipt this Period                   |
|          | FEC ID number of contributing federal political committee.  | C                              |   | 120.00  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              | n<br>GOVERNMENT AFFAIRS   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>1260.00   |   |
| 3.       | Full Name (Last, First, Middle Initial) MR GARY TULLY Mailing Address 16 FIELDHEDGE DRI                                     | VF                             |   | Date of Receipt   |
|          |   |                                | 7. 0.1.   | 06 05 2010  |
|          | City<br>HILLSBOROUGH  | State<br>NJ                    | Zip Code<br>08844   | Transaction ID: INC.A.82071  Amount of Each Receipt this Period                   |
|          | FEC ID number of contributing federal political committee.  | C                              |   | 30.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                                | ENT SVC DELIVERY  |   |
|          | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼<br>390.00  |   |
| ).<br>O. | Full Name (Last, First, Middle Initial) MS DENISE TULP  | •                              |   | Date of Receipt   |
|          | Mailing Address 273 STEVES LN   |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
|          | City<br>FRANKLIN LAKES  | State<br>NJ                    | Zip Code<br>07417   | Transaction ID: INC.A.81874  Amount of Each Receipt this Period                   |
|          | FEC ID number of contributing federal political committee.  | C                              |   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP SAFE             |   |   |
|          | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼<br>650.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   |                                |   | 200.00  |
|          | TOTAL This Period (last page this line number   | only)                          |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 173 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 16            |
|--|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.) | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)  MR JEFFREY TYLER  Mailing Address 37 KNOLL TERRACE  City  HAZLET  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code NJ 07730  C  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date   400.01  | Date of Receipt    M   M   D   D   C   C   C   C   |
| Full Name (Last, First, Middle Initial) JEFF ULANET Mailing Address 8803 BELMART RD  City POTOMAC  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)             | State Zip Code MD 20854  C  Occupation VP BUS DEV - ONCOLOGY  Aggregate Year-to-Date   425.00                                    | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
| Full Name (Last, First, Middle Initial) MR KEITH URICH Mailing Address 12495 SOUTH 1745  City DRAPER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)        | State Zip Code UT 84020  C  Occupation REGIONAL VP SALES-SYSTEMED Aggregate Year-to-Date  325.00                                 | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
| SUBTOTAL of Receipts This Page (optional)  |  | 80.77  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 174 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|---------|--|--------------------------------|---|---|
|         | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements ma<br>e name and ad | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.  | POLITICAL A                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α.      | Full Name (Last, First, Middle Initial)<br>MRS JENNIFER UTTERDYKE                              |                                |   | Date of Receipt   |
|         | Mailing Address 1881 GREENTREE R   | OAD                            |   | 06 05 4 2010  |
|         | City<br>LEBANON  | State<br>OH                    | Zip Code<br>45036   | Transaction ID: INC.A.81770  Amount of Each Receipt this Period                           |
|         | FEC ID number of contributing federal political committee.                                     | C                              | 1000  | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR MEI             | n<br>DICATION SAFETY/QUALIT   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>850.00  |   |
| –<br>В. | Full Name (Last, First, Middle Initial) MS CARA VAN ZILE                                       |                                |   | Date of Receipt   |
|         | Mailing Address 31 LINCOLN RD  |                                |   | 06 05 2010  |
|         | City<br>KINNELON   | State<br>NJ                    | Zip Code  | Transaction ID: INC.A.81814   |
|         | FEC ID number of contributing federal political committee.                                     | C                              | 07405   | Amount of Each Receipt this Period  50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC D              | n<br>IR ANALYTICAL SVCS   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼ 650.00   |   |
| _<br>С. | Full Name (Last, First, Middle Initial)<br>MRS MICHELLE VANCURA                                |                                |   | Date of Receipt   |
|         | Mailing Address W328 S4230 SPRING  | RIDGE                          |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City<br>WAUKESHA   | State<br>WI                    | Zip Code<br>53189   | Transaction ID: INC.A.82242  Amount of Each Receipt this Period                           |
|         | FEC ID number of contributing federal political committee.                                     | C                              | 33109   | 192.00  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & G             | n<br>ENERAL MGR   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>2496.00   |   |
|         | SUBTOTAL of Receipts This Page (optional) .  |                                | <b>.</b>  | 292.00  |
|         | TOTAL This Period (last page this line number  |                                | <u> </u>  |   |

|                     | HEDULE A (FEC Form 3X)  MIZED RECEIPTS  |                             | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 175 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|---------------------|---|-----------------------------|--|---|
| or fo               | information copied from such Reports and Sor commercial purposes, other than using the          | tatements ma<br>name and ad | y not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|                     | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL                   | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| <b>A</b> . <u>1</u> | Full Name (Last, First, Middle Initial) MRS JEANNINE VANKLEECK Mailing Address 56 ZIMMER AVENUE |                             |  | Date of Receipt   |
| -                   | Mailing Address 56 STIMINER AVENUE  |                             |  | 06 05 4 2010  |
|                     | Dity DARK   | State                       | Zip Code   | Transaction ID: INC.A.81705   |
| -                   | MIDLAND PARK  | NJ                          | 07432  | Amount of Each Receipt this Period  |
|                     | FEC ID number of contributing ederal political committee.                                       | C                           |  | 25.00   |
| _                   | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR FINA         | n<br>ANCIAL APPLICATIONS   |   |
| F                   | Receipt For:  | Aggregate                   | e Year-to-Date ▼   |   |
|                     | Primary General Other (specify) ▼   |                             | 325.00   |   |
|                     | Full Name (Last, First, Middle Initial)<br>MR NICHOLAS VASILOPOULOS                             |                             |  | Date of Receipt   |
| <u></u>             | Mailing Address 105 ARRANDALE RD  |                             |  | 06 05 2010  |
|                     | Dity  | State                       | Zip Code   | Transaction ID: INC.A.81914   |
| _                   | ROCKVILLE CENTRE  | NY                          | 11570  | Amount of Each Receipt this Period  |
|                     | FEC ID number of contributing ederal political committee.                                       | C                           |  | 50.00   |
| 1                   | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP MKT         |  |   |
| F                   | Receipt For: Primary General  | Aggregate                   | e Year-to-Date ▼   |   |
|                     | Other (specify) ▼   |                             | 650.00   |   |
|                     | Full Name (Last, First, Middle Initial)<br>MR WIL VELARDE                                       |                             |  | Date of Receipt   |
| Ņ                   | Mailing Address 443 WEST SADDLE F   | RIVER RD                    |  | 0 6 0 5 2 0 1 0   |
|                     | City  | State                       | Zip Code   | Transaction ID: INC.A.81754   |
| _                   | JPPER SADDLE RIVER  | NJ                          | 07458  | Amount of Each Receipt this Period  |
|                     | FEC ID number of contributing ederal political committee.                                       | C                           |  | 30.00   |
| _                   | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR           | on<br>PRODUCT  |   |
| F                   | Receipt For:  | Aggregate                   | e Year-to-Date ▼   |   |
|                     | Primary General Other (specify) ▼   |                             | 390.00   |   |
| SU                  | BTOTAL of Receipts This Page (optional)   | 1                           |  | 105.00  |
|                     | TAL This Period (last page this line number   |                             |  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 176 / 409 (check only one)    X   11a  |
|---|----------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | e name and add                   | dress of any political committee to   | o solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE  Mailing Address 201 WATCHUNG AVI UNIT #17  City BLOOMFIELD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General                             | State NJ  C  Occupation SR DIR ( | COMPLIANCE<br>e Year-to-Date ▼  | Date of Receipt  M M M O D D O 2010  Transaction ID: INC.A.81750  Amount of Each Receipt this Period  25.00    |
| Other (specify) ▼  Full Name (Last, First, Middle Initial) MR GORDON VICKERS  Mailing Address 436 MOUNTAIN AVEI  City WESTFIELD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼ | State NJ  C  Occupation NATL AC  | Zip Code<br>07090<br>CCT EXEC<br>e Year-to-Date ▼                             | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6  |
| Full Name (Last, First, Middle Initial) MR MUNISH VIJ Mailing Address 11 BOULDER TRAIL  City MAHWAH  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                                | <del>- '</del>                   | Zip Code<br>07430<br>n<br>cHNOLOGY<br>e Year-to-Date ▼                        | Date of Receipt  M M M O D D O 2 0 1 0  Transaction ID: INC.A.82123  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional) .   |                                  |   | 75.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 177 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16                               |
|--|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | tatements may not be sold or used by any person<br>name and address of any political committee to so<br>POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial)  MR STEVEN VREELAND  Mailing Address 19 ANNA STREET  City  DENVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code NJ 07834  C  Occupation DIR TECHNOLOGY Aggregate Year-to-Date  325.00   | Date of Receipt  M M J D D J Z D 1 0  Transaction ID: INC.A.82158  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MS ANNETTE WAGNER Mailing Address 8 INDIAN RUN ROAD  City LONG VALLEY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07853  C  Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MR DANIEL WALDEN Mailing Address 450 BEECHMONT DR  City NEW ROCHELLE FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:                                   | State Zip Code NY 10804  C  Occupation SVP REGULATORY & MC PROGRAM Aggregate Year-to-Date  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)   | 2500.03  | 242.31   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | ^)                                       | Use separate schedule(s) for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 1/8 / 409   (check only one)  |
|--|--|--|---|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may<br>g the name and add | not be sold or used by any persolress of any political committee to        | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                  | IC. POLITICAL A                          | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MS THERESE WALKER                              |  |  | Date of Receipt   |
| Mailing Address 363 MULBERRY (   | CT                                       |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>WYCKOFF  | State<br>NJ                              | Zip Code<br>07481  | Transaction ID: INC.A.81657   |
| FEC ID number of contributing federal political committee.                             | C  | 07401  | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR F                      | PRODUCT MGMT   |   |
| Receipt For:  Primary General  Other (specify) ▼                                       |  | Year-to-Date ▼ 325.00  |   |
| Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE                             |  |  | Date of Receipt   |
| Mailing Address 5445 GOODWIN   | AVENUE                                   |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>DALLAS   | State<br>TX                              | Zip Code<br>75206  | Transaction ID: INC.A.82126   |
| FEC ID number of contributing federal political committee.                             | C  | 73200  | Amount of Each Receipt this Period  192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SALE                       | S SEGMENT LEADER   |   |
| Receipt For:  Primary General  Other (specify) ▼                                       |  | Year-to-Date ▼<br>2500.03  |   |
| Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE                              |  |  | Date of Receipt   |
| Mailing Address 5 APPLE ORCHA  | RD RD                                    |  | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| City<br>MOORESTOWN   | State<br>NJ                              | Zip Code<br>08057  | Transaction ID: INC.A.81928   |
| FEC ID number of contributing federal political committee.                             | C  | 00037  | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM                         | ١  |   |
| Receipt For:  Primary General  Other (specify) ▼                                       | <del>- + +</del>                         | Year-to-Date ▼<br>1300.00  |   |
| SUBTOTAL of Receipts This Page (option   | l l                                      |  | 267.31  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | ν,                                    | Use separate schedule(s) for each category of the<br>Detailed Summary Page | Check only one)   |
|--|---------------------------------------|--|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add | not be sold or used by any persodress of any political committee to        | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a  | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) LYNETTE WASHINGTON                               |                                       |  | Date of Receipt   |
| Mailing Address 4272 MELWOOD (   | DAK DR                                |  | 06 05 Y Y Y Y Y Y   |
| City   | State                                 | Zip Code   | Transaction ID: INC.A.82256   |
| LAKELAND   | TN                                    | 38002  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                                     |  | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR TRC                    |  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 325.00  |   |
| Full Name (Last, First, Middle Initial) MS CATHERINE WASSON                              |                                       |  | Date of Receipt   |
| Mailing Address 3912 CALLE ANDA  | ALUCIA                                |  | 0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                 | Zip Code   | Transaction ID: INC.A.81686   |
| SAN CLEMENTE   | CA                                    | 92673  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                                     |  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP NATL                    |  |   |
| Receipt For:   | Aggregate                             | Year-to-Date ▼   |   |
| Primary General Other (specify) ▼  | 0 0                                   | 650.00   |   |
| Full Name (Last, First, Middle Initial) MS BEVERLY WATSON                                | I                                     |  | Date of Receipt   |
| Mailing Address 2 MICHELANGELC   | COURT                                 |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                 | Zip Code   | Transaction ID: INC.A.81970   |
| SOMERSET   | NJ                                    | 08873  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                                     |  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | <del>- ' '</del>                      | EFIT DELIVERY SYSTEMS  |   |
| Receipt For:    Primary   General  | Aggregate                             | Year-to-Date ▼   | ,   |
| Other (specify) ▼  |                                       | 325.00   |   |
|  | l                                     |  | 100.00  |

|                        | PULE A (FEC Form 3X<br>ED RECEIPTS  | )                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 180 / 409   (check only one)  |
|------------------------|---|---------------------|---|---|
| Any inform or for comr | ation copied from such Reports and nercial purposes, other than using the state of | d Statements may    | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| 1 \                    | OF COMMITTEE (In Full) O HEALTH SOLUTIONS INC   | . POLITICAL A       | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
|                        | me (Last, First, Middle Initial)<br>ERMAN WEAVER  |                     |   | Date of Receipt   |
| Mailing                | Address 4940 BAYBERRY D   | RIVE                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>CUMM           | IING  | State<br>GA         | Zip Code<br>30040   | Transaction ID: INC.A.82172  Amount of Each Receipt this Period                             |
| FEC ID                 | number of contributing political committee.   | C                   | 00070   | 26.00   |
| Name o                 | f Employer<br>D HEALTH SOLUTIONS  | Occupation SR DIR [ |   |   |
|                        | For: rimary General ther (specify) ▼  |                     | e Year-to-Date ▼ 338.00   |   |
|                        | me (Last, First, Middle Initial)  |                     |   | Date of Receipt   |
|                        | Address 107 UPPER SADDL   | E RIVER ROA         | VD  | 0 6 0 5 2 0 1 0   |
| City<br>MONT           | ·VΔΙ Ε  | State<br>NJ         | Zip Code<br>07645   | Transaction ID: INC.A.81902  Amount of Each Receipt this Period                             |
| FEC ID                 | number of contributing political committee.   | C                   | 07040   | 100.00  |
| Name o                 | f Employer<br>D HEALTH SOLUTIONS  | Occupation VP COR   |   |   |
|                        | For: rimary General ther (specify) ▼  |                     | e Year-to-Date ▼<br>1300.00   |   |
| Full Nar               | me (Last, First, Middle Initial)<br>VEGRYN  |                     |   | Date of Receipt   |
| -                      | Address 1717 DYMOKE DRI   | VE                  |   | M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| City                   | ERVILLE   | State<br>TN         | Zip Code<br>38017   | Transaction ID: INC.A.81859   |
| FEC ID                 | number of contributing political committee.   | C                   | 30017   | Amount of Each Receipt this Period  25.00   |
| Name o                 | f Employer<br>EDO HEALTH GROUP  | Occupation AVP QA   | n<br>AND PRODUCT INTEGRAT   |   |
|                        | For: rimary General ther (specify) ▼  | <del>- , '</del>    | e Year-to-Date ▼<br>325.00  |   |
| SUBTOTA                | AL of Receipts This Page (optional)   | )                   |   | 151.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 181 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  |
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| or for commercial purposes, other than using t  NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any person he name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) LOWELL WEINER  Mailing Address 1 BURGESS COUR  City WESTFIELD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State Zip Code NJ 07090  C  Occupation VP CORP COMMUNICATIONS  Aggregate Year-to-Date ▼  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82187  Amount of Each Receipt this Period  50.00                   |
| Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH Mailing Address 309 WATERVIEW D  City FRANKLIN LAKES  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:     |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR KENNETH WERMES Mailing Address 26037 N WRANGLE  City SCOTTSDALE  FEC ID number of contributing federal political committee.                                | 2500.03  R RD  State Zip Code AZ 85255  C  | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 0 5 2 0 1 0  Transaction ID: INC.A.81888  Amount of Each Receipt this Period  100.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  | Occupation VP/GM  Aggregate Year-to-Date ▼  1200.00  | 342.31   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 182 / 409 (check only one)    X                  |  |  |
|--|--|---|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | e name and add   | dress of any political committee to                                     | solicit contributions from such committee.                             |  |  |
| Full Name (Last, First, Middle Initial)  MR PETER WHITE  Mailing Address 2241 E. PINCHOT AV  #17F  City  | MR PETER WHITE  Mailing Address 2241 E. PINCHOT AVE.  #17F   |   |  |  |  |
| PHOENIX  FEC ID number of contributing federal political committee.  | State<br>AZ  | Zip Code<br>85016   | Transaction ID: INC.A.81669  Amount of Each Receipt this Period  25.00 |  |  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | <del>-, '</del>  | ACCT MGMT OPS  Year-to-Date   325.00                                    |  |  |  |
| Full Name (Last, First, Middle Initial) MRS TAMARA WHITLEY Mailing Address 5847 CLENDENIN AV   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |  |  |  |
| City  DALLAS  FEC ID number of contributing federal political committee.   | State<br>TX  | Zip Code<br>75228   | Transaction ID: INC.A.81650  Amount of Each Receipt this Period  25.00 |  |  |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼   |  | n<br>SINESS REQUIREMENTS<br>• Year-to-Date ▼<br>350.00                  |  |  |  |
| Full Name (Last, First, Middle Initial) MR STEPHEN WILKINS, SR Mailing Address 1916 ALSTON   |  |   | Date of Receipt  |  |  |
| City ARLINGTON FEC ID number of contributing federal political committee.  | State<br>TX  | Zip Code<br>76013   | Transaction ID: INC.A.81981  Amount of Each Receipt this Period  15.00 |  |  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary Other (specify)  | <del></del>  | n<br>SINESS PLANNING<br>• Year-to-Date ▼                                | 1  |  |  |
| SUBTOTAL of Receipts This Page (optional) .  |  | 0 0 0 0 0 0 0   | 65.00  |  |  |

|            | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 183 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|------------|---|--|---|--|
| 4          | Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | tatements ma<br>name and ad  | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions                                     |
|            | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL /  | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| <b>4</b> . | Full Name (Last, First, Middle Initial) MR CHRISTOPHER WILSON Mailing Address 2 TIFFANY ROAD                                      | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |   |  |
|            | City<br>MORRISTOWN  | State<br>NJ  | Zip Code<br>07960   | Transaction ID: INC.A.81856  Amount of Each Receipt this Period                    |
|            | FEC ID number of contributing federal political committee.  | C  |   | 50.00  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP MKT  |   | 7  |
|            | Receipt For:  Primary  General  Other (specify)   | Aggregate  | e Year-to-Date ▼ 650.00   |  |
| _<br>3.    | Full Name (Last, First, Middle Initial) MS COLETTE WILSON   |  |   | Date of Receipt  |
|            | Mailing Address 16608 56TH PL W   | 06 05 7 2010   |   |  |
|            | City<br>LYNNWOOD  | State<br>WA  | Zip Code<br>98037   | Transaction ID: INC.A.81787  Amount of Each Receipt this Period                    |
|            | FEC ID number of contributing federal political committee.  | C  |   | 25.00  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR NATI   | n<br>L ACCT EXEC  | 7  |
|            | Receipt For:  Primary General  Other (specify) ▼  | Aggregate  | e Year-to-Date ▼<br>325.00  |  |
| -<br>;.    | Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER  Mailing Address 17 LYNWOOD RD   |  |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
|            | City  | State  | Zip Code  | Transaction ID: INC.A.82000  |
|            | VERONA FEC ID number of contributing federal political committee.   | C  | 07044   | Amount of Each Receipt this Period  25.00  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR DIR  | n<br>ORG DEV  | 7  |
|            | Receipt For:  Primary General  Other (specify) ▼  | . '  | e Year-to-Date ▼ 325.00   |  |
|            | SUBTOTAL of Receipts This Page (optional)   | 1  |   | 100.00   |
|            | TOTAL This Period (last page this line number   | only)  | ······································                                    |  |

|                   | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 184 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|-------------------|--|--------------------|---|---|
|                   | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and ad        | dress of any political committee to   | solicit contributions from such committee.  |
| . ∠<br><b>.</b> . | Full Name (Last, First, Middle Initial) JAMES WINTRAUB   | OLITIOAL I         | HOTTON COMMITTEE (a.n.a   | Date of Receipt   |
| ٠.                | Mailing Address 2166 BROADWAY AF   | 0 6 0 5 2 0 1 0    |   |   |
|                   | City<br>NEW YORK   | State<br>NY        | Zip Code<br>10024   | Transaction ID: INC.A.82190  Amount of Each Receipt this Period                   |
|                   | FEC ID number of contributing federal political committee.   | C                  | 10024   | 25.00   |
|                   | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CRE | n<br>EATIVE DEVELOPMENT   |   |
|                   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 325.00   |   |
| 3.                | Full Name (Last, First, Middle Initial) MARY JANE WISEMAN Mailing Address 33 KNOLL ROAD  | Date of Receipt    |   |   |
|                   |  | 06 05 2010         |   |   |
|                   | City<br>WAYNE  | State<br>NJ        | Zip Code<br>07470   | Transaction ID: INC.A.82278  Amount of Each Receipt this Period                   |
|                   | FEC ID number of contributing federal political committee.   | C                  |   | 25.00   |
|                   | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP NUR  | n<br>SING SVCS  |   |
|                   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 325.00   |   |
|                   | Full Name (Last, First, Middle Initial) MR MICHAEL WISNIEWSKI Mailing Address 23 DRUID HILL DR   |                    |   | Date of Receipt  0 6 0 5 2 0 1 0  |
|                   | City   | State              | Zip Code  | Transaction ID: INC.A.82064   |
|                   | PARSIPPANY   | NJ                 | 07054   | Amount of Each Receipt this Period  |
|                   | FEC ID number of contributing federal political committee.   | С                  |   | 25.00   |
|                   | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR  | <sup>in</sup><br>CONTRACT ADMINISTRATI  | ON  |
|                   | Receipt For:  Primary  General  Other (specify) ▼  | Aggregate          | e Year-to-Date ▼ 325.00   |   |
|                   | SUBTOTAL of Receipts This Page (optional)  |                    |   | 75.00   |
|                   | TOTAL This Period (last page this line number  | only)              |   |   |

| ITEMIZED                                     | E A (FEC Form 3X)<br>RECEIPTS                                |  | Use separate schedule(s) for each category of the Detailed Summary Page                               | FOR LINE NUMBER: PAGE 185 / 409 (check only one)    X                                       |
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| or for commercial                            | I purposes, other than using th<br>DMMITTEE (In Full)        | e name and add   | y not be sold or used by any person<br>dress of any political committee to<br>ACTION COMMITTEE (a.k.a | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| MR STEPHEN                                   | ist, First, Middle Initial)<br>I WOGEN<br>ss 145 WAUGHAW ROA | Date of Receipt  |   |   |
| City   | 143 WAOGIIAW NO/   | State  | Zip Code  | 0 6 0 5 2 0 1 0 Transaction ID: INC.A.81795   |
|  | er of contributing   | NJ<br>C  | 07082   | Amount of Each Receipt this Period 50.00  |
| federal politica<br>Name of Emp<br>MEDCO HEA | al committee.<br>loyer<br>ILTH SOLUTIONS                     | Occupatio  | n<br>ANCIAL & ANALYTICAL SV   |   |
| Receipt For: Primary Other (s                | General pecify) ▼  | Aggregate  | e Year-to-Date ▼<br>650.00  |   |
| MRS ELISSA \                                 | st, First, Middle Initial) NOJTOWICZ, RPH ss 43 AZALEA PLACE | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y |   |   |
| City   |  | State  | Zip Code  | Transaction ID: INC.A.81684   |
| PISCATAW<br>FEC ID numb<br>federal politica  | er of contributing   | C  | 08854   | Amount of Each Receipt this Period  30.00   |
| Name of Emp<br>MEDCO HEA                     | loyer<br>LTH SOLUTIONS                                       | Occupatio<br>SR DIR I  |   |   |
| Receipt For: Primary Other (s                | General pecify) ▼  | Aggregate  | e Year-to-Date ▼ 390.00   |   |
| Full Name (La<br>MS JUDITH W                 | ast, First, Middle Initial)<br>'OOD                          |  |   | Date of Receipt   |
| Mailing Addre                                | ss 76 COLONIAL ROAD  | )  |   | 06 / 05 / Y Y Y Y Y   |
| City<br><u>STILLWAT</u> I                    | FR   | State<br>NY  | Zip Code<br>12170   | Transaction ID: INC.A.82057  Amount of Each Receipt this Period                             |
| •  | er of contributing   | C  | 12170   | 25.00   |
| Name of Emp<br>MEDCO HEA                     | loyer<br>LLTH SOLUTIONS                                      | Occupatio<br>SR DIR /  | n<br>ACCT MGMT OPS  |   |
| Receipt For: Primary Other (s                | General <b>G</b> epecify) <b>▼</b>                           | Aggregate  | e Year-to-Date ▼ 325.00   |   |
| SURTOTAL of                                  | Receipts This Page (optional) .                              |  |   | 105.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | ^)  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 186 / 409   (check only one)            |  |  |
|---|---|---|---|--|--|
| Any information copied from such Reports a or for commercial purposes, other than using | and Statements may<br>g the name and add            | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions                  |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | IC. POLITICAL A                                     | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |  |  |
| Full Name (Last, First, Middle Initial) BRENDA WRIGHT                                   |   |   | Date of Receipt   |  |  |
| Mailing Address 1834 HUNTERS C  | Mailing Address 1834 HUNTERS CREEK DRIVE            |   |   |  |  |
| City<br>GERMANTOWN  | State<br>TN   | Zip Code<br>38138   | Transaction ID: INC.A.82259  Amount of Each Receipt this Period |  |  |
| FEC ID number of contributing federal political committee.                              | C   |   | 50.00   |  |  |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation VP QUAI                                  | n<br>LITY INTEGRITY HEALTH  |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del></del>   | Year-to-Date ▼ 650.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY                             | <b> </b>  |   | Date of Receipt   |  |  |
| Mailing Address 793 LINCOLN AVE   | M M / D D / Y Y Y Y Y O D O D O D O D O D O D O D O |   |   |  |  |
| City POMPTON LAKES  | State<br>NJ   | Zip Code<br>07442   | Transaction ID: INC.A.81746  Amount of Each Receipt this Period |  |  |
| FEC ID number of contributing federal political committee.                              | C   |   | 25.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR TEC                                  | n<br>HNOLOGY  |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | · · · · · · · · · · · · · · · · ·                   | Year-to-Date ▼<br>325.00  |   |  |  |
| Full Name (Last, First, Middle Initial) MS SARAH YINGLING                               |   |   | Date of Receipt   |  |  |
| Mailing Address 901 ST MARKS A  | VE  |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |  |  |
| City<br>WESTFIELD   | State<br>NJ   | Zip Code<br>07090   | Transaction ID: INC.A.81871                                     |  |  |
| FEC ID number of contributing federal political committee.                              | C   | 07090   | Amount of Each Receipt this Period  25.00                       |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR N                                 | n<br>MEDICARE OPS   |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del>- + -</del>                                    | Year-to-Date ▼ 325.00   |   |  |  |
| SUBTOTAL of Receipts This Page (option  |   |   | 100.00  |  |  |

|                        | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 187 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|------------------------|---|--|---|---|
|                        | Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P | name and ad  | dress of any political committee to   | solicit contributions from such committee.  |
| <b>∠</b><br><b>4</b> . | Full Name (Last, First, Middle Initial) MR DANIEL ZELEM, JR Mailing Address 219 SPOOK ROCK RE   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
|                        | City<br>SUFFERN   | State<br>NY  | Zip Code  | Transaction ID: INC.A.81957   |
|                        | FEC ID number of contributing federal political committee.  | C  | 10901   | Amount of Each Receipt this Period  50.00   |
|                        | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   |  | e Year-to-Date ▼  |   |
| -<br>3.                | Full Name (Last, First, Middle Initial) MS JILL ZELMAN Mailing Address 43604 EMERALD DUN  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |   |   |
|                        | City  | Transaction ID: INC.A.82019                                    |   |   |
|                        | <u>LEESBURG</u>   | VA   | 20176   | Amount of Each Receipt this Period  |
|                        | FEC ID number of contributing federal political committee.  | C  |   | 25.00   |
|                        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |  | CONSOLIDATION PLAN  |   |
|                        | Receipt For: Primary General Other (specify)  | Aggregate  | e Year-to-Date ▼ 325.00   |   |
|                        | Full Name (Last, First, Middle Initial) ANATOLY ZHELEZNYAK Mailing Address 5 DENISE COURT   |  |   | Date of Receipt   |
|                        | City  | State  | Zip Code  | 06 05 2010  |
|                        | MANALAPAN   | NJ   | 21p Code<br>07726   | Transaction ID: INC.A.82106  Amount of Each Receipt this Period                   |
|                        | FEC ID number of contributing federal political committee.  | С  |   | 25.00   |
|                        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>TECHNI  | n<br>CAL SPECIALIST   |   |
|                        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate  | e Year-to-Date ▼ 325.00   |   |
|                        | 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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 188 / 409 (check only one)    X   11a  |  |  |
|--|------------------------------------|---|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | e name and add                     | dress of any political committee to   | o solicit contributions from such committee.   |  |  |
| Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DR  City LOVELAND FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | State OH C Occupation VP/GM        | Zip Code<br>45140   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.81840  Amount of Each Receipt this Period  25.00 |  |  |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO  | 1 1                                | 650.00  | Date of Receipt  |  |  |
| Mailing Address 726 HIGH MOUNTAIN  City  FRANKLIN LAKES  FEC ID number of contributing federal political committee.  | State NJ                           | Zip Code<br>07417   | Transaction ID: INC.A.82132  Amount of Each Receipt this Period  25.00   |  |  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation<br>ASST CO<br>Aggregate |   |  |  |  |
| Full Name (Last, First, Middle Initial) REBECCA BRADFORD Mailing Address 205 SANDY OAKS DI   | REBECCA BRADFORD                   |   |  |  |  |
| City BOERNE FEC ID number of contributing federal political committee.   | State<br>TX                        | Zip Code<br>78015   | Transaction ID: INC.A.81629  Amount of Each Receipt this Period  1300.00   |  |  |
| Name of Employer LIBERTY MEDICAL  Receipt For:  Primary General Other (specify) ▼  | <del>- '</del>                     | VICE PRESIDENT, CALL C<br>Year-to-Date ▼<br>1300.00                           | CENTER OPE   |  |  |
| SUBTOTAL of Receipts This Page (optional) .  |                                    | )   | 1350.00  |  |  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 189 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16           |  |  |
|---|--|--|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  | ind Statements may not be sold or used by any perso g the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
| Full Name (Last, First, Middle Initial) KENT KERKHOF Mailing Address 2905 MALLARD LA  City GERMANTOWN FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP, INC. | ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `  | Date of Receipt    M M / D D D / 2 0 1 0   |  |  |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 1300.00   |  |  |  |
| Full Name (Last, First, Middle Initial) MS MICHELE AGNEW Mailing Address 2433 ANDERSON  | Date of Receipt  O 6 1 2 2 0 1 0   |  |  |  |
| City  | State Zip Code<br>NV 89044   | Transaction ID: INC.A.82339  |  |  |
| HENDERSON FEC ID number of contributing federal political committee.  | C  | Amount of Each Receipt this Period  12.50  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR HR  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00  |  |  |  |
| Full Name (Last, First, Middle Initial) MS CARMEN BERG  |  | Date of Receipt  |  |  |
| Mailing Address P O BOX 1373  |  |  |  |  |
| City<br>MEDICAL LAKE  | State Zip Code<br>WA 99022   | Transaction ID: INC.A.82697  Amount of Each Receipt this Period                          |  |  |
| FEC ID number of contributing federal political committee.  | C  | 12.50  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PHARM PRACTICE  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  325.00   |  |  |  |
| SUBTOTAL of Receipts This Page (option:   | al)  | 1325.00  |  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 190 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                              |
|--|--|--|
| or for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any person e name and address of any political committee to a POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR ANDREW BIDINOTTO Mailing Address 7728 GRACE DRIVE  City NORTH RICHLAND HIL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code TX 76182  C  Occupation BUSINESS PROCESS CHAMPION Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial)  MS CHRISTINE BIZARRO  Mailing Address 26 DAYLILY DRIVE  City  MOUNT LAUREL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code NJ 08054  C  Occupation VP HR  Aggregate Year-to-Date  390.00   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82844  Amount of Each Receipt this Period      |
| Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 6527 SHORBURGH I  City INDIANAPOLIS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)        | ORIVE  State Zip Code IN 46278  C  Occupation DIR PHARM PRACTICE  Aggregate Year-to-Date  650.00                                       | Date of Receipt  M M J D D J Z 2 0 1 0  Transaction ID: INC.A.82320  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number   |  | 52.50  |

| ITEMIZED RECEIPTS  | ()  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 191 / 409   (check only one)  |  |  |
|--|---|---|---|--|--|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may<br>the name and add       | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                              | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |
| Full Name (Last, First, Middle Initial) MS BARBARA CARIGAN                               |   |   | Date of Receipt   |  |  |
| Mailing Address 3898 ERVA ST.  | Mailing Address 3898 ERVA ST.               |   |   |  |  |
| City   | State<br>NV                                 | Zip Code  | Transaction ID: INC.A.82835   |  |  |
| LAS VEGAS  FEC ID number of contributing federal political committee.                    | C   | 89147   | Amount of Each Receipt this Period  25.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR HR                           | n   |   |  |  |
| Receipt For:  Primary  General  Other (specify)  |   | e Year-to-Date ▼ 650.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MR MARVEN CHIN                                   |   |   | Date of Receipt   |  |  |
| Mailing Address 1604 SNOWBERRY   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |  |  |
| City   | State<br>NJ                                 | Zip Code  | Transaction ID: INC.A.82823   |  |  |
| WILLIAMSTOWN  FEC ID number of contributing federal political committee.                 | C   | 08094   | Amount of Each Receipt this Period  12.50   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR QUA                          |   |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del>- ' '</del>                            | e Year-to-Date ▼<br>325.00  |   |  |  |
| Full Name (Last, First, Middle Initial) MRS MARLENE CLEMENT                              |   |   | Date of Receipt   |  |  |
| Mailing Address 42 MESQUITE VILLAGE CIR  |   |   | M M / D D / Y Y Y Y Y O D D / 2010  |  |  |
| City<br>HENDERSON  | State<br>NV                                 | Zip Code<br>89012   | Transaction ID: INC.A.82522   |  |  |
| FEC ID number of contributing federal political committee.                               | C   | 03012   | Amount of Each Receipt this Period  12.50   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CUS                          |   |   |  |  |
| Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼                                    | Aggregate                                   | e Year-to-Date ▼ 325.00   |   |  |  |
| SUBTOTAL of Receipts This Page (optiona  | l)  |   | 50.00   |  |  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 192 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |  |
|----|---|------------------|---|---|--|
|    | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad    | dress of any political committee to                                     | o solicit contributions from such committee.                                      |  |
|    | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL        | ACTION COMMITTEE (a.k.a   | а. меасо неакп РАС)   |  |
| A. | Full Name (Last, First, Middle Initial) MR JASON COLE   |                  |   | Date of Receipt   |  |
|    | Mailing Address 14917 E BELLA VIST  | 06 12 2010       |   |   |  |
|    | City<br><u>VERADALE</u>   | State<br>WA      | Zip Code<br>99037   | Transaction ID: INC.A.82538  Amount of Each Receipt this Period                   |  |
|    | FEC ID number of contributing federal political committee.  | C                |   | 25.00   |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM | on  |   |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate        | e Year-to-Date ▼<br>650.00  |   |  |
| В. | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 4156 DUNMORE DRI                               | Date of Receipt  |   |   |  |
|    | City  | 0 6 12 2010      |   |   |  |
|    | LAKE WALES  | State<br>FL      | Zip Code<br>33859   | Transaction ID: INC.A.82621  Amount of Each Receipt this Period                   |  |
|    | FEC ID number of contributing federal political committee.  | C                |   | 25.00   |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM | on  | 7   |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate        | e Year-to-Date ▼ 650.00   |   |  |
| C. | Full Name (Last, First, Middle Initial) MR PATRICK DENNIS   |                  |   |   |  |
|    | Mailing Address 2344 FRENCH ALPS  |                  |   |   |  |
|    | City<br>HENDERSON   | State<br>NV      | Zip Code<br>89044   | Transaction ID: INC.A.82451  Amount of Each Receipt this Period                   |  |
|    | FEC ID number of contributing federal political committee.  | С                |   | 12.50   |  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM | on  |   |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate        | e Year-to-Date ▼ 325.00   |   |  |
|    | SUBTOTAL of Receipts This Page (optional) .   | 1                |   | 62.50   |  |
|    | TOTAL This Period (last page this line numbe  | r only)          | ·   |   |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(<br>for each category of the<br>Detailed Summary Page               | (check drily drie)  |
|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F  | name and address of any political commi   | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.                          |
| Full Name (Last, First, Middle Initial)  MS TAMARA DIDYK  Mailing Address 136 BEAVER RUN RE  City  LAFAYETTE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code NJ 07848  C  Occupation DIR ENTERPRISE OPS  Aggregate Year-to-Date  325.0  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82598  Amount of Each Receipt this Period  12.50                  |
| Full Name (Last, First, Middle Initial) MRS KATHARINE FEDUSKA Mailing Address 2354 DOLPHIN CT  City HENDERSON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | State Zip Code NV 89074  C  Occupation DIR PHARM PRACTICE  Aggregate Year-to-Date  1000.2 | Date of Receipt  M M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial)  MR JOHN FORD  Mailing Address 6 SILVER LAKE DRIV  City  SHAMONG  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)      | State Zip Code NJ 08088  C  Occupation DIR OPS  Aggregate Year-to-Date  390.0             | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 2 2 0 1 0  Transaction ID: INC.A.82573  Amount of Each Receipt this Period  15.00 |
| SUBTOTAL of Receipts This Page (optional)   |   | 65.97   |

| ITEMIZED RECEIPTS   | <b>A</b> )                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 194 / 409   (check only one)                                       |
|---|---|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may<br>g the name and add | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | C. POLITICAL A                          | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO                                |   |   | Date of Receipt  |
| Mailing Address 9 GREEN HILL TR   | AIL                                     |   | 0 6 1 2 2 0 1 0  |
| City<br>TROPHY CLUB   | State<br>TX                             | Zip Code<br>76262   | Transaction ID: INC.A.82625  |
| FEC ID number of contributing federal political committee.                              | C                                       | 70202   | Amount of Each Receipt this Period  96.15  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP NAT                      | TIONAL SERVICE CENTER   |  |
| Receipt For:  Primary General  Other (specify) ▼  |   | Year-to-Date ▼<br>1623.05   |  |
| Full Name (Last, First, Middle Initial) MR ROBERT GIBBS                                 |   |   | Date of Receipt  |
| Mailing Address 544 DENMOOR Co  | OURT                                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>GALLOWAY  | State<br>OH                             | Zip Code<br>43119   | Transaction ID: INC.A.82380  |
| FEC ID number of contributing federal political committee.                              | C                                       | 40113   | Amount of Each Receipt this Period  12.50  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR OPS                      |   |  |
| Receipt For:  Primary  General  Other (specify) ▼                                       |   | Year-to-Date ▼<br>325.00  |  |
| Full Name (Last, First, Middle Initial) MR JOHN HOLLINGER                               |   |   | Date of Receipt  |
| Mailing Address 784 CAPE HENRY  | DR                                      |   | M M / D D / Y Y Y Y Y O D D / Y 2 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
| City<br>COLUMBUS  | State<br>OH                             | Zip Code  | Transaction ID: INC.A.82610  |
| FEC ID number of contributing federal political committee.                              | C                                       | 43228   | Amount of Each Receipt this Period  10.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR BUS                      | n<br>INESS PLANNING   |  |
| Receipt For:  Primary General  Other (specify) ▼  |   | Year-to-Date ▼ 260.00   |  |
| SUBTOTAL of Receipts This Page (options   | al)                                     |   | 118.65   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 195 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11                                |
|--|---|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)   | nd Statements may not be sold or used by any person the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR BERNARD HUKILL Mailing Address 17219 CLOVIS  City HELOTES FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)         | State Zip Code TX 78023  C  Occupation DIR PHARM OPS  Aggregate Year-to-Date   1300.00  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82659  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12224 MONTCALM  City CARMEL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)        | State Zip Code IN 46032  C  Occupation VP/GM  Aggregate Year-to-Date   650.00   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82688  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MR DENNIS KACKLEY Mailing Address 32 EAST RIVERGE  City WORTHINGTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code OH 43085  C  Occupation DIR CUST SVC  Aggregate Year-to-Date  325.00   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (options  | al)   | 87.50  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page     | FOR LINE NUMBER: PAGE 196 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----|---|--------------------------------|---|---|
| ,  | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | ly not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL .                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial) MR BRICE LOVE   |                                |   | Date of Receipt   |
|    | Mailing Address 2390 BRANDON RD   |                                |   | 06 12 2010  |
|    | City<br>COLUMBUS  | State<br>OH                    | Zip Code<br>43221   | Transaction ID: INC.A.82543  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 12.50   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              |   |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
| В. | Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 1066 WEST GROVE  | CT                             |   | Date of Receipt   |
|    |   |                                |   | 06 12 2010  |
|    | City<br>GIBSONIA  | State<br>PA                    | Zip Code<br>15044   | Transaction ID: INC.A.82445  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 30.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM               | on  | 7   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 780.00   |   |
| С. | Full Name (Last, First, Middle Initial)  MR EDWARD MCNEILEY   |                                |   | Date of Receipt   |
|    | Mailing Address 2623 KENCHESTER   | LOOP                           |   | M M / D D / Y Y Y Y Y O D D / 2010  |
|    | City WESLEY CHAPEL  | State<br>FL                    | Zip Code<br>33543   | Transaction ID: INC.A.82490  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 12.50   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PHA             | on<br>ARM PRACTICE  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
|    | SUBTOTAL of Receipts This Page (optional) .   |                                |   | 55.00   |
|    | TOTAL This Period (last page this line number   | only)                          |   |   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 197 / 409 (check only one)    X |
|----|---|--------------------|---|---|
| A  | ny information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | e name and ad      | dress of any political committee to                                     | o solicit contributions from such committee.          |
|    | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)                                  |
| ۸. | Full Name (Last, First, Middle Initial) MR BRYAN OLENIK   |                    |   | Date of Receipt                                       |
|    | Mailing Address 653 E. DEVON DRIVE  | =                  |   | 06 12 2010  |
|    | City<br>GILBERT   | State<br>AZ        | Zip Code<br>85296   | Transaction ID: INC.A.82705                           |
|    | FEC ID number of contributing federal political committee.  | C                  | 03290   | Amount of Each Receipt this Period  12.50             |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PHA | n<br>NRM PRACTICE   |   |
|    | Receipt For:  Primary  General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>287.50  |   |
|    | Full Name (Last, First, Middle Initial)<br>MR JUN PARK  | Date of Receipt    |   |   |
|    | Mailing Address 2843 HONEYSUCKLE  | 0 6 1 2 2 0 1 0    |   |   |
|    | City  | State              | Zip Code  | Transaction ID: INC.A.82815                           |
|    | HILLIARD  | OH                 | 43026   | Amount of Each Receipt this Period                    |
|    | FEC ID number of contributing federal political committee.  | С                  |   | 12.50   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation BUSINE  | n<br>SS PROCESS CHAMPION  |   |
|    | Receipt For: Primary General  | Aggregate          | e Year-to-Date ▼  |   |
|    | Other (specify)   | 0 0                | 325.00  |   |
|    | Full Name (Last, First, Middle Initial) MR PAVLOS PAVLIDIS  |                    |   | Date of Receipt                                       |
|    | Mailing Address 2780 FOLKSTONE Re   | OAD                |   | 0 6 1 2 2 0 1 0                                       |
|    | City  | State              | Zip Code  | Transaction ID: INC.A.82404                           |
|    | COLUMBUS FEC ID number of contributing federal political committee.   | C                  | 43220   | Amount of Each Receipt this Period  25.00             |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM   | n   |   |
|    | Receipt For:  Primary  General  Other (specify) ▼   | <del>-  </del>     | e Year-to-Date ▼ 650.00   |   |
| Γ  | SUBTOTAL of Receipts This Page (optional) .   | 1                  |   | 50.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 198 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17   |
|--|---|---|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any personant the name and address of any political committee to c. POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR GILBERT RAINES Mailing Address 800 SANDY TRAIL  City KELLER FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)       | State Zip Code TX 76248  C  Occupation DIR HR  Aggregate Year-to-Date  650.00   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 2 2 0 1 0  Transaction ID: INC.A.82790  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MRS JENNIFER ROBERTS Mailing Address 1342 DALTON CT  City FAIRFIELD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code OH 45014  C  Occupation DIR OPS  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: INC.A.82449  Amount of Each Receipt this Period  12.50                |
| Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 1767 FAIRMOUNT  City CARMEL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | STREET  State Zip Code IN 46032  C  Occupation VP ONCOLOGY TRC OPS  Aggregate Year-to-Date   1410.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional   | )   | 67.50   |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  |                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 199 / 409 (check only one)    X                                       |
|---------|---|---------------------|---|---|
|         | Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements mand add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL A         | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE  |                     |   | Date of Receipt   |
|         | Mailing Address 6108 HUNTER LANE  |                     | 7: 0 !  | 06 12 2010  |
|         | City<br>COLLEYVILLE   | State<br>TX         | Zip Code<br>76034   | Transaction ID: INC.A.82616  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                   |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM  | n   |   |
|         | Receipt For: Primary General Other (specify)  | Aggregate           | e Year-to-Date ▼<br>650.00  |   |
| -<br>В. | Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT  |                     |   | Date of Receipt   |
|         | Mailing Address 8362 GOLDEN PRAI  | RIE DRIVE           |   | 06 12 2010  |
|         | City<br>TAMPA   | State<br>FL         | Zip Code<br>33647   | Transaction ID: INC.A.82473   |
|         | FEC ID number of contributing federal political committee.  | C                   | 33047   | Amount of Each Receipt this Period  50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio VP/GM     | n   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate           | e Year-to-Date ▼<br>1300.00   |   |
| _<br>С. | Full Name (Last, First, Middle Initial)<br>MR CALVIN WASDYKE  |                     |   | Date of Receipt   |
|         | Mailing Address 5 APPLE ORCHARD   | RD                  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City<br>MOORESTOWN  | State<br>NJ         | Zip Code<br>08057   | Transaction ID: INC.A.82602  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                   |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio VP/GM     | n   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate           | e Year-to-Date ▼<br>1300.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)   |                     | <b>)</b>  | 125.00  |
|         | TOTAL This Period (last page this line numbe  |                     | <u> </u>  |   |

| SCHEDULE A (FEC Forn ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 200 / 409 (check only one)    X                    |
|--|--|--|
| or for commercial purposes, other than  NAME OF COMMITTEE (In Full)                            | rts and Statements may not be sold or used by any persusing the name and address of any political committee to SINC. POLITICAL ACTION COMMITTEE (a.k.a | o solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial)  MR JAMES ZIRPOLI  Mailing Address 6691 DEERVIE        | W DRIVE  | Date of Receipt  0 6 1 2 2 0 1 0   |
| City LOVELAND  | State Zip Code<br>OH 45140   | Transaction ID: INC.A.82513  Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.  Name of Employer                   | Occupation   | 25.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼ | VP/GM Aggregate Year-to-Date ▼ 650.00  |  |
| Full Name (Last, First, Middle Initial) MR THOMAS ABSON Mailing Address 57 SYCAMOR             | E DRIVE  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City   | State Zip Code   | Transaction ID: INC.A.82457  |
| WALDWICK   | NJ 07463   | Amount of Each Receipt this Period                                       |
| FEC ID number of contributing federal political committee.                                     | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR FORMULARY & COVERAGE M  | <u>і</u> вит   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00  |  |
| Full Name (Last, First, Middle Initial) MS LESLIE ACHTER                                       |  | Date of Receipt  |
| Mailing Address 821 ALBEMAF  | LE STREET  | 06 19 2010   |
| City   | State Zip Code   | Transaction ID: INC.A.82444  |
| WYCKOFF  FEC ID number of contributing federal political committee.                            | NJ 07481   | Amount of Each Receipt this Period  50.00                                |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP ANALYTICAL SVCS  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00  |  |
| SUBTOTAL of Receipts This Page (or   | otional)   | 100.00   |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 201 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----------|---|--------------------------------|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma<br>e name and ad | ly not be sold or used by any person<br>dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. I                                      | POLITICAL A                    | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK Mailing Address 1021 SUNSET RIDGE     | -                              |   | Date of Receipt   |
|          | Mailing Address 1021 SUNSET RIDGE   | -                              |   | 06 19 2010  |
|          | City<br>BRIDGEWATER   | State<br>NJ                    | Zip Code<br>08807   | Transaction ID: INC.A.82352   |
|          | FEC ID number of contributing federal political committee.                                      | C                              | 08807   | Amount of Each Receipt this Period 50.00  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP PHA              | on<br>RM CONTRACT & CONSUL  | TING  |
|          | Receipt For:  Primary General  Other (specify) ▼  | + +                            | e Year-to-Date ▼ 650.00   |   |
| ь.<br>В. | Full Name (Last, First, Middle Initial) DIANE ADAMS   |                                |   | Date of Receipt   |
|          | Mailing Address 34 THOMAS ST.   |                                |   | 06 19 2010  |
|          | City  | State                          | Zip Code  | Transaction ID: INC.A.82832   |
|          | CALDWELL  | NJ                             | 07006   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                                      | C                              |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              | on<br>BUSINESS REQUIREMENT  | S   |
|          | Receipt For:  | Aggregate                      | e Year-to-Date ▼  |   |
|          | Primary General Other (specify) ▼   |                                | 325.00  |   |
| с.<br>С. | Full Name (Last, First, Middle Initial) MR STEPHEN ADLER  | Date of Receipt                |   |   |
|          | Mailing Address 139 BELLVALE LAKE   | S RD                           |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|          | City  | State<br>NY                    | Zip Code  | Transaction ID: INC.A.82442   |
|          | WARWICK FEC ID number of contributing federal political committee.                              | C                              | 10990   | Amount of Each Receipt this Period  50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP INFC             | on<br>O TECHNOLOGY  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>650.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   |                                |   | 125.00  |
| Ì        | TOTAL This Period (last page this line number   | only)                          |   |   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>X</b> )         | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 202 / 409 (check only one)    X                    |
|--|--------------------|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS IN | g the name and ado | dress of any political committee to                                     | solicit contributions from such committee.                               |
| Full Name (Last, First, Middle Initial) MS KELLY AGNEW Mailing Address 1360 N. SANDBUF #1602 City  | State              | Zip Code  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| CHICAGO  FEC ID number of contributing federal political committee.  | C                  | 60610   | Amount of Each Receipt this Period  25.00                                |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | <del> </del>       | oct exec<br>Year-to-Date ▼  |  |
| Full Name (Last, First, Middle Initial) MS MICHELE AGNEW Mailing Address 2433 ANDERSON   | PARK DRIVE         |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y             |
| City   | State              | Zip Code  | Transaction ID: INC.A.82340  |
| HENDERSON  FEC ID number of contributing federal political committee.  | C                  | 89044   | Amount of Each Receipt this Period  12.50                                |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR HR  | 1   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial)<br>JANET ALEXANDER   | L                  |   | Date of Receipt  |
| Mailing Address 32 WEST 83RD ST<br>APT #2  | TREET              |   | 06 / 19 / Y Y Y Y Y Y  |
| City<br>NEW YORK   | State<br>NY        | Zip Code<br>10024   | Transaction ID: INC.A.82888  Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.   | C                  | 1 1 1 1 1   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation NATL AC | n<br>CCT EXEC   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | Year-to-Date ▼ 325.00   |  |
| SUBTOTAL of Receipts This Page (options  | al)                |   | 62.50  |

| City  MIDLOTHIAN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  Other (specify) ▼  Pull Name (Last, First, Middle Initial)  MARENE ALLISON  Mailing Address 4405 WISMER ROAD  State Zip Code  VA 23113  Amount of Each Receipt  Occupation  VP CLINICAL POLICY-GOV AFFAIRS  Aggregate Year-to-Date ▼  Date of Receipt  M M D D D D D D D D D D D D D D D D D   | c   12<br>16   17 |
|--|-------------------|
| A. DR JODY ALLEN  Mailing Address 3031 MOUNT HILL DR  City State Zip Code  MIDLOTHIAN VA 23113  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  MARENE ALLISON  Mailing Address 4405 WISMER ROAD  Date of Receipt  Transaction ID: INC.A.3  Amount of Each Receipt  Occupation  VP CLINICAL POLICY-GOV AFFAIRS  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: INC.A.3  Amount of Each Receipt  Occupation  VP CLINICAL POLICY-GOV AFFAIRS  Aggregate Year-to-Date ▼  Date of Receipt | contributions     |
| Other (specify)   Full Name (Last, First, Middle Initial)  MARENE ALLISON  Mailing Address 4405 WISMER ROAD  Date of Receipt  M M O O O O O O O O O O O O O O O O O  |                   |
| 06 19  | Y • Y • Y • Y     |
| City State Zip Code Transaction ID: INC.A.3  DOYLESTOWN PA 18901  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  State Zip Code Transaction ID: INC.A.3  Amount of Each Receipt Solution VP SECURITY & ASSET PROTECTION  Aggregate Year-to-Date ▼  650.00   | 2 0 1 0<br>82826  |
| Full Name (Last, First, Middle Initial) MR JAMES ALLOCCO  Mailing Address 19 ROSS ROAD  City State Zip Code SCARSDALE NY 10583  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Transaction ID: INC.A.  Amount of Each Receipt  Occupation VP INFO TECHNOLOGY  Aggregate Year-to-Date ▼  650.00  |                   |
| SUBTOTAL of Receipts This Page (optional)  |                   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | )                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 204 / 409 (check only one)    X  |
|---|---------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | he name and add                 | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                        |
| Full Name (Last, First, Middle Initial) TEJWANSH ANAND Mailing Address 10 WHIPPOORWILL  City CHAPPAQUA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)           | State NY  C Occupation VP INFO  | Zip Code<br>10514   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82786  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial)  MRS LAUREN ANTONELLI  Mailing Address 64 CUPSAW DRIVE  City  RINGWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State NJ  C  Occupation DIR PRO | Zip Code<br>07456<br>n<br>DDUCT MGMT<br>e Year-to-Date ▼                      | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82548  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial)  MS JAYME ANTONOPLOS  Mailing Address 48 WITTE ROAD  City  HEWITT  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify)      | <del>_ '</del>                  | Zip Code 07421  n C CORR e Year-to-Date  325.00                               | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional)   |                                 |   | 100.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 205 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)                      | nd Statements may not be sold or used by any perso g the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial)  MR DAVID ARCISZEWSKI  Mailing Address 20 CHADWELL PL | ACE   | Date of Receipt   |
| City<br>MORRISTOWN  | State Zip Code<br>NJ 07960  | Transaction ID: INC.A.82552  Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.  Name of Employer                  | Occupation  | 25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼    | ASST COUNSEL  Aggregate Year-to-Date ▼  325.00  |   |
| Full Name (Last, First, Middle Initial)  DENNIS AUCH  Mailing Address 1981 E. COVEY V         | IEW COURT   | Date of Receipt   |
| City SALT LAKE CITY FEC ID number of contributing federal political committee.                | State Zip Code UT 84106   | Transaction ID: INC.A.82939  Amount of Each Receipt this Period  50.00            |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation VP REIMBURSEMENT   | _   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) WILLIAM AX  |   | Date of Receipt   |
| Mailing Address 1607 STODDARD   |   | 06 19 2010  |
| City<br>ROCKFORD  | State Zip Code  IL 61108  | Transaction ID: INC.A.82949  Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.                                    | C   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation AVP SALES-HEMOPHILIA   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (option  | al)   | 100.00  |

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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate scl<br>for each category<br>Detailed Summa                        | y of the Citieck only one)  |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F  | name and address of any political  | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.  TTEE (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS CHARLOTTE BABCOCK  Mailing Address 2636 SHAKER RD  City CLEVELAND HEIGHTS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) |  | Date of Receipt  M M M D D D 2010  Transaction ID: INC.A.82913  Amount of Each Receipt this Period  25.00   |
| Full Name (Last, First, Middle Initial) ERIK BAGIN  Mailing Address 73 HIGHLAND AVENU  City GLEN RIDGE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)               | State Zip Code NJ 07028  C  Occupation VP/GM  Aggregate Year-to-Date           | Date of Receipt  M M M D D D Y Y Y Y Y Y  Transaction ID: INC.A.82831  Amount of Each Receipt this Period  50.00                                  |
| Full Name (Last, First, Middle Initial) MS BECKIE BARATKO  Mailing Address 80 N. WOODLAND ST  City ENGLEWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)        | State Zip Code NJ 07631  C  Occupation VP PROPOSAL UNIT Aggregate Year-to-Date | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional)   |  | 125.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>A)</b>  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 20//409   (check only one)     X   11a                             |
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| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may<br>the name and add             | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                                   | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR THOMAS BARATTA                                |  |   | Date of Receipt  |
| Mailing Address 69 SKYLINE DR  |  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City UPPER SADDLE RIVER  | State<br>NJ                                      | Zip Code<br>07458   | Transaction ID: INC.A.82630  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                               | C  |   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP INFO                               | n<br>TECHNOLOGY   |  |
| Receipt For:  Primary General  Other (specify)   | <del>-                                    </del> | Year-to-Date ▼ 650.00   |  |
| Full Name (Last, First, Middle Initial) MR THOMAS BARDZELL                               |  |   | Date of Receipt  |
| Mailing Address 77 HIGHLAND AVE  | :  |   | M M / D D / Y Y Y Y Y O D D / 2010   |
| City<br>MIDLAND PARK   | State<br>NJ                                      | Zip Code<br>07432   | Transaction ID: INC.A.82761  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                               | C  | 07432   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation                                       | n<br>CAL SPECIALIST   |  |
| Receipt For:  Primary General  Other (specify) ▼   |  | Year-to-Date ▼  |  |
| Full Name (Last, First, Middle Initial) MS ROBYN BARILLARI                               |  |   | Date of Receipt  |
| Mailing Address 3 DELANEY COUR   | Т  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>BRIDGEWATER  | State<br>NJ                                      | Zip Code<br>08807   | Transaction ID: INC.A.82837  |
| FEC ID number of contributing federal political committee.                               | C  | 00007   | Amount of Each Receipt this Period  30.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR MED                               | n<br>DICARE OPS   |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del>-   '</del>                                 | Year-to-Date ▼ 390.00   |  |
| SUBTOTAL of Receipts This Page (optional   | I<br> )  |   | 105.00   |

|           | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 208 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|--|---------------------|---|---|
|           | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P | name and ad         | dress of any political committee to                                     | solicit contributions from such committee.  |
| <b>A.</b> | Full Name (Last, First, Middle Initial) JANE BARLOW Mailing Address 3 AVALON COURT  City   | State               | Zip Code  | Date of Receipt    M   M     D   D     Y   Y   Y   Y   Y   Y   Y                  |
|           | HOPEWELL JUNCTION  FEC ID number of contributing federal political committee.  | NY C                | 12533   | Amount of Each Receipt this Period  50.00   |
|           | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼   |                     | on<br>ICAL POLICIES<br>e Year-to-Date ▼<br>650.00                       |   |
| -<br>3.   | Full Name (Last, First, Middle Initial) MR MICHAEL BARONE Mailing Address 452 MEDWAY ROAD  |                     |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
|           | City HIGHLAND HEIGHTS FEC ID number of contributing  | State<br>OH         | Zip Code<br>44143   | Transaction ID: INC.A.82914  Amount of Each Receipt this Period                   |
|           | federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | Occupation          | on<br>BENERAL MGR   | 192.00  |
|           | Receipt For: Primary General Other (specify)   |                     | e Year-to-Date ▼ 2496.00  |   |
| -<br>).   | Full Name (Last, First, Middle Initial) MR DAVID BAUGH Mailing Address 1813 ADONIS AVE   |                     |   | Date of Receipt  0 6 1 9 2 0 1 0  |
|           | City<br>HENDERSON  | State<br>NV         | Zip Code<br>89074   | Transaction ID: INC.A.82769   |
|           | FEC ID number of contributing federal political committee.   | C                   | 09074   | Amount of Each Receipt this Period  58.00   |
|           | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>MGR BE | n<br>:NEFIT DELIVERY SYSTEM   | s   |
|           | Receipt For:  Primary  General  Other (specify) ▼  |                     | e Year-to-Date ▼ 754.00   |   |
|           | SUBTOTAL of Receipts This Page (optional)  |                     |   | 300.00  |
|           | <b>TOTAL</b> This Period (last page this line number of  | only)               |   |   |

|         | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page     | FOR LINE NUMBER: PAGE 209 / 409 (check only one)    X   11a                                 |
|---------|---|--------------------------------|---|---|
|         | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | ly not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL                      | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial)<br>JAMES BECKER   |                                |   | Date of Receipt   |
|         | Mailing Address 35 BIRCH STREET   |                                |   | 06 19 2010  |
|         | City<br>EMERSON   | State<br>NJ                    | Zip Code<br>07630   | Transaction ID: INC.A.82777  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR EN              | on<br>FERPRISE BUSINESS INTE  | LL  |
|         | Receipt For:  ☐ Primary ☐ General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
| В.      | Full Name (Last, First, Middle Initial) MR STEPHEN BELL Mailing Address - 0.4 CL FANNOGE BOX                                |                                |   | Date of Receipt   |
|         | Mailing Address 24 GLENWOOD ROA   | ΛD                             |   | 06 19 2010  |
|         | City<br>UPPER SADDLE RIVER  | State<br>NJ                    | Zip Code<br>07458   | Transaction ID: INC.A.82789  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                              | 07400   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP FINA             |   | 7   |
|         | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼ 650.00   |   |
| -<br>C. | Full Name (Last, First, Middle Initial) MS FRANCINE BELLOFATTO  |                                |   | Date of Receipt   |
|         | Mailing Address 4603 TUDOR DR   |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City POMPTON PLAINS   | State<br>NJ                    | Zip Code<br>07444   | Transaction ID: INC.A.82478  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              | on<br>CLINICAL SVCS   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
|         | SUBTOTAL of Receipts This Page (optional) .   | 1                              |   | 100.00  |
| Ì       | TOTAL This Period (last page this line number   | r only)                        | ·   |   |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 210 / 409 (check only one)    X   11a                                 |
|----|---|-----------------------------------|---|---|
|    | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may<br>ne name and add | not be sold or used by any persidress of any political committee to           | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL A                       | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A. | Full Name (Last, First, Middle Initial) MS THERESA BENSHOOF   |                                   |   | Date of Receipt   |
|    | Mailing Address 1332 SE 78TH ST   | Stata                             | Zin Code  | 0 6 1 9 2 0 1 0 2 0 1 0   |
|    | City<br>RUNNELLS  | State<br>IA                       | Zip Code<br>50237   | Transaction ID: INC.A.82486  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.  | C                                 |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation NATL AC                | CCT EXEC  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                         | Year-to-Date ▼ 325.00   |   |
| В. | Full Name (Last, First, Middle Initial) MS CARMEN BERG  |                                   |   | Date of Receipt   |
|    | Mailing Address P O BOX 1373  |                                   |   | 06 19 2010  |
|    | City<br>MEDICAL LAKE  | State<br>WA                       | Zip Code  | Transaction ID: INC.A.82698   |
|    | FEC ID number of contributing federal political committee.  | C                                 | 99022   | Amount of Each Receipt this Period  12.50   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PHA                | n<br>RM PRACTICE  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                         | Year-to-Date ▼ 325.00   |   |
| C. | Full Name (Last, First, Middle Initial)<br>ANDREA BERGMAN   |                                   |   | Date of Receipt   |
|    | Mailing Address 65 ARELL COURT  |                                   |   | 06 19 2010  |
|    | City<br>ALEXANDRIA  | State<br>VA                       | Zip Code<br>22304   | Transaction ID: INC.A.82905  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.  | C                                 | ELOOT   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR GOV                | n<br>/ AFFAIRS  |   |
|    | Receipt For:  Primary  General  Other (specify) ▼   | Aggregate                         | Year-to-Date ▼ 325.00   |   |
|    | SUBTOTAL of Receipts This Page (optional) .   | 1                                 |   | 62.50   |
|    | TOTAL This Period (last page this line numbe  | er only)                          |   |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS                                | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 211 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any perso<br>the name and address of any political committee to | solicit contributions from such committee.  |
| MEDCO HEALTH SOLUTIONS INC   | C. POLITICAL ACTION COMMITTEE (a.k.a.   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) JEAN BERGWALL                    |   | Date of Receipt   |
| Mailing Address 2546 HOLLYHOCK   |   | 06 19 2010  |
| City<br>GERMANTOWN   | State Zip Code TN 38138   | Transaction ID: INC.A.82963  Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.               | C   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP                                 | Occupation DIR PRODUCT LINE II  |   |
| Receipt For:  Primary  General  Other (specify)                          | Aggregate Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MS STACEY BERNSTEIN              | ACE   | Date of Receipt   |
| Mailing Address 166 BERKELEY PL/   |   | 06 19 2010  |
| City<br>GLEN ROCK  | State Zip Code NJ 07452   | Transaction ID: INC.A.82848  Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.               | C   | 20.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                               | Occupation ASST COUNSEL   |   |
| Receipt For:  Primary General  Other (specify) ▼                         | Aggregate Year-to-Date ▼ 260.00   |   |
| Full Name (Last, First, Middle Initial) MR DAVID BERRY                   |   | Date of Receipt   |
| Mailing Address 11 COBBLESTONE   | LANE  | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| City<br>RAMSEY   | State Zip Code<br>NJ 07446  | Transaction ID: INC.A.82628  Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.               | C 07440   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                               | Occupation DIR TECHNOLOGY   |   |
| Receipt For:  Primary General  Other (specify)                           | Aggregate Year-to-Date ▼  325.00  |   |
| SUBTOTAL of Receipts This Page (optional                                 | )   | 70.00   |
| TOTAL This Period (last page this line numb                              | ·   |   |

| SCHEDULE A (FEC For ITEMIZED RECEIPTS                         | for each   | parate schedule(s)<br>n category of the<br>d Summary Page | FOR LINE NUMBER: PAGE 212 / 409 (check only one)    X                                     |
|---|--|---|---|
| or for commercial purposes, other that                        | orts and Statements may not be sol<br>n using the name and address of an | d or used by any perso<br>y political committee to        | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTION             | IS INC. POLITICAL ACTION (   | COMMITTEE (a.k.a  | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initia<br>A. INDERPAL BHANDARI | l)   |   | Date of Receipt   |
| Mailing Address 220 ARDSLE                                    | Y ROAD   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State Zip Co   | ode   | Transaction ID: INC.A.82857   |
| SCARSDALE   | NY 10583   | 3   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.    | C  |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupation VP CLINICAL SV0   | CS  |   |
| Receipt For:  Primary General  Other (specify) ▼              | Aggregate Year-to-Da   | 650.00  |   |
| Full Name (Last, First, Middle Initia  B. MS EILEEN BIDELL    | l)   |   | Date of Receipt   |
| Mailing Address 71 WASHING                                    |  |   | 0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>TOWACO  | State Zip Co<br>NJ 0708  |   | Transaction ID: INC.A.82624   |
| FEC ID number of contributing federal political committee.    | C  |   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupation<br>SR DIR PHARM O   | )PS   |   |
| Receipt For:  Primary General  Other (specify) ▼              | Aggregate Year-to-Da   | ate ▼<br>325.00   |   |
| Full Name (Last, First, Middle Initia  C. MR ANDREW BIDINOTTO | I)   |   | Date of Receipt   |
| Mailing Address 7728 GRACE                                    | DRIVE  |   | 0 6 1 9 2 0 1 0   |
| City  | State Zip C  |   | Transaction ID: INC.A.82375   |
| NORTH RICHLAND HIL  | TX 7618  | 2   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.    | C  |   | 12.50   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                    | Occupation BUSINESS PROC   |   |   |
| Receipt For:  Primary General  Other (specify) ▼              | Aggregate Year-to-Da   | ate ▼<br>325.00   |   |
| SUBTOTAL of Receipts This Page (                              | optional)  |   | 87.50   |
| TOTAL This Period (last page this lin                         | ne number only)  |   |   |

|                               | LE A (FEC Form 3X<br>D RECEIPTS                                | <b>(,</b>  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 213 / 409   (check only one)  |
|-------------------------------|--|--|---|---|
| Any information or for commer | on copied from such Reports an cial purposes, other than using | d Statements may<br>the name and add             | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| 1 \                           | COMMITTEE (In Full)<br>HEALTH SOLUTIONS INC                    | C. POLITICAL A                                   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name<br>MR FLOYD         | (Last, First, Middle Initial)                                  |  |   | Date of Receipt   |
| Mailing Ad                    | dress 4273 BROGDAN FA  | ARM COURT  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>BUFORE                | )  | State<br>GA                                      | Zip Code<br>30518   | Transaction ID: INC.A.82639  Amount of Each Receipt this Period                             |
| FEC ID nu                     | mber of contributing itical committee.                         | C  |   | 25.00   |
| Name of E<br>MEDCO H          | mployer<br>IEALTH SOLUTIONS                                    | Occupation TECHNIC                               | n<br>CAL SPECIALIST   |   |
| Receipt Fo                    |  | <del>-                                    </del> | Year-to-Date ▼ 325.00   |   |
| Full Name                     | (Last, First, Middle Initial)                                  |  |   | Date of Receipt   |
|                               | dress 13702 W. 48TH ST   |  |   | M M / D D / Y Y Y Y O O O O O O O O O O O O O O O   |
| City<br>SHAWNI                | EE.  | State<br>KS                                      | Zip Code<br>66216   | Transaction ID: INC.A.82940  Amount of Each Receipt this Period                             |
| FEC ID nu                     | mber of contributing itical committee.                         | C  | 00210   | 25.00   |
| Name of E<br>ACCREDO          | mployer<br>D HEALTH GROUP                                      | Occupation DIR CLIN                              | n<br>NICAL OPS  |   |
| Receipt Fo                    |  |  | e Year-to-Date ▼ 325.00   |   |
|                               | (Last, First, Middle Initial)<br>TINE BIZARRO                  |  |   | Date of Receipt   |
|                               | dress 26 DAYLILY DRIVE   |  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>MOUNT                 | LAUREI   | State<br>NJ                                      | Zip Code<br>08054   | Transaction ID: INC.A.82845  Amount of Each Receipt this Period                             |
| FEC ID nu                     | mber of contributing itical committee.                         | C  | 00004   | 15.00   |
| Name of E<br>MEDCO H          | mployer<br>IEALTH SOLUTIONS                                    | Occupation VP HR                                 | n   |   |
| Receipt Fo                    |  |  | Year-to-Date ▼ 390.00   |   |
| SUBTOTAL                      | of Receipts This Page (optiona                                 | l)   |   | 65.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 214 / 409 (check only one)    X   11a     |
|---|--------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.                    | e name and add     | dress of any political committee to                                     | o solicit contributions from such committee.                    |
| Full Name (Last, First, Middle Initial) MS SUZANNE BLACKBURN Mailing Address 4520 LINWOOD LAN  City DEEPHAVEN  FEC ID number of contributing federal political committee. | State<br>MN        | Zip Code<br>55331   | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y        |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  Other (specify)   |                    | n<br>ENT & MKT STRATEGIC D<br>e Year-to-Date ▼<br>650.00                | EV  |
| Full Name (Last, First, Middle Initial) MS JESSICA BLANTON Mailing Address 410 CORNELIA ST. #   | #4<br>State        | Zip Code  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| BOONTON  FEC ID number of contributing federal political committee.   | NJ                 | 07005   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼  | _,                 | DPOSAL DEPARTMENT  e Year-to-Date ▼  325.00                             |   |
| Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN Mailing Address 50 NEW ENGLAND D  | DR                 |   | Date of Receipt  0 6 1 9 2 0 1 0                                |
| City  RAMSEY  FEC ID number of contributing   | State<br>NJ        | Zip Code<br>07446   | Transaction ID: INC.A.82586  Amount of Each Receipt this Period |
| federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS   | Occupation VP MKTI | n<br>ING & PRODUCT DEV  | 50.00   |
| Receipt For:  Primary General  Other (specify) ▼  | <del>, '</del>     | e Year-to-Date ▼ 650.00   |   |
| SUBTOTAL of Receipts This Page (optional) .   | 1                  |   | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 215 / 409 (check only one)    X   11a   |
|--|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) JAMES BLONDIN Mailing Address 115 AUBURN MEAD  City FORISTELL  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP | OWS DR  State Zip Code  MO 63348  C  Occupation  GENERAL MGR - MULTI BRANCH   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 19 2010  Transaction ID: INC.A.82947  Amount of Each Receipt this Period  25.00 |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  325.00  |   |
| Full Name (Last, First, Middle Initial) MR STEVEN BLOOM Mailing Address 17818 ARBOR GRE  | ENE DR  | Date of Receipt  0 6 1 9 2 0 1 0  |
| City   | State Zip Code  | Transaction ID: INC.A.82585   |
| TAMPA  FEC ID number of contributing federal political committee.  | FL 33647 C Occupation   | Amount of Each Receipt this Period  50.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼   | VP FIELD HR  Aggregate Year-to-Date ▼  650.00   |   |
| Full Name (Last, First, Middle Initial)<br>KEN BODMER  |   | Date of Receipt   |
| Mailing Address P.O. BOX 381947  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br><u>GERMANTOWN</u>  | State Zip Code TN 38183   | Transaction ID: INC.A.82672  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 192.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation COO - ACCREDO HEALTH GROUP   | PINC  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 2496.00  |   |
|  | •   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | )                  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 216 / 409 (check only one)    X           |
|--|--------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC | he name and add    | dress of any political committee to                                     | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA Mailing Address 80 LEONA CT   |                    |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City LEVITTOWN   | State<br>NY        | Zip Code<br>11756   | Transaction ID: INC.A.82771  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  Name of Employer   | Occupation         | n   | 25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | SR DIR             | FECHNOLOGY  9 Year-to-Date ▼  325.00                                    |   |
| Full Name (Last, First, Middle Initial) MRS HEATHER BONOME Mailing Address 203 12TH STREET I   | NE                 |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City   | State              | Zip Code  | Transaction ID: INC.A.82526                                     |
| WASHINGTON  FEC ID number of contributing federal political committee.   | C                  | 20002   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                    | NICAL SVCS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial) MR JOSEPH BOTTA  |                    |   | Date of Receipt   |
| Mailing Address 109 ARBOR PL   |                    |   | 06 19 2010  |
| City<br>BRYN MAWR  | State<br>PA        | Zip Code<br>19010   | Transaction ID: INC.A.82412  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C                  | 13010   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SALE |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (optional)  |                    |   | 75.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                             | FOR LINE NUMBER: PAGE 217 / 409 (check only one)    X |
|--|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any per<br>the name and address of any political committee |   |
| ` '  | C. POLITICAL ACTION COMMITTEE (a.k  | .a. Medco Health PAC)                                 |
| Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX   | I DDIVE   | Date of Receipt                                       |
| Mailing Address 6527 SHORBURGI  City   | H DRIVE State Zip Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82321          |
| INDIANAPOLIS   | IN 46278  | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.   | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR PHARM PRACTICE   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial)<br>RUSS BOURNE   |   | Date of Receipt                                       |
| Mailing Address 242 N HIGHLAND   |   | 0 6 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City   | State Zip Code  | Transaction ID: INC.A.82960                           |
| MEMPHIS  | TN 38111  | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.   | C   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP BUS DEV   |   |
| Receipt For: Primary General   | Aggregate Year-to-Date ▼ 325.00   |   |
| Other (specify) ▼  |   | _   |
| Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN   |   | Date of Receipt                                       |
| Mailing Address 5259 FISHERCRES  | ST LN   | 06 19 2010  |
| City<br>RICHMOND   | State Zip Code<br>VA 23231  | Transaction ID: INC.A.82719                           |
| FEC ID number of contributing federal political committee.   | VA 23231  | Amount of Each Receipt this Period  200.00            |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP FORMULARY CONSULTING  |   |
| Receipt For:  Primary  General  Other (specify)   ▼  | Aggregate Year-to-Date ▼ 2600.00  |   |
| SUPTOTAL of Possints This Page (options  | J)  | 250.00  |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 218 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 17        |
|----------|---|-----------------------------|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
| _        | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL                   | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| A.       | Full Name (Last, First, Middle Initial)  KAREN BOWE  Mailing Address 177 N. MILL ROAD                                       |                             |   | Date of Receipt   |
|          | City  | State                       | Zip Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82921  |
|          | HARRISBURG  | PA                          | 17112   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.  | C                           |   | 25.00   |
|          | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR NAT          | n<br>L CUST RELATIONS   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼<br>325.00  |   |
| -<br>В.  | Full Name (Last, First, Middle Initial) MS HEIDI BOWMAN   |                             |   | Date of Receipt   |
|          | Mailing Address 15 DAWN LANE  |                             |   | 06 19 2010  |
|          | City  | State                       | Zip Code  | Transaction ID: INC.A.82765   |
|          | RINGWOOD  FEC ID number of contributing federal political committee.  | C                           | 07456   | Amount of Each Receipt this Period  50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC D           | n<br>IR STRAT PRODUCT MGM   |   |
|          | Receipt For:  Primary  General  Other (specify) ▼   | Aggregate                   | e Year-to-Date ▼<br>650.00  |   |
| С.<br>С. | Full Name (Last, First, Middle Initial) MR KEITH BRADBURY   |                             |   | Date of Receipt   |
|          | Mailing Address 122 DERFUSS LN  |                             |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|          | City  | State                       | Zip Code  | Transaction ID: INC.A.82383   |
|          | BLAUVELT  FEC ID number of contributing federal political committee.  | C                           | 10913   | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC D           | n<br>IR DRUG INFO   |   |
|          | Receipt For:  Primary  General  Other (specify) ▼   | . '                         | e Year-to-Date ▼ 300.00   |   |
| ſ        | SUBTOTAL of Receipts This Page (optional)   |                             |   | 100.00  |
|          | TOTAL This Period (last page this line number   |                             | <u> </u>  |   |

| er than using the name and Full) TIONS INC. POLITICA e Initial) OG HOLLOW ROAD State PA OG OCCUP VP IN | AL ACTION COMMITTEE (a.k.a   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|--|--|---|
| TIONS INC. POLITICA e Initial)  OG HOLLOW ROAD  State PA  OCCUP VP IN  Aggreeral                       | e Zip Code<br>19320<br>ation<br>FO & PROCESS ENGINEERIN<br>gate Year-to-Date ▼ | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82699  Amount of Each Receipt this Period  85.00 |
| State PA  Occup VP IN  Aggreeral   | ation FO & PROCESS ENGINEERINgate Year-to-Date  ▼ 1105.00                      | Transaction ID: INC.A.82699  Amount of Each Receipt this Period  85.00  |
| State PA  Occup VP IN  Aggre   | ation FO & PROCESS ENGINEERINgate Year-to-Date  ▼ 1105.00                      | Transaction ID: INC.A.82699  Amount of Each Receipt this Period  85.00  |
| PA Occup VP IN Aggre   | ation FO & PROCESS ENGINEERINgate Year-to-Date  ▼ 1105.00                      | Amount of Each Receipt this Period  85.00   |
| Occup VP IN Aggre  | ation FO & PROCESS ENGINEERINgate Year-to-Date  ▼ 1105.00                      | 85.00   |
| Occup<br>VP IN<br>Aggre  | FO & PROCESS ENGINEERINgate Year-to-Date ▼  1105.00                            |   |
| Aggre  | FO & PROCESS ENGINEERINgate Year-to-Date ▼  1105.00                            | NG  |
| eral   | 1105.00  | ]   |
|  |  |   |
| e Initial)   |  |   |
|  |  | Date of Receipt   |
| EN LANE  |  | 06 19 2010  |
| State  | '  | Transaction ID: INC.A.82814   |
| NJ   | 08822  | Amount of Each Receipt this Period  |
| C C  |  | 50.00   |
| OCCUP<br>VP AI   | TIDIT  |   |
| Aggre  | gate Year-to-Date ▼  | 7   |
|  | 650.00   |   |
| e Initial)   |  | Date of Receipt   |
| CH ST  |  | 06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| State  | zip Code   | Transaction ID: INC.A.82502   |
| NJ   | 07109  | Amount of Each Receipt this Period  |
| C  |  | 25.00   |
| Occup<br>DNS   | CLIENT/MEMBER COMM   |   |
| DIR C  | gate Year-to-Date ▼  | _   |
| Aggre  | 325.00   |   |
| DIR C  |  |   |
|  | 00   |   |

| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such a purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such and the purpose of soliciting soliciting of any political committee to solicit contributions from such and the purpose of soliciting soliciting from such and the purpose of soliciting soliciting from such and the purpose of any political committee to solicit contributions from such and the purpose of soliciting from such and the purpose of solicitions from su | 15 16 17             |
|---|----------------------|
| A. MR PAUL BRISSON  Mailing Address 469 MANOR LANE  City State Zip Code PELHAM MANOR NY 10803  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Date of Receipt  Transaction ID: INC  Amount of Each Receipt  Occupation DIR PRODUCT DEVELOPMENT  Aggregate Year-to-Date ▼  | uch committee.       |
| City State Zip Code Transaction ID: INC  PELHAM MANOR NY 10803  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  State Zip Code Transaction ID: INC  Occupation DIR PRODUCT DEVELOPMENT  Aggregate Year-to-Date ▼   |                      |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  DIR PRODUCT DEVELOPMENT  Receipt For:  Aggregate Year-to-Date ▼  | 2 0 1 0<br>C.A.82492 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Occupation DIR PRODUCT DEVELOPMENT  Aggregate Year-to-Date ▼   | eipt this Period     |
| Receipt For:  Aggregate Year-to-Date ▼  | 25.00                |
|   |                      |
| Other (specify) ▼ 325.00  |                      |
| Full Name (Last, First, Middle Initial)  B. MR RICHARD BROOKLER Date of Receipt   |                      |
| Mailing Address 9 ROMARY COURT  | 2010                 |
| City State Zip Code Transaction ID: INC   |                      |
| GLEN ROCK NJ 07452 Amount of Each Reco  | eipt this Period     |
| FEC ID number of contributing federal political committee.  | 25.00                |
| Name of Employer MEDCO HEALTH SOLUTIONS  Occupation SR DIR FINANCE  |                      |
| Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  325.00  |                      |
| Full Name (Last, First, Middle Initial)  C. MR GREGORY BROWN Date of Receipt  |                      |
| Mailing Address 1162 PLAINS ROAD 0 6 1 9  | 2010                 |
| City State Zip Code Transaction ID: INC   |                      |
| WALLKILL NY 12589 Amount of Each Reco   | eipt this Period     |
| FEC ID number of contributing federal political committee.  | 25.00                |
| Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT   |                      |
| Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  325.00   |                      |
| SUBTOTAL of Receipts This Page (optional)   |                      |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>(</b> )        | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 221 / 409 (check only one)    X                    |
|--|-------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add  | lress of any political committee to                                     | solicit contributions from such committee.                               |
| Full Name (Last, First, Middle Initial)  MR KENNETH BROWN  Mailing Address 540 GIORDANO Di   | RIVE              |   | Date of Receipt  |
| City YORKTOWN HEIGHTS  | State<br>NY       | Zip Code<br>10598   | Transaction ID: INC.A.82409  Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | <del></del>       | RPRISE BUS INTELLIGEN   | 50.00<br>DE  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate         | Year-to-Date ▼ 650.00   |  |
| Full Name (Last, First, Middle Initial)  STEVEN BROWN  Mailing Address 140 S GROVE PAF   | RK                |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City   | State             | Zip Code  | Transaction ID: INC.A.82942  |
| MEMPHIS  FEC ID number of contributing federal political committee.  | C                 | 38117   | Amount of Each Receipt this Period  25.00                                |
| Name of Employer<br>ACCREDO HEALTH GROUP   |                   | DUCT LINE II  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate         | Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial)<br>RODGER BRYANT   | •                 |   | Date of Receipt  |
| Mailing Address 5432 CAVENDISH   | DR                |   | 0 6 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| City   | State             | Zip Code  | Transaction ID: INC.A.82931  |
| MURFREESBORO FEC ID number of contributing federal political committee.  | C                 | 37128   | Amount of Each Receipt this Period  25.00                                |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation AVP MA | T MGMT AND COMM ACCT  | <del>-</del><br>S  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>325.00  |  |
| SUBTOTAL of Receipts This Page (optional   | ال                | ·····   | 100.00   |
| TOTAL This Period (last page this line num   | ber only)         | <b>&gt;</b>   |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 222 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                                |
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| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any perso<br>the name and address of any political committee to<br>POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MS VIVIAN BULGER Mailing Address 120 EAST MAIN ST  City WASHINGTONVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NY 10992  C  Occupation SR DIR FINANCE  Aggregate Year-to-Date  260.00   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82671  Amount of Each Receipt this Period  20.00 |
| Full Name (Last, First, Middle Initial)  AMANDA BUNDY  Mailing Address 5812 SEVEN POINT  City  HERMITAGE  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General  Other (specify)        | State Zip Code TN 37076  C  Occupation VP REIMBURSEMENT Aggregate Year-to-Date   650.00   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) GEORGE BURNITE  Mailing Address 68 WOODLAND DR  City CHURCHVILLE  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)          | State Zip Code PA 18966  C  Occupation DIR SALES PLANNING  Aggregate Year-to-Date  325.00   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional)  | )   | 95.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | ()                                   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 223 / 409 (check only one)    X           |
|---|--------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full) | d Statements may<br>the name and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions                  |
| MEDCO HEALTH SOLUTIONS INC  | C. POLITICAL A                       | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial)  MR KEVIN BURON   |                                      |   | Date of Receipt   |
| Mailing Address 25 TIMBERLAND   |                                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City  | State                                | Zip Code  | Transaction ID: INC.A.82558                                     |
| ALISO VIEJO  FEC ID number of contributing federal political committee.   | CA                                   | 92656   | Amount of Each Receipt this Period  50.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM                     | 1   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial)  KAREN CALANDRO   |                                      |   | Date of Receipt   |
| Mailing Address 306 FOREST LANE   |                                      |   | 0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| City<br><u>SCHAUMBURG</u>   | State<br>IL                          | Zip Code<br>60139   | Transaction ID: INC.A.82904  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C                                    | 30100   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation REG DIR                   | ACCT MGMT   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MRS DOREEN CALDER   |                                      |   | Date of Receipt   |
| Mailing Address 441 S ELM STREE   | Τ                                    |   | 06 19 2010  |
| City  | State                                | Zip Code  | Transaction ID: INC.A.82318                                     |
| MAYWOOD  FEC ID number of contributing federal political committee.   | NJ<br>C                              | 07607   | Amount of Each Receipt this Period 40.00                        |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PRO                   | DUCT DEVELOPMENT  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | Year-to-Date ▼ 520.00   |   |
| SUBTOTAL of Receipts This Page (optional  | l)                                   |   | 115.00  |
| TOTAL This Period (last page this line numl   | ber only)                            | <b>)</b>  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 224 / 409 (check only one)    X |
|---|-----------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may        | not be sold or used by any persol<br>dress of any political committee to      | on for the purpose of soliciting contributions        |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.                                       | POLITICAL /           | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)                                  |
| Full Name (Last, First, Middle Initial) MR FRANK CANNISTRARO                                  |                       |   | Date of Receipt                                       |
| Mailing Address 146 SEMINOLE AVE  |                       |   | 06 19 2010  |
| City  | State                 | Zip Code  | Transaction ID: INC.A.82422                           |
| NEW MILFORD   | NJ                    | 07646   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                                    | С                     |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR FINA |   |   |
| Receipt For:  | Aggregate             | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 0 0                   | 325.00  |   |
| Full Name (Last, First, Middle Initial)<br>MR GABRIEL CAPPUCCI                                |                       |   | Date of Receipt                                       |
| Mailing Address 119 WASHINGTON A  | AVENUE                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City  | State                 | Zip Code  | Transaction ID: INC.A.82652                           |
| CHATHAM   | NJ                    | 07928   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                                    | C                     |   | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SVP & C  | n<br>ONTROLLER  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate             | Year-to-Date ▼ 2500.03  |   |
| Full Name (Last, First, Middle Initial)<br>MS BARBARA CARIGAN                                 |                       |   | Date of Receipt                                       |
| Mailing Address 3898 ERVA ST.   |                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City  | State                 | Zip Code  | Transaction ID: INC.A.82836                           |
| LAS VEGAS   | NV                    | 89147   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                                    | C                     |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR HR   | n   |   |
| Receipt For:  | Aggregate             | Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   |                       | 650.00  |   |
| SUBTOTAL of Receipts This Page (optional)   |                       |   | 242.31  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 225 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|---------|---|--------------------------------|---|---|
| ,       | Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | statements may<br>name and add | y not be sold or used by any person<br>dress of any political committee to    | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MR MARK CARLSON  Mailing Address 66 BIRDSONG PARKY  | A/AV/                          |   | Date of Receipt   |
|         | Maining Address 66 BIRDSONG PARK  | VVAT                           |   | 06 19 2010  |
|         | City  | State                          | Zip Code  | Transaction ID: INC.A.82608   |
|         | ORCHARD PARK  | NY                             | 14127   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR DIR I          | n<br>HLTH CARE OPS  |   |
|         | Receipt For:  | Aggregate                      | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼   |                                | 325.00  |   |
| –<br>В. | Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI   | 1                              |   | Date of Receipt   |
|         | Mailing Address 24 SHERI DRIVE  |                                |   | 06 19 2010  |
|         | City  | State                          | Zip Code  | Transaction ID: INC.A.82667   |
|         | ALLENDALE   | NJ                             | 07401   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                              |   | 52.50   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | . '                            | VP MARKET STRATEGY &  | DEV   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 682.50   |   |
| _<br>C. | Full Name (Last, First, Middle Initial)<br>JOSEPH CASACCIA JR   |                                |   | Date of Receipt   |
|         | Mailing Address 9788 LIPSEY CV  |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | CERMANITOWN   | State                          | Zip Code  | Transaction ID: INC.A.82627   |
|         | GERMANTOWN  | TN                             | 38139   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  |                                | FESSIONAL PRACTICES   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
|         | SUBTOTAL of Receipts This Page (optional)   |                                |   | 102.50  |
| t       | TOTAL This Period (last page this line number   |                                | <u> </u>  |   |

|            | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 226 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|------------|---|----------------------|---|---|
|            | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and add       | dress of any political committee to   | solicit contributions from such committee.  |
|            | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL /          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A.         | Full Name (Last, First, Middle Initial) MR BARRY CESANEK  |                      |   | Date of Receipt   |
|            | Mailing Address 5 LEXINGTON CT  |                      |   | 06 19 7 2010  |
|            | City<br>SHAMONG   | State<br>NJ          | Zip Code<br>08088   | Transaction ID: INC.A.82568  Amount of Each Receipt this Period                   |
|            | FEC ID number of contributing federal political committee.  | C                    |   | 12.50   |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP PRO  |   |   |
|            | Receipt For:  Primary General  Other (specify) ▼  |                      | e Year-to-Date ▼<br>237.50  |   |
| -<br>В.    | Full Name (Last, First, Middle Initial) MR MARVEN CHIN Mailing Address 1604 SNOWBERRY D                                     | I                    |   | Date of Receipt   |
|            |   | 06 19 2010           |   |   |
|            | City<br>WILLIAMSTOWN  | State<br>NJ          | Zip Code<br>08094   | Transaction ID: INC.A.82824  Amount of Each Receipt this Period                   |
|            | FEC ID number of contributing federal political committee.  | C                    |   | 12.50   |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR QUA |   |   |
|            | Receipt For:  Primary General  Other (specify) ▼  |                      | e Year-to-Date ▼<br>325.00  |   |
| -<br>С.    | Full Name (Last, First, Middle Initial)<br>HWEI-CHUNG CHOU  | <u> </u>             |   | Date of Receipt   |
| <b>O</b> . | Mailing Address 36 TANGLEWOOD Ho  | OLLOW                |   | M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
|            | City  | State                | Zip Code  | Transaction ID: INC.A.82886   |
|            | UPPER SADDLE RIVER  FEC ID number of contributing federal political committee.  | NJ<br>C              | 07458   | Amount of Each Receipt this Period  25.00   |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR TEC | n<br>:HNOLOGY   |   |
|            | Receipt For:  Primary General  Other (specify) ▼  |                      | e Year-to-Date ▼ 325.00   |   |
| ſ          | SUBTOTAL of Receipts This Page (optional)   |                      |   | 50.00   |
|            | TOTAL This Period (last page this line number   |                      | <u> </u>  |   |

|                | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                              | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 227 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 11 |
|----------------|--|------------------------------|---|--|
| \<br>\<br>\    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and add                 | dress of any political committee to                                     | solicit contributions from such committee.   |
| <b>∠</b><br>4. | Full Name (Last, First, Middle Initial)  MR RAYMOND CHUNG  Mailing Address 186 CROWN POINT F   | RD.                          | <u> </u>  | Date of Receipt  0 6 1 9 2 0 1 0   |
|                | City PARSIPPANY  | State<br>NJ                  | Zip Code<br>07054   | Transaction ID: INC.A.82828  Amount of Each Receipt this Period                    |
|                | FEC ID number of contributing federal political committee.   | C                            |   | 25.00  |
|                | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | Occupation DIR HLT Aggregate |   |  |
| _<br>3.        | Full Name (Last, First, Middle Initial) MRS MARLENE CLEMENT Mailing Address 42 MESQUITE VILLAC   | GE CIR                       |   | Date of Receipt  0 6 1 9 2 0 1 0   |
|                | City   | State                        | Zip Code  | Transaction ID: INC.A.82523  |
|                | HENDERSON FEC ID number of contributing federal political committee.   | C                            | 89012   | Amount of Each Receipt this Period  12.50  |
|                | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CUS           |   |  |
|                | Receipt For: Primary General Other (specify)   | Aggregate                    | Year-to-Date ▼ 325.00   | ]  |
| _<br>:.        | Full Name (Last, First, Middle Initial) MR DANIEL COLE Mailing Address 2901 HIDDEN HILLS \   | WAY                          |   | Date of Receipt  0 6 1 9 2 0 1 0   |
|                | City   | State                        | Zip Code  | Transaction ID: INC.A.82927  |
|                | CORONA  FEC ID number of contributing federal political committee.   | CA                           | 92882   | Amount of Each Receipt this Period  25.00  |
|                | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation GENERA            | n<br>AL MGR - MULTI BRANCH  |  |
|                | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                    | Year-to-Date ▼<br>285.00  |  |
|                | SUBTOTAL of Receipts This Page (optional)  |                              |   | 62.50  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | • /                                  | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one)    X   11a   |
|--|--------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | d Statements may<br>the name and add | not be sold or used by any persidress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                       | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR JASON COLE                                    |                                      |   | Date of Receipt   |
| Mailing Address 14917 E BELLA VIS  | STA                                  |   | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O   |
| City   | State                                | Zip Code  | Transaction ID: INC.A.82539   |
| VERADALE   | WA                                   | 99037   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                                    |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM                     | n   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MS SUSAN COLUCCI                                 |                                      |   | Date of Receipt   |
| Mailing Address 703 SUCCASUNNA   | A RD.                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                | Zip Code  | Transaction ID: INC.A.82842   |
| LANDING  FEC ID number of contributing federal political committee.                      | NJ<br>C                              | 07850   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR HLT                   |   |   |
| Receipt For:   | <del>  '</del>                       | Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  | 0 0                                  | 325.00  |   |
| Full Name (Last, First, Middle Initial) WILLIAM CONSIDINE                                |                                      |   | Date of Receipt   |
| Mailing Address 130 WEST 67TH S  | TREET, #4J                           |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| City   | State                                | Zip Code  | Transaction ID: INC.A.82802   |
| NEW YORK   | NY                                   | 10023   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                                    |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR 1                  | TECHNOLOGY  |   |
| Receipt For: Primary General   | Aggregate                            | Year-to-Date ▼  |   |
| Other (specify)  |                                      | 325.00  |   |
| SUBTOTAL of Receipts This Page (optional   | l)                                   | )   | 75.00   |

|  | EDULE A (FEC Form 3X) IZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 229 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 17                               |
|--|--|--------------------------------|---|--|
| or for co                                | ormation copied from such Reports and Statemercial purposes, other than using the rate OF COMMITTEE (In Full) DCO HEALTH SOLUTIONS INC. Po   | name and add                   | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.  a. Medco Health PAC)  |
| A. MR F Maili City RAN FEC feder Nam MED | Name (Last, First, Middle Initial) ROBERT COOK  IN Address 270 S FRANKLIN TURN  MSEY  ID number of contributing ral political committee.  e of Employer OCO HEALTH SOLUTIONS  sipt For: Primary General  | State NJ  C Occupatio SR DIR I | HLTH CARE OPS<br>e Year-to-Date ▼   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82395  Amount of Each Receipt this Period  25.00 |
| B. JEFF Maili City EAL FEC feder Nam ACC | Other (specify)  Name (Last, First, Middle Initial) FREY COOLE Ing Address 155 ASTON HALL DRIV  OS ID number of contributing ral political committee.  e of Employer CREDO HEALTH GROUP  Sipt For: Primary General Other (specify)   Other (specify) | State TN C Occupatio VP TAX    | Zip Code 38028  n AND REGULATORY REPOI  | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| C. ANTO Maili City CHA FEC feder Nam MED | Name (Last, First, Middle Initial) ONIO CORREIA  ng Address 19 WILLIAMS LANE  APPAQUA  ID number of contributing ral political committee.  e of Employer OCO HEALTH SOLUTIONS  eipt For: Primary General Other (specify)                             |                                | Zip Code<br>10514<br>INESS DEV<br>e Year-to-Date ▼                            | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82860  Amount of Each Receipt this Period  50.00 |
| SUBTO                                    | OTAL of Receipts This Page (optional)  |                                |   | 125.00   |

|             | EHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | Check only one  |
|-------------|--|---|---|---|
| Any<br>or f | r information copied from such Reports and S<br>or commercial purposes, other than using the | tatements may   | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \           | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F                                    | POLITICAL A   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
|             | Full Name (Last, First, Middle Initial)<br>MRS BARBARA COSGRIFF                              |   |   | Date of Receipt   |
| İ           | Mailing Address 2045 MAYFAIR MCLE  | AN COURT  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|             | City<br>FALLS CHURCH   | State<br>VA   | Zip Code<br>22043   | Transaction ID: INC.A.82902  Amount of Each Receipt this Period                           |
| Ī           | FEC ID number of contributing federal political committee.                                   | С   |   | 195.00  |
| i           | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP PUE  | n<br>BLIC POL&EXTRNL AFFAIR   | S   |
| Ī           | Receipt For:  Primary  General  Other (specify)  |   | e Year-to-Date ▼<br>2535.00   |   |
|             | Full Name (Last, First, Middle Initial)<br>MR STEPHEN COURTMAN                               |   |   | Date of Receipt   |
| -           | Mailing Address 25 FAIRWAY TRAIL   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
|             | City<br>SPARTA   | State<br>NJ   | Zip Code<br>07871   | Transaction ID: INC.A.82525  Amount of Each Receipt this Period                           |
| Ī           | FEC ID number of contributing rederal political committee.                                   | C   | 07071   | 192.31  |
| i           | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio   | n<br>ARMACY NETWORK MGMT  | -   |
| Ī           | Receipt For:  Primary  General  Other (specify) ▼  | . '   | e Year-to-Date ▼<br>2500.03   |   |
|             | Full Name (Last, First, Middle Initial)<br>MR HART COVEN                                     |   |   | Date of Receipt   |
| -           | Mailing Address 28 OAK LANE  |   |   | M M / D D / Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
|             | City<br>MORRISTOWN   | State   | Zip Code  | Transaction ID: INC.A.82637   |
|             | FEC ID number of contributing rederal political committee.                                   | C   | 07960   | Amount of Each Receipt this Period  50.00   |
| i           | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP BIAC  |   |   |
| Ī           | Receipt For: Primary General Other (specify)   |   | e Year-to-Date ▼<br>650.00  |   |
|             | BTOTAL of Receipts This Page (optional)  | I   |   | 437.31  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 231 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 1                                       |
|---|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any persite name and address of any political committee the POLITICAL ACTION COMMITTEE (a.k.) | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) JONATHAN COX Mailing Address 9638 DOVE SPRING  City GERMANTOWN  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP | State Zip Code TN 38139  C Occupation VP BUS DEV  | Date of Receipt    M   M   D   D   2 0 1 0    Transaction ID: INC.A.82899    Amount of Each Receipt this Period   25.00 |
| Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)   | Aggregate Year-to-Date ▼ 325.00   |   |
| MR ROBERT CRAIG  Mailing Address 7979 E SANTA CATA  |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y  |
| City  | State Zip Code  | Transaction ID: INC.A.82507   |
| SCOTTSDALE FEC ID number of contributing federal political committee.   | AZ 85255  | Amount of Each Receipt this Period  60.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC DIR PRODUCT   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 780.00   |   |
| Full Name (Last, First, Middle Initial) MR PETER CSUTOROS   |   | Date of Receipt   |
| Mailing Address 16 PLEASANT AVEN  | IUE   | 0 6 1 9 2 0 1 0   |
| City<br>LINCOLN PARK  | State Zip Code<br>NJ 07035  | Transaction ID: INC.A.82794  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR FINANCE  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00   |   |
|   | 1   | <u> </u>  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | <b>X</b> )                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 232 / 409   (check only one)  |
|--|--|---|---|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may<br>g the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                  | IC. POLITICAL A                          | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial)  MR DAVID CUNNOLD                              |  |   | Date of Receipt   |
| Mailing Address 5005 JONQUILLA   | DRIVE                                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                    | Zip Code  | Transaction ID: INC.A.82856   |
| ALPHARETTA   | GA                                       | 30004   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                             | C  |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR ACC                       |   |   |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate                                | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR ANGELO CUOZZO                               |  |   | Date of Receipt   |
| Mailing Address 19 IDA COURT   |  |   | 0 6 1 9 2 0 1 0   |
| City   | State                                    | Zip Code  | Transaction ID: INC.A.82576   |
| STATEN ISLAND  | NY                                       | 10312   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                             | C  |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR TEC                       | n<br>HNOLOGY  |   |
| Receipt For:   | Aggregate                                | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  |  | 325.00  |   |
| Full Name (Last, First, Middle Initial) JANET DAGLEY                                   |  |   | Date of Receipt   |
| Mailing Address 721 BROWNLEE   | DRIVE                                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                    | Zip Code  | Transaction ID: INC.A.82962   |
| NASHVILLE  | TN                                       | 37205   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                             | C  |   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR MAF                       |   |   |
| Receipt For:   | Aggregate                                | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  |  | 325.00  | ]   |
| SUBTOTAL of Receipts This Page (option   | al)                                      | <b>)</b>  | 75.00   |
| TOTAL This Period (last page this line nur   | mber only)                               |   |   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS   | Use separate sch<br>for each category<br>Detailed Summar                            | of the  |
|--|---|---|
| Any information copied from such Report or for commercial purposes, other than u | s and Statements may not be sold or used sing the name and address of any political | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS                               | INC. POLITICAL ACTION COMMIT  | TEE (a.k.a. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR AJAY DALAL                            |   | Date of Receipt   |
| Mailing Address 4603 NEWCAS  | TLE DRIVE   | 0 6 1 9 2 0 1 0   |
| City<br>FRISCO   | State Zip Code<br>TX 75034  | Transaction ID: INC.A.82851  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                       | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                       | Occupation DIR CLINICAL SVCS  |   |
| Receipt For:  Primary General  Other (specify) ▼                                 | Aggregate Year-to-Date ▼  | 275.00  |
| Full Name (Last, First, Middle Initial) MR JOHN DALY                             | I   | Date of Receipt   |
| Mailing Address 46 BLUEBELL (  | M M / D D / Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |   |
| City<br>PARAMUS  | State Zip Code<br>NJ 07652  | Transaction ID: INC.A.82683  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                       | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                       | Occupation SR DIR TECHNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼                                 | Aggregate Year-to-Date ▼  | 325.00  |
| Full Name (Last, First, Middle Initial) MS ROSELIN DANIEL                        |   | Date of Receipt   |
| Mailing Address 17 DEVONSHIF   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |   |
| City<br>RANDOLPH   | State Zip Code<br>NJ 07869  | Transaction ID: INC.A.82646  Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                       | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                       | Occupation SR DIR TECHNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼                                 | Aggregate Year-to-Date ▼  | 325.00  |
| SURTOTAL of Receipts This Page (onl  | ional)  | 75.00   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 234 / 409 (check only one)  X 11a 11b 11c 12                       |
|----|---|----------------------------------|---|--|
| Ar | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may<br>e name and add | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL A                      | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
|    | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 4450 DUNING DE DEN                           | <i>I</i> F                       |   | Date of Receipt  |
|    | Mailing Address 4156 DUNMORE DRIV   | VE<br>State                      | Zip Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82622   |
|    | LAKE WALES  | FL                               | 33859   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.  | С                                |   | 25.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM                 | n   |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                        | Year-to-Date ▼ 650.00   |  |
|    | Full Name (Last, First, Middle Initial) MS MARY DASCHNER  |                                  |   | Date of Receipt  |
|    | Mailing Address 2926 EWING AVE S  |                                  |   | 06 19 / 2010   |
|    | City  | State                            | Zip Code  | Transaction ID: INC.A.82485  |
|    | MINNEAPOLIS   | MN                               | 55416   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.  | С                                |   | 192.30   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation GROUP                 | n<br>PRES RETIREE SOLUTION  | IS   |
|    | Receipt For:  | Aggregate                        | Year-to-Date ▼  |  |
|    | Primary General  Other (specify) ▼  |                                  | 2499.90   |  |
|    | Full Name (Last, First, Middle Initial)<br>MR ANDREW DAVIS  | •                                |   | Date of Receipt  |
|    | Mailing Address 5616 BROOK DRIVE  |                                  |   | 06 19 2010   |
|    | City  | State                            | Zip Code  | Transaction ID: INC.A.82504  |
|    | EDINA   | MN                               | 55439   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.  | C                                |   | 50.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                                  | ATEGIC INIT/GOVT PROGR  | A M  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                        | Year-to-Date ▼ 650.00   |  |
|    | UBTOTAL of Receipts This Page (optional)  |                                  |   | 267.30   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>()</b>              | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 235 / 409 (check only one)    X     |
|--|------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add       | ress of any political committee to                                      | solicit contributions from such committee.                |
| Full Name (Last, First, Middle Initial) MR BARRY DAVIS Mailing Address 11 WEISS DR  City   | State                  | Zip Code  | Date of Receipt  0 6 19 2010  Transaction ID: INC.A.82712 |
| TOWACO FEC ID number of contributing federal political committee.  | NJ<br>C                | 07082   | Amount of Each Receipt this Period                        |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼   | <del>- ' '</del>       | ENERAL MGR<br>Year-to-Date ▼<br>2496.00                                 |   |
| Full Name (Last, First, Middle Initial) WARREN DAVIS Mailing Address 3131 SADDLEGAIT   | COVE                   |   | Date of Receipt  0 6 1 9 2 0 1 0                          |
| City   | State                  | Zip Code  | Transaction ID: INC.A.82959                               |
| GERMANTOWN  FEC ID number of contributing federal political committee.   | C                      | 38138   | Amount of Each Receipt this Period  25.00                 |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR BUS     |   |   |
| Receipt For:  Primary  General  Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial) MR DANIEL DAVISON  | <b> </b>               |   | Date of Receipt   |
| Mailing Address 908 STERLING DR  | IIVE                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y               |
| City   | State                  | Zip Code  | Transaction ID: INC.A.82668                               |
| FRANKLIN LAKES  FEC ID number of contributing federal political committee.   | NJ<br>C                | 07417   | Amount of Each Receipt this Period  50.00                 |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP FINA | ANCIAL PLANNING   |   |
| Receipt For:  Primary General  Other (specify) ▼   |                        | Year-to-Date ▼ 650.00   |   |
|  |                        |   |   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | ^)                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 236 / 409   (check only one)  |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR CARLTON DEBRULE                               |                                       |   | Date of Receipt   |
| Mailing Address 12 0AKLAND DR  |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>MONTVALE   | State<br>NJ                           | Zip Code<br>07645   | Transaction ID: INC.A.82715   |
| FEC ID number of contributing federal political committee.                               | C                                     | 07043   | Amount of Each Receipt this Period  55.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP BUSI                    | n<br>NESS REQUIREMENTS  |   |
| Receipt For:  Primary  General  Other (specify) ▼  | <del>- + -</del>                      | Year-to-Date ▼ 715.00   |   |
| Full Name (Last, First, Middle Initial) MS KATHLEEN DEFABIIS                             |                                       |   | Date of Receipt   |
| Mailing Address 104 HUDSON AVE   |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>WALDWICK   | State<br>NJ                           | Zip Code<br>07463   | Transaction ID: INC.A.82750  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C                                     | 07400   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CLIF                   | n<br>ENT SVC DELIVERY   |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del>, '</del>                        | e Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS                             |                                       |   | Date of Receipt   |
| Mailing Address N108 W7045 BERI  | KSHIRE STREE                          | T   | 0 6 1 9 2 0 1 0   |
| City<br>CEDARBURG  | State<br>WI                           | Zip Code<br>53012   | Transaction ID: INC.A.82595  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C                                     | 33012   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR A                   | n<br>ACCT MGMT  |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del></del>                           | Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (optional   | al)                                   |   | 105.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 237 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17   |
|--|---|---|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | nd Statements may not be sold or used by any perso<br>the name and address of any political committee to<br>C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO Mailing Address 80 HILLSIDE AVEN  City GLEN RIDGE  FEC ID number of contributing                               | ·   | Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 1 9 2 0 1 0  Transaction ID: INC.A.82554  Amount of Each Receipt this Period  25.00 |
| Receipt For:  Primary  Other (specify) ▼   | Occupation ASST COUNSEL Aggregate Year-to-Date  325.00  |   |
| Full Name (Last, First, Middle Initial)  MS TONI DEMANSS  Mailing Address 32 RED BARN LAN  City  WEST MILFORD  FEC ID number of contributing                               | State Zip Code NJ 07480   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation DIR FINANCE  Aggregate Year-to-Date   325.00   | 25.00   |
| Full Name (Last, First, Middle Initial) MS ANN-MARGARET DEMARCO Mailing Address 1 RUGBY ROAD  City CEDAR GROVE  FEC ID number of contributing federal political committee. | State Zip Code NJ 07009   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For:   | Occupation DIR FINANCE  Aggregate Year-to-Date ▼  | _   |
| Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)   | 325.00  | 75.00   |

|         | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 238 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|---------|---|--------------------------------|---|---|
| _       | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | ly not be sold or used by any persoldress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL                      | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MS MAUREEN DEMPSEY  |                                |   | Date of Receipt   |
|         | Mailing Address 17 RICHWOOD PLAG  |                                |   | 06 19 2010  |
|         | City<br><u>DENVILLE</u>   | State<br>NJ                    | Zip Code<br>07834   | Transaction ID: INC.A.82834  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR MEI             | on<br>DICARE COMPLIANCE   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
| -<br>В. | Full Name (Last, First, Middle Initial) MR JAMES DENBY  | 1                              |   | Date of Receipt   |
|         | Mailing Address 78 SHERWOOD ST  |                                |   | 06 19 2010  |
|         | City<br>CLIFTON   | State<br>NJ                    | Zip Code<br>07013   | Transaction ID: INC.A.82505  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                              | 0,010   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              | on<br>FINANCE   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
| -<br>С. | Full Name (Last, First, Middle Initial) MR PATRICK DENNIS   | 1                              |   | Date of Receipt   |
|         | Mailing Address 2344 FRENCH ALPS  | AVE.                           |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City<br>HENDERSON   | State<br>NV                    | Zip Code<br>89044   | Transaction ID: INC.A.82452  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                              |   | 12.50   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM               | on  |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
|         | SUBTOTAL of Receipts This Page (optional) .   | 1                              |   | 62.50   |
|         | TOTAL This Period (last page this line numbe  | r only)                        |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 239 / 409 (check only one)    X          |
|---|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any per ne name and address of any political committee  POLITICAL ACTION COMMITTEE (a.k | to solicit contributions from such committee.                  |
| Full Name (Last, First, Middle Initial) MR JOHN DERRICO Mailing Address 195 HACKENSACK  City HARRINGTON PARK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | · ·   | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) JUDITH DERRINGER  Mailing Address 3306 SHALLOW CO  City CRESTWOOD  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)      | VE COURT  State Zip Code KY 40014  C  Occupation GENERAL MGR - MULTI BRANCH Aggregate Year-to-Date  325.00                    | Date of Receipt    M M   |
| Full Name (Last, First, Middle Initial) MS LAURA DEVEAU Mailing Address 2289 BEDFORD ST  City STAMFORD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)       | State Zip Code CT 06905  C  Occupation SR DIR PRODUCT MGMT  Aggregate Year-to-Date  325.00                                    | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional)   |   | 75.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | )                      | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 240 / 409 (check only one)    X   11a             |
|--|------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC | the name and addre     | ess of any political committee to                                       | solicit contributions from such committee.                              |
| Full Name (Last, First, Middle Initial) MS KAREN DEZEARN   | . I GEITIONE AC        | THOIR GOINNITTEE (d.i.v.d   | Date of Receipt   |
| Mailing Address 4740 BRINKLEY LA   | NE NE                  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| City   | State                  | Zip Code  | Transaction ID: INC.A.82360   |
| <u>ATLANTA</u>   | GA                     | 30342   | Amount of Each Receipt this Period                                      |
| FEC ID number of contributing federal political committee.   | C                      |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR NATL  | ACCT EXEC   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y            | /ear-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial) MS TAMARA DIDYK  |                        |   | Date of Receipt   |
| Mailing Address 136 BEAVER RUN F   | RD                     |   | M M / D D / Y Y Y Y Y Y Y Y Y 19 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| City   | State                  | Zip Code  | Transaction ID: INC.A.82599   |
| LAFAYETTE  | NJ                     | 07848   | Amount of Each Receipt this Period                                      |
| FEC ID number of contributing federal political committee.   | С                      |   | 12.50   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR ENTE    | RPRISE OPS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y            | /ear-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial) MS PATRICIA DODDS  |                        |   | Date of Receipt   |
| Mailing Address 28W250 RIVIERA C   | т                      |   | 0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| City<br>BARTLETT   | State<br>IL            | Zip Code<br>60103   | Transaction ID: INC.A.82414  Amount of Each Receipt this Period         |
| FEC ID number of contributing federal political committee.   | C                      |   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation<br>SPECIALT | Y NATL SALES EXEC   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y            | rear-to-Date ▼<br>325.00  |   |
| SUBTOTAL of Receipts This Page (optional)  | )                      |   | 62.50   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 241 / 409 (check only one)    X |
|---|------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements mage name and add | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions        |
| MEDCO HEALTH SOLUTIONS INC.   | POLITICAL /                  | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)                                  |
| Full Name (Last, First, Middle Initial) ANDREW DOEDYNS  |                              |   | Date of Receipt                                       |
| Mailing Address 117 CREST DRIVE   | 01-1-                        | 7's Oads  | 06 19 2010  |
| City  | State                        | Zip Code  | Transaction ID: INC.A.82919                           |
| BEAVER  | PA                           | 15009   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C                            |   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>DIR REG         | n<br>BIONAL OPS   |   |
| Receipt For:  | Aggregate                    | e Year-to-Date 🔻  |   |
| Primary General Other (specify) ▼   |                              | 325.00  |   |
| Full Name (Last, First, Middle Initial)<br>MR ROBERT DOLAN  |                              |   | Date of Receipt                                       |
| Mailing Address 9 CRANE AVENUE  |                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City  | State                        | Zip Code  | Transaction ID: INC.A.82650                           |
| WEST CALDWELL   | NJ                           | 07006   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C                            |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR TEC         | n<br>HNOLOGY  |   |
| Receipt For: Primary General Other (specify)  | Aggregate                    | e Year-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial) MS JUDITH DONNELLY  |                              |   | Date of Receipt                                       |
| Mailing Address 3 IRONWORKS ROA   | D                            |   | 0 6 1 9 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y         |
| City  | State                        | Zip Code  | Transaction ID: INC.A.82747                           |
| MONROE  | NY                           | 10950   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C                            |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR FINA        |   |   |
| Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 0 0                          | 325.00  |   |
| SUBTOTAL of Receipts This Page (optional) .   |                              |   | 75.00   |

|         | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 242 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|---------|--|-----------------------------|---|---|
| 2       | any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL /                 | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MS MERIDITH DORNER Mailing Address 8010 ORCHARD VIEV       | V I ANIT                    |   | Date of Receipt   |
|         | Walling Address 8010 ORCHARD VIEV  | V LAINE                     |   | 06 19 2010  |
|         | City   | State                       | Zip Code  | Transaction ID: INC.A.82384   |
|         | FOGELSVILLE  | PA                          | 18051   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                           |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>NATL AC        | n<br>DCT EXEC   |   |
|         | Receipt For:   | Aggregate                   | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼  |                             | 325.00  |   |
| —<br>В. | Full Name (Last, First, Middle Initial) MICHEL DUFRESNE  | l                           |   | Date of Receipt   |
|         | Mailing Address 41ELM ST APT 3P  |                             |   | 06 19 2010  |
|         | City   | State                       | Zip Code  | Transaction ID: INC.A.82792   |
|         | MORRISTOWN   | NJ                          | 07960   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                           |   | 192.30  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP ENTE        | n<br>ERPRISE BUS INTELLIGEN   | CE  |
|         | Receipt For: Primary General   | Aggregate                   | e Year-to-Date ▼  |   |
|         | Other (specify)  |                             | 2499.90   |   |
| _<br>С. | Full Name (Last, First, Middle Initial)<br>MR DANA DUNCAN  |                             |   | Date of Receipt   |
|         | Mailing Address 125 COMSTOCK TRA   | IL                          |   | 06 19 2010  |
|         | City   | State<br>CT                 | Zip Code  | Transaction ID: INC.A.82575   |
|         | EAST HAMPTON FEC ID number of contributing   |                             | 06424   | Amount of Each Receipt this Period  |
|         | federal political committee.   | C                           |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                             | TECHNOLOGY  |   |
|         | Receipt For: Primary General   | Aggregate                   | e Year-to-Date ▼  |   |
|         | Other (specify) ▼  |                             | 325.00  |   |
|         | SUBTOTAL of Receipts This Page (optional)  | <u> </u>                    | <b>_</b>  | 242.30  |
| F       | TOTAL This Period (last page this line number  |                             | <u> </u>  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 243 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17   |
|--|--|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any persone name and address of any political committee to  POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR PETER DUNLEAVY Mailing Address 2 DECKER TERRAC  City KINNELON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  | E  State Zip Code NJ 07405  C  Occupation SR DIR FINANCE Aggregate Year-to-Date ▼  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR STEPHEN DUNLEAVY Mailing Address 14026 KNOX STREE  City OVERLAND PARK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:                         | 325.00  State Zip Code KS 66221  C  Occupation VP SALES SEGMENT LEADER  Aggregate Year-to-Date ▼                                     | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 19 2010  Transaction ID: INC.A.82448  Amount of Each Receipt this Period  50.00 |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR MARK DUNN  Mailing Address 2 OLD MILL ROAD  City SANDY HOOK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼ | State Zip Code CT 06482  C  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date   455.00  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82421  Amount of Each Receipt this Period  35.00              |
| SUBTOTAL of Receipts This Page (optional)  | 0 0 0 0 0 0 0 0  | 110.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | <b>K)</b>   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 244 / 409 (check only one)    X                  |
|---|---|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add                                  | dress of any political committee to                                     | solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial)  MR PETER DURAN  Mailing Address 875 HARRISTOWN   | N RD  |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City  GLEN ROCK  FEC ID number of contributing  | State<br>NJ                                       | Zip Code<br>07452   | Transaction ID: INC.A.82401  Amount of Each Receipt this Period  25.00 |
| Receipt For:  Primary  Other (specify) ▼  | Occupation DIR PRIN                               |   |  |
| Full Name (Last, First, Middle Initial)  MS SUZANNE DURY  Mailing Address 147 MIDLAND AVE   |   |   | Date of Receipt  0 6 1 9 2 0 1 0                                       |
| City<br>PARK RIDGE  | State<br>NJ                                       | Zip Code<br>07656   | Transaction ID: INC.A.82649  Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.  | C   |   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | - <del>                                    </del> | INESS REQUIREMENTS  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate   | Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial) MS REBECCA DYER   |   |   | Date of Receipt  |
| Mailing Address 1400 POPLAR EST   | TATES PKY   |   | 06 / 19 / Y Y Y Y Y  |
| City<br>GERMANTOWN  | State<br>TN                                       | Zip Code<br>38138   | Transaction ID: INC.A.82941  Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.  | C   |   | 25.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR RN F                               | n<br>PERF MGMT & IMPROVEM   | ENT  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate   | Year-to-Date ▼ 325.00   |  |
| SUBTOTAL of Receipts This Page (optional  | al)   |   | 75.00  |

| 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 commendate purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  MEDICO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a. k. a. Medco Health PAC)  Full Name (Last, First, Middle Initial)  Mis All RLINE EDLIN  Mailing Address 16 CHESTNUT STREET  City  State  PEC ID number of contributing federal political committee.  PEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  State Zip Code  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  WAUKESHA  WI S3188  FEC ID number of contributing federal political committee.  PEC ID number of contributing federal political committee.  City  State Zip Code  WY S3188  PEC ID number of contributing federal political committee.  City  State Zip Code  WAUKESHA  WI S3188  FEC ID number of contributing federal political committee.  City  State Zip Code  WY S3188  FEC ID number of contributing federal political committee.  City  State Zip Code  WY S3188  FULL Name (Last, First, Middle Initial)  Mis MoriAEL EDWARDS  Name of Engage and Sale Sale Sale Sale Sale Sale Sale Sale   | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | f                               | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 245 / 409 (check only one)    X   11a     |
|---|---|---------------------------------|---|---|
| Mailing Address 16 CHESTNUT STREET  City State Zip Code NY 12518  FEC ID number of contributing rederal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Fill Name (Last, First, Middle Initial) MS JANET EDWARDS  Mailing Address N8W27837 WOODRIDGE LANE  City State Zip Code WI S3188  FEC ID number of contributing rederal political committee.  City State Zip Code WI S3188  FEC ID number of contributing rederal political committee.  City State Zip Code WI S3188  FEC ID number of contributing rederal political committee.  City State Zip Code WI S3188  FEC ID number of contributing rederal political committee.  City State Zip Code Windle Initial)  MS JANET EDWARDS  Mailing Address Nature Sale Sale Sale Sale Sale Sale Sale Sal  | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | name and addres                 | s of any political committee to   | o solicit contributions from such committee.                    |
| Primary   | MS ARLENE EDLIN  Mailing Address 16 CHESTNUT STREE  City  CORNWALL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State NY  C Occupation VP SALES | 12518   | Transaction ID: INC.A.82720  Amount of Each Receipt this Period |
| Mailing Address N8W27837 WOODRIDGE LANE  City  WAUKESHA  WI 53188  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Occupation DIR CLINICAL SVCS  Railing Address 109 KAREN PLACE  City  State Zip Code WYCKOFF  NJ 07481  Date of Receipt  Transaction ID: INC.A.82841  Amount of Each Receipt this Period  Dia 25.00  Date of Receipt  Transaction ID: INC.A.82408  Amount of Each Receipt  Transaction ID: INC.A.82408  Amount of Each Receipt  Transaction ID: INC.A.82408  Amount of Each Receipt  Aggregate Year-to-Date ▼  Transaction ID: INC.A.82408  Amount of Each Receipt this Period  Transaction ID: INC.A.82408  Amount of Each Receipt this Period  Transaction ID: INC.A.82408  Amount of Each Receipt this Period  Transaction ID: INC.A.82408  Amount of Each Receipt this Period  Transaction ID: INC.A.82408  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼   | Primary General Other (specify)  Full Name (Last, First, Middle Initial)  | Aggregate To                    | 325.00  | Date of Receipt   |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR MICHAEL EDWARDS  Mailing Address 109 KAREN PLACE  City State Zip Code NJ 07481  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Occupation VP/GM  Receipt Transaction ID: INC.A.82408  Amount of Each Receipt this Period  Solution VP/GM  Aggregate Year-to-Date ▼  Solution Solution VP/GM  Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼  Solution Solutio |   |                                 | Zip Code  | 06 19 2010  |
| Receipt For:  | FEC ID number of contributing   |                                 | 53188   |   |
| MR MICHAEL EDWARDS  Mailing Address 109 KAREN PLACE  City State Zip Code WYCKOFF NJ 07481  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt Transaction ID: INC.A.82408  Amount of Each Receipt this Period  50.00  Cccupation VP/GM  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  650.00  | Receipt For:  Primary General   | DIR CLINIC                      | ar-to-Date ▼  |   |
| City State Zip Code NJ 07481  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  State Zip Code NJ 07481  C Amount of Each Receipt this Period  50.00  Transaction ID: INC.A.82408  Amount of Each Receipt this Period  50.00  | MR MICHAEL EDWARDS  |                                 |   | <u> </u>  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary Other (specify) ▼  Occupation VP/GM  Aggregate Year-to-Date ▼  650.00  | •   |                                 | •   | Transaction ID: INC.A.82408                                     |
| MEDCO HEALTH SOLUTIONS  VP/GM  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  650.00  | federal political committee.  |                                 |   | 50.00   |
| Other (specify) ▼ 650.00  | Receipt For:  | VP/GM                           | ar-to-Date ▼  |   |
| SUBTOTAL of Receipts This Page (optional)   |   |                                 | 650.00  |   |
|   | SUBTOTAL of Receipts This Page (optional)   |                                 |   | 100.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | <b>X</b> )  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 246 / 409   (check only one)                                      |
|---|---|---|---|
| Any information copied from such Reports are or for commercial purposes, other than using | nd Statements may<br>the name and add             | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                    | C. POLITICAL A                                    | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) DR EDWARD EISENBERG, MD                           |   |   | Date of Receipt   |
| Mailing Address 128 SUMMIT AVEN   | NUE   |   | 06 19 2010  |
| City<br>UPPER MONTCLAIR   | State<br>NJ                                       | Zip Code<br>07043   | Transaction ID: INC.A.82818  Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.                                | С   |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation MEDICA                                 | n<br>RE CHIEF MEDICAL OFFIC   | <br>CER   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate   | Year-to-Date ▼ 600.00   |   |
| Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON                               | I   |   | Date of Receipt   |
| Mailing Address 106 GRAHAM TER  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y       |   |   |
| City<br>SADDLE BROOK  | State<br>NJ                                       | Zip Code<br>07663   | Transaction ID: INC.A.82635   |
| FEC ID number of contributing federal political committee.                                | C   | 07003   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation TFCHNIC                                | n<br>CAL SPECIALIST   |   |
| Receipt For:  Primary  General  Other (specify) ▼   | <del>-                                     </del> | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN                                   | 1   |   | Date of Receipt   |
| Mailing Address 359 LONG HILL RO  | OAD EAST  |   | 0 6 1 9 2 0 1 0   |
| City<br>BRIARCLIFF MANOR  | State<br>NY                                       | Zip Code<br>10510   | Transaction ID: INC.A.82821   |
| FEC ID number of contributing federal political committee.                                | C   | 10310   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP COR                                 | P COMMUNICATIONS  |   |
| Receipt For:  Primary General  Other (specify) ▼  |   | Year-to-Date ▼ 650.00   |   |
| SUBTOTAL of Receipts This Page (optional  |   |   | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 247 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|--|----------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add         | dress of any political committee to   | solicit contributions from such committee.                                      |
| Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN  |                      |   | Date of Receipt   |
| Mailing Address 75 TWEED BLVD  |                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                     |
| City   | State                | Zip Code  | Transaction ID: INC.A.82310   |
| UPPER GRANDVIEW  | NY                   | 10960   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                    |   | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>CMO SV  | n<br>P MEDICAL&ANLYTC AFFR  | S   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>2500.03   |   |
| Full Name (Last, First, Middle Initial) MR SCOTT ERHARDT   |                      |   | Date of Receipt   |
| Mailing Address 11540 39TH AVE N   |                      |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
| City   | State                | Zip Code  | Transaction ID: INC.A.82510   |
| PLYMOUTH   | MN                   | 55441   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                    |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>EXEC DI | n<br>R ACCT MGMT  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS  |                      |   | Date of Receipt   |
| Mailing Address 100 WINSTON DRIVE 17 C NORTH   |                      |   | 0 6 1 9 2 0 1 0   |
| City   | State                | Zip Code  | Transaction ID: INC.A.82752   |
| CLIFFSIDE PARK   | NJ                   | 07010   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                    |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR  | n<br>FECHNOLOGY   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (optional)  |                      | <b>&gt;</b>   | 267.31  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 248 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | nd Statements may not be sold or used by any persor the name and address of any political committee to sold.  C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MR BRIAN EZROW Mailing Address 2524 WIEAND RO  City QUAKERTOWN   | AD State Zip Code PA 18951  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y                  |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  □ Primary □ General □ Other (specify) ▼         | Occupation SR DIR E-COM STRAT & DELI Aggregate Year-to-Date   325.00  | 25.00   |
| Full Name (Last, First, Middle Initial) MR STEVEN FANDETTI Mailing Address 15804 SORAWATE  City LITHIA  FEC ID number of contributing federal political committee. | State Zip Code FL 33547   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation NATL ACCT EXEC  Aggregate Year-to-Date ▼  650.00   | -   |
| Full Name (Last, First, Middle Initial) RICHARD FARIS Mailing Address 2020 HEATHER CO  | State Zip Code  | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| MEMPHIS  FEC ID number of contributing federal political committee.  | TN 38119 C Occupation   | Amount of Each Receipt this Period  50.00   |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼   | VP HEALTH OUTCOME SOLUTIONS  Aggregate Year-to-Date ▼  650.00   | <u>,                                    </u>                                      |
| SUBTOTAL of Receipts This Page (optional   | J)  | 125.00  |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS   | for e  | e separate schedule(s)<br>each category of the<br>ailed Summary Page | Check only one  |  |  |  |
|--|--|--|---|--|--|--|
| Any information copied from such Reports or for commercial purposes, other than us | s and Statements may not be<br>ing the name and address of | sold or used by any perso<br>any political committee to              | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS                                 | INC. POLITICAL ACTIO                                       | N COMMITTEE (a.k.a   | . Medco Health PAC)   |  |  |  |
| Full Name (Last, First, Middle Initial) SUSAN FAUST                                |  |  | Date of Receipt   |  |  |  |
|  | Mailing Address 6614 HERONSWOOD COVE                       |  |   |  |  |  |
| City<br>MEMPHIS  |  | o Code<br>3119   | Transaction ID: INC.A.82925  Amount of Each Receipt this Period                           |  |  |  |
| FEC ID number of contributing federal political committee.                         | C  |  | 50.00   |  |  |  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP CLIENT SL                                    | S AND MGD CARE   |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                   | Aggregate Year-to  | o-Date ▼ 650.00  |   |  |  |  |
| Full Name (Last, First, Middle Initial) MRS KATHARINE FEDUSKA                      | I  |  | Date of Receipt   |  |  |  |
| Mailing Address 2354 DOLPHIN   | СТ   |  | 0 6 1 9 2 0 1 0   |  |  |  |
| City<br>HENDERSON  |  | o Code<br>9074   | Transaction ID: INC.A.82556  Amount of Each Receipt this Period                           |  |  |  |
| FEC ID number of contributing federal political committee.                         | C  |  | 38.47   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR PHARM PI                                    | RACTICE  |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                   | Aggregate Year-to  |  |   |  |  |  |
| Full Name (Last, First, Middle Initial) DR RICHARD FEIFER                          |  |  | Date of Receipt   |  |  |  |
| Mailing Address 32 EILEEN DR   |  |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |  |
| City<br>MAHWAH   | ·  | o Code<br>7430   | Transaction ID: INC.A.82493   |  |  |  |
| FEC ID number of contributing federal political committee.                         | C  | 430  | Amount of Each Receipt this Period  50.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CARE ENH                                     | ANCING SOLUTIONS   | <del>-</del>  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                   | Aggregate Year-to  |  |   |  |  |  |
| SUBTOTAL of Receipts This Page (opti   | onal)  | <b>_</b>   | 138.47  |  |  |  |

|                | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 250 / 409 (check only one)    X           |
|----------------|--|---------------------|---|---|
| \<br>\<br>\    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and add        | dress of any political committee to                                     | o solicit contributions from such committee.                    |
| <u>∠</u><br>a. | Full Name (Last, First, Middle Initial) MR THOMAS FEITEL Mailing Address 58 APPLE HILL DR  |                     |   | Date of Receipt   |
|                | City<br>GILLETTE   | State<br>NJ         | Zip Code<br>07933   | Transaction ID: INC.A.82559  Amount of Each Receipt this Period |
|                | FEC ID number of contributing federal political committee.   | С                   |   | 192.23  |
|                | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   |                     | n<br>RP MKTG & E-COMM<br>Year-to-Date ▼<br>2498.99                      |   |
| <br>B.         | Full Name (Last, First, Middle Initial) MR STUART FELDMAN Mailing Address 109 MEADOWBROOK  | ( ROAD              |   | Date of Receipt  0 6 1 9 2 0 1 0                                |
|                | City   | State               | Zip Code  | Transaction ID: INC.A.82307                                     |
|                | RANDOLPH FEC ID number of contributing federal political committee.  | NJ<br>C             | 07869   | Amount of Each Receipt this Period  25.00                       |
|                | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                     | R TECHNOLOGY  |   |
|                | Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼<br>325.00  |   |
|                | Full Name (Last, First, Middle Initial) MS DAWN FELDNER  Mailing Address 275 BIRCH STREET  |                     |   | Date of Receipt  0 6 1 9 2 0 1 0                                |
|                | City   | State               | Zip Code  | Transaction ID: INC.A.82721                                     |
|                | EMERSON FEC ID number of contributing federal political committee.   | NJ<br>C             | 07630   | Amount of Each Receipt this Period  25.00                       |
|                | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR E | n<br>BUSINESS REQUIREMENT   | S   |
|                | Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | e Year-to-Date ▼ 325.00   |   |
|                | SUBTOTAL of Receipts This Page (optional)  |                     |   | 242.23  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 251 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 17          |
|---------|---|--------------------------------|---|---|
| 7       | Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO  |                                |   | Date of Receipt   |
|         | Mailing Address 464 SPRING AVE.   | Ctata                          | 7:n Oada  | 06 19 2010  |
|         | City<br>RIDGEWOOD   | State<br>NJ                    | Zip Code<br>07450   | Transaction ID: INC.A.82669  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR DIR            | n<br>TECHNOLOGY   |   |
|         | Receipt For:  Primary  General  Other (specify) ▼   |                                | e Year-to-Date ▼ 325.00   |   |
| –<br>В. | Full Name (Last, First, Middle Initial) MS EDYTHE FERRIS Mailing Address 246 SLATER RD  | <u> </u>                       |   | Date of Receipt   |
|         |   |                                |   | 06 19 2010  |
|         | City<br>TOLLAND   | State<br>CT                    | Zip Code<br>06084   | Transaction ID: INC.A.82399  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.  | C                              | 00007   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>EXEC DI           | n<br>IR CLINICAL SVCS   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 300.00   |   |
| _<br>С. | Full Name (Last, First, Middle Initial) RONALD FIELMANN   | 1                              |   | Date of Receipt   |
|         | Mailing Address 2061 ARLEEN CT  |                                |   | 0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City  | State<br>IL                    | Zip Code  | Transaction ID: INC.A.82926   |
|         | SCHAUMBURG  FEC ID number of contributing federal political committee.  | C                              | 60194   | Amount of Each Receipt this Period  25.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>AVP SAL           |   |   |
|         | Receipt For:  Primary  General  Other (specify) ▼   |                                | e Year-to-Date ▼ 325.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)   |                                |   | 75.00   |
|         | TOTAL This Period (last page this line number   |                                | <u> </u>  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 252 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11        |
|--|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any persone name and address of any political committee to a POLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DON FISCHER Mailing Address 10 TRACY CIRCLE  City CAMPBELL HALL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | State Zip Code NY 10916  C  Occupation SR DIR TECHNOLOGY  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| Full Name (Last, First, Middle Initial) MR EDWARD FISCHER  Mailing Address 465 OLD STONE RD  City RIDGEWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07450  C  Occupation VP CLINICAL PROD INTEGRATION Aggregate Year-to-Date  650.00                                    | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| Full Name (Last, First, Middle Initial) MS THERESA FITCH  Mailing Address 180 COOK STREET #107  City DENVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code CO 80206  C  Occupation NATL ACCT EXEC  Aggregate Year-to-Date  325.00   | Date of Receipt  M M J J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| SUBTOTAL of Receipts This Page (optional) .  | ·····   | 100.00   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                     | FOR LINE NUMBER: PAGE 253 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 17          |
|--|---|---|
| Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) | s and Statements may not be sold or used by any persoing the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| <b>\</b>   | INC. POLITICAL ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| A. Full Name (Last, First, Middle Initial)  MEGHAN FITZGERALD  Mailing Address 6 MORGAN AVE                    | -   | Date of Receipt   |
|  |   | 06 19 2010  |
| City<br><u>NORWALK</u>   | State Zip Code CT 06851   | Transaction ID: INC.A.82882  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.   | C   | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP BUSINESS DEVELOPMENT   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 2500.03  |   |
| Full Name (Last, First, Middle Initial)  MR ANTHONY FLOWERS  |   | Date of Receipt   |
| Mailing Address 1933 MT. OLIVE AGOSTA ROAD   |   | 06 19 2010  |
| City NEW BLOOMINGTON   | State Zip Code OH 43341   | Transaction ID: INC.A.82609  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.   | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR HLTH CARE OPS   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR JOHN FORD   |   | Date of Receipt   |
| Mailing Address 6 SILVER LAKE  | DRIVE   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>SHAMONG  | State Zip Code NJ 08088   | Transaction ID: INC.A.82574  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.   | C   | 15.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR OPS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 390.00   |   |
| SUBTOTAL of Receipts This Page (opti   | onal)   | 232.31  |
|  | umber only)   |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>(</b> )                       | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 254 / 409 (check only one)    X  |
|--|----------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC  | the name and add                 | dress of any political committee to                                     | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) CHAD FOREMAN  Mailing Address 9544 DOGWOOD E  City GERMANTOWN  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General                           | State TN C Occupation DIR FINA   |   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82964  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) HOLLEY FORTH Mailing Address 115 BAYSIDE COUL  City RICHMOND  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)          | State CA C Occupation DIR PRO    | Zip Code<br>94804   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82954  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) KEVIN FRANCO  Mailing Address 140 BELLAIR ROAD UNIT Q  City RIDGEWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NJ  C  Occupation SR DIR F | Zip Code<br>07450<br>or FINANCE<br>Year-to-Date ▼                       | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82684  Amount of Each Receipt this Period  50.00 |
| SUBTOTAL of Receipts This Page (optional   | ,                                | •   | 100.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 255 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any perso<br>the name and address of any political committee to |  |
| ` ′   | C. POLITICAL ACTION COMMITTEE (a.k.a.   | . Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO  | NII.  | Date of Receipt  |
| Mailing Address 9 GREEN HILL TRA  City  | AIL State Zip Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82626                                   |
| TROPHY CLUB   | TX 76262  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C   | 96.15  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP NATIONAL SERVICE CENTER  |  |
| Receipt For:  Primary  General  Other (specify)   | Aggregate Year-to-Date ▼ 1623.05  |  |
| Full Name (Last, First, Middle Initial) MR ANDREW FRIEDELL  |   | Date of Receipt  |
| Mailing Address 1434 NARRAGANS  | ETT BLVD  | 06 19 2010   |
| City  | State Zip Code  | Transaction ID: INC.A.82440  |
| CRANSTON  FEC ID number of contributing federal political committee.  | RI 02905  | Amount of Each Receipt this Period  30.00                                      |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR GOV AFFAIRS  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 390.00   |  |
| Full Name (Last, First, Middle Initial)<br>FELIX FRUEH  |   | Date of Receipt  |
| Mailing Address 14401 FALLING LE  | AF DRIVE  | M M / D D / Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
| City<br>DARNESTOWN  | State Zip Code<br>MD 20878  | Transaction ID: INC.A.82884  Amount of Each Receipt this Period                |
| FEC ID number of contributing federal political committee.  | C   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP RESEARCH & DEVELOPMENT  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00   |  |
| SUBTOTAL of Receipts This Page (optional  | l)  | 176.15   |

|  | E A (FEC Form 3X<br>RECEIPTS   | )                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                        | FOR LINE NUMBER: PAGE 256 / 409 (check only one)    X                                    |
|--|--|-----------------------------|--|--|
| or for commercia                       | al purposes, other than using t<br>OMMITTEE (In Full)  | the name and add            | y not be sold or used by any perso<br>dress of any political committee to<br>ACTION COMMITTEE (a.k.a | n for the purpose of soliciting contributions solicit contributions from such committee. |
| MR TRACY F Mailing Addre               | ast, First, Middle Initial)<br>URGIUELE<br>ess 7773 TILLINGHAST  | State                       | Zip Code   | Date of Receipt    M   |
|  | ber of contributing all committee.   | ОН                          | 43017  | Amount of Each Receipt this Period  35.00  |
| Receipt For:                           | oloyer ALTH SOLUTIONS  y General specify)   The specific of th |                             | n<br>HIEF PHARMACIST<br>e Year-to-Date ▼<br>455.00   |  |
| B. ROBERT FUI                          | ast, First, Middle Initial)<br>RTH<br>ess 1450 PORTLAND A  | VENUE                       |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
|  | ber of contributing<br>al committee.   | State<br>MN                 | Zip Code<br>55104  | Transaction ID: INC.A.82938  Amount of Each Receipt this Period  25.00                   |
| Receipt For:                           | oloyer<br>HEALTH GROUP<br>y General<br>specify) ▼  | Occupation GENERA Aggregate |  |  |
| MS CARISSA                             | ast, First, Middle Initial)<br>GABOROW<br>ess 6 JUHASZ ROAD  |                             |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
|  | Contributing all committee.  | State<br>CT                 | Zip Code<br>06854  | Transaction ID: INC.A.82592  Amount of Each Receipt this Period  25.00                   |
| Name of Em<br>MEDCO HE<br>Receipt For: | oloyer<br>ALTH SOLUTIONS   | <del>_ , '</del>            | n<br>BUSINESS DEVELOPMENT<br>9 Year-to-Date ▼  |  |
| Other (                                | specify) ▼   |                             | 325.00   | 85.00  |
|  | Receipts This Page (optional) eriod (last page this line numb  |                             | •  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                       | FOR LINE NUMBER: PAGE 257 / 409 (check only one)    X           |
|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persename and address of any political committee to |   |
| /   | POLITICAL ACTION COMMITTEE (a.k.  | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI  Mailing Address 24 MOREHOUSE PL                                  |   | Date of Receipt   |
| City  | State Zip Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82306                    |
| NEW PROVIDENCE  | NJ 07974  | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.  | C   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP & COUNSEL   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI   |   | Date of Receipt   |
| Mailing Address 720 N. LARRABEE APT 1701  |   | 06 / 19 / 2010  |
| City  | State Zip Code  | Transaction ID: INC.A.82764                                     |
| CHICAGO  FEC ID number of contributing federal political committee.   | IL 60654  | Amount of Each Receipt this Period 192.31                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP & GENERAL MGR  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 2500.03  |   |
| Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER   |   | Date of Receipt   |
| Mailing Address 842 ASHLER CT   |   | 06 19 2010  |
| City<br>COLUMBUS  | State Zip Code OH 43235   | Transaction ID: INC.A.82722  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation NATL ACCT EXEC   |   |
| Receipt For:  ☐ Primary ☐ General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (optional)   |   | 267.31  |

|             | HEDULE A (FEC Form 3X) MIZED RECEIPTS  |                              | Use separate schedule(s) for each category of the Detailed Summary Page   | Check only one)   X   11a   |
|-------------|--|------------------------------|---|---|
| Any or fo   | information copied from such Reports and Str commercial purposes, other than using the | atements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| - I \       | IAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. P                           | OLITICAL /                   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
|             | ull Name (Last, First, Middle Initial)<br>IR BARNEY GALLASSIO                          |                              |   | Date of Receipt   |
| N           | Mailing Address 69 LAKEVIEW DR   |                              |   | 0 6 1 9 2 0 1 0   |
|             | City   | State                        | Zip Code  | Transaction ID: INC.A.82604   |
| F           | DLD TAPPAN EC ID number of contributing ederal political committee.                    | NJ<br>C                      | 07675   | Amount of Each Receipt this Period 50.00  |
| <u> </u>    | lame of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP CLIE         | n<br>NT RELATIONS   |   |
| F           | Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate                    | e Year-to-Date ▼ 650.00   |   |
| B. <u>N</u> | full Name (Last, First, Middle Initial)  |                              |   | Date of Receipt   |
| _           | Mailing Address 25 BALLYMEADE ROA  | 06 19 2010                   |   |   |
|             | City<br>HOPEWELL JUNCTION  | State<br>NY                  | Zip Code<br>12533   | Transaction ID: INC.A.82797  Amount of Each Receipt this Period                           |
| F           | EC ID number of contributing ederal political committee.                               | С                            |   | 192.31  |
| <u>N</u>    | lame of Employer<br>//EDCO HEALTH SOLUTIONS  | Occupatio<br>SVP/CHI         | n<br>EF INFRASTRUCTURE OFI  | ─ <del> </del><br>FR  |
| F           | Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate                    | e Year-to-Date ▼<br>2500.03   |   |
|             | iull Name (Last, First, Middle Initial)<br>IR OMHARAISRIRAM GANGAIKONDAN-IYER          |                              |   | Date of Receipt   |
| _           | Mailing Address 9 CAIRNES ROAD   |                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|             | Sity<br>MORRIS PLAINS  | State<br>NJ                  | Zip Code  | Transaction ID: INC.A.82806   |
| F           | EC ID number of contributing ederal political committee.                               | C                            | 07950   | Amount of Each Receipt this Period  25.00   |
| <u> </u>    | lame of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR TEC         | n<br>HNOLOGY  |   |
| F           | Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate                    | Year-to-Date ▼ 325.00   |   |
|             | BTOTAL of Receipts This Page (optional)  |                              |   | 267.31  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                     | FOR LINE NUMBER: PAGE 259 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may not be sold or used by any persor<br>name and address of any political committee to | n for the purpose of soliciting contributions                                     |
| MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)   |
| Full Name (Last, First, Middle Initial)  MR PETER GAYLORD  Mailing Address 1201 BRIDGE STREE                                | т   | Date of Receipt   |
|   |   | 06 19 2010  |
| City<br><u>ASBURY PARK</u>  | State Zip Code  NJ 07712  | Transaction ID: INC.A.82305  Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.  | C   | 60.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP TREASURY & FINANCIAL EVAL  | S<br>S  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 780.00   |   |
| Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA   | I   | Date of Receipt   |
| Mailing Address 20 BROOKSHIRE DR  |   | 06 19 2010  |
| City<br>ROBBINSVILLE  | State Zip Code NJ 08691   | Transaction ID: INC.A.82454   |
| FEC ID number of contributing federal political committee.  | NJ 08691  | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM  |   |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MS DEEPINDER GIANONCELLI  |   | Date of Receipt   |
| Mailing Address 1800 MAIN STREET APT 952  |   | 06 19 2010  |
| City<br>DALLAS  | State Zip Code TX 75201   | Transaction ID: INC.A.82830  Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.  | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR HR  |   |
| Receipt For:  Primary  General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (optional)   |   | 135.00  |
| TOTAL This Period (last page this line number   | <u> </u>  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 260 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any personal part of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial)  MATTHEW GIBBS  Mailing Address 27 N. WACKER DR.  SUITE 246  City  CHICAGO  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code IL 60606  C  Occupation CHIEF CLINICAL OFFICER  Aggregate Year-to-Date ▼  975.00                           | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| Full Name (Last, First, Middle Initial) MR ROBERT GIBBS  Mailing Address 544 DENMOOR COU  City GALLOWAY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)              | State Zip Code OH 43119  C  Occupation DIR OPS  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| Full Name (Last, First, Middle Initial) MR THOMAS GILSON Mailing Address 2 PELL FARM ROAD  City SADDLE RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)         | State Zip Code NJ 07458  C  Occupation SVP & GENERAL MGR  Aggregate Year-to-Date  2500.03                                 | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| SUBTOTAL of Receipts This Page (optional) .   |   | 279.81   |

|          | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 261 / 409 (check only one)    X   11a                                 |
|----------|---|--------------------------------|---|---|
|          | Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | ly not be sold or used by any persoldress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| _        | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL                      | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A.       | Full Name (Last, First, Middle Initial) MR SCOTT GILYARD  Mailing Address 305 BERGAMOT DR                                       | IVE                            |   | Date of Receipt   |
|          |   | IVL                            |   | 06 19 2010  |
|          | City  | State                          | Zip Code  | Transaction ID: INC.A.82311   |
|          | MEDINA  | MN                             | 55340   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.  | C                              |   | 192.30  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation PRES U              |   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>2499.90   |   |
| –<br>В.  | Full Name (Last, First, Middle Initial)<br>MR JONAH GITLITZ   |                                |   | Date of Receipt   |
|          | Mailing Address 43 OVERLOOK RIDO  | GE                             |   | 06 19 2010  |
|          | City  | State                          | Zip Code  | Transaction ID: INC.A.82393   |
|          | OAKLAND   | NJ                             | 07436   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.  | C                              |   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                                | L ACCT EXEC   |   |
|          | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼<br>650.00  |   |
| с.<br>С. | Full Name (Last, First, Middle Initial)<br>MR JOHN GOBINSKI   | 1                              |   | Date of Receipt   |
|          | Mailing Address 28 BARBARA DRIVE  |                                |   | 06 19 2010  |
|          | City<br>WARWICK   | State<br>NY                    | Zip Code<br>10990   | Transaction ID: INC.A.82471   |
|          | FEC ID number of contributing federal political committee.  | C                              | 10330   | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR E-C             | on<br>OM STRAT & DELIV  | 7   |
|          | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   | 1                              |   | 267.30  |
|          | TOTAL This Period (last page this line numbe  |                                | <u> </u>  |   |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 262 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|----|---|--------------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | ly not be sold or used by any perso<br>dress of any political committee to    | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL                      | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)  MR PAUL GOERDT  Mailing Address 1700 SUNRISE COLIF                                 | ) <del>,</del>                 |   | Date of Receipt   |
|    |   |                                |   | 06 19 2010  |
|    | City<br><u>BURNSVILLE</u>   | State<br>MN                    | Zip Code<br>55306   | Transaction ID: INC.A.82572  Amount of Each Receipt this Period                           |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP CLIN             | on<br>IICAL SVCS  |   |
|    | Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>650.00  |   |
| В. | Full Name (Last, First, Middle Initial) MR JAMES GORMAN Milling Address 414 MASURUPN DD                                     |                                |   | Date of Receipt   |
|    | Mailing Address 11 WASHBURN RD  |                                |   | 06 19 2010  |
|    | City<br>CANTON  | State<br>CT                    | Zip Code<br>06022   | Transaction ID: INC.A.82398   |
|    | FEC ID number of contributing federal political committee.  | C                              | 00022   | Amount of Each Receipt this Period  25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                                | CLIENT & MKT PROG STRA  | AT  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
| C. | Full Name (Last, First, Middle Initial)<br>MR JAMES GRANT, II   |                                |   | Date of Receipt   |
|    | Mailing Address 1928 BEVERLY LANE   |                                |   | 0 6 1 9 2 0 1 0   |
|    | City<br>BUFFALO GROVE   | State<br>IL                    | Zip Code<br>60089   | Transaction ID: INC.A.82470  Amount of Each Receipt this Period                           |
|    | FEC ID number of contributing federal political committee.  | С                              |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP FINA             | on<br>NCIAL INSIGHTS  |   |
|    | Receipt For:  ☐ Primary ☐ General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>650.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)   | 1                              |   | 125.00  |
| Ì  | TOTAL This Period (last page this line number   |                                | <u> </u>  |   |

| Any Information copied from such Reports and Statements may not be sold or used by any porsion 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 Ful)  MEDICO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medico Health PAC)  A. I Warre (Last, First, Middle Initial)  LAURIE GREENBERG  City State Zip Code BOERNE TX 78015  FEC ID number of contributing federal political committee.  Name of Employer  MEDICO HEALTH SOLUTIONS  Receipt For:  PETIN Name (Last, First, Middle Initial)  And EDVARD GRIX  Malling Address 525 ORANGEBURG RD  City State Zip Code Dither (specify) ▼ State Zip Code  PEARL RIVER NY 19865  FEC ID number of contributing federal political committee.  C. State Zip Code PEARL RIVER NY 19865  FEC ID number of contributing federal political committee.  C. Name of Employer  MEDICO HEALTH SOLUTIONS  Receipt Transaction ID: INCA 82830  Other (specify) ▼ State Zip Code  PEARL RIVER NY 19865  FEC ID number of contributing federal political committee.  C. Name of Employer  MEDICO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼ 325.00  Other (specify) ▼ State Zip Code  Name of Employer  Aggregate Year-to-Date ▼ 325.00  Date of Receipt  Transaction ID: INCA 82837  Amount of Each Receipt his Period  FEC ID number of contributing federal political committee.  C. Warne of Employer  City State Zip Code  Other (specify) ▼ 325.00  Date of Receipt  FEC ID number of contributing federal political committee.  C. Name of Employer  Other (specify) ▼ 325.00  Date of Receipt  FEC ID number of contributing federal political committee.  Date of Receipt  FEC ID number of contributing federal political committee.  C. Name of Employer  Other (specify) ▼ 325.00  Date of Receipt  FEC ID number of contributing federal political committee.  Date of Receipt  FEC ID number of contributing federal political committee.  Primary General Other Solutions  REG |   | ULE A (FEC Form 3X)<br>ED RECEIPTS   |                                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 263 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|--|---------------------------------|---|---|
| Full Name (Last, First, Middle Initial)  LAURIE GREENBERG  Mailing Address 27760 WOODLAND GREEN  City State Zip Code Per Primary General  TX 78015  FEC ID number of contributing 10ther (specify) ▼  State Zip Code Primary General  TX 78015  Amount of Each Receipt this Period  C 25.00  Date of Receipt  Transaction ID: INC.A.82880  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Transaction ID: INC.A.82880  Amount of Each Receipt this Period  Primary General  Transaction ID: INC.A.82497  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.82497  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: INC.A.82497  Amount of Each Receipt this Period  C 1   | or for comm   | ercial purposes, other than using the r<br>F COMMITTEE (In Full)                                     | name and ad                     | dress of any political committee to   | solicit contributions from such committee.  |
| Primary General Other (specify) ▼  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.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mailing Address 13 WEATHER VANE DRIVE  City City State Zip Code Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  City State Zip Code CONVENT STATION NJ 07960  FEC ID number of contributing federal political committee.  City Convert Station  City Coccupation REGIONAL VP SALES-SYSTEMED  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼   | A. LAURIE O  Mailing A  City  BOERN  FEC ID r  federal po  Name of  MEDCO | Address 27760 WOODLAND GF  NE  number of contributing olitical committee.  Employer HEALTH SOLUTIONS | State TX  C Occupation SR DIR ( | n<br>CLINICAL THERAPEUTICS  | Transaction ID: INC.A.82880  Amount of Each Receipt this Period                   |
| Mailing Address 525 ORANGEBURG RD  City State Zip Code NY 10965  FEC ID number of contributing federal political committee.  Name of Employer Mailing Address 13 WEATHER VANE DRIVE  City State Zip Code NY 10965  FUIl Name (Last, First, Middle Initial)  City State Zip Code NY 10965  Full Name (Last, First, Middle Initial)  City State Zip Code NY 19 2010  Full Name (Last, First, Middle Initial)  City State Zip Code NY 19 2010  City State Zip Code NY 19 2010  Transaction ID: INC.A.82547  CONVENT STATION NY 07960  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Quantion NY 19 00 1 19 2010  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Quantion REGIONAL VP SALES-SYSTEMED  Receipt For: Primary General Other (specify) ▼ 520.00  | Prii  | mary General<br>ner (specify) ▼  | Aggregate                       | 325.00  |   |
| FEC ID number of contributing federal political committee.    Name of Employer MEDCO HEALTH SOLUTIONS   Occupation SR DIR BUSINESS REQUIREMENTS   | MR EDW Mailing A  | ARD GRIX   |                                 | Zip Code  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
| Receipt For:  Primary General Other (specify) ▼  State Zip Code CONVENT STATION  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  State Zip Code Transaction ID: INC.A.82547  Amount of Each Receipt this Period  Occupation REGIONAL VP SALES-SYSTEMED  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  State Zip Code Transaction ID: INC.A.82547  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  State Zip Code Transaction ID: INC.A.82547  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Occupation REGIONAL VP SALES-SYSTEMED  Aggregate Year-to-Date ▼  State Zip Code Transaction ID: INC.A.82547  Amount of Each Receipt this Period  40.00  | FEC ID r  | number of contributing olitical committee.   | С                               |   |   |
| Mailing Address 13 WEATHER VANE DRIVE  City  State Zip Code  CONVENT STATION  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼  Date of Receipt  M M M O 6 19 19 2010  Transaction ID: INC.A.82547  Amount of Each Receipt this Period  40.00   | Receipt F   | For:   | SR DIR I                        | BUSINESS REQUIREMENTS  e Year-to-Date   |   |
| City State Zip Code NJ 07960  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  State Zip Code NJ 07960  C Amount of Each Receipt this Period  40.00  Amount of Each Receipt this Period  40.00   | MS GINA   | GRUHN  | RIVE                            |   | M M / D D / Y Y Y Y   |
| Federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  520.00  | •   | ENT STATION  |                                 | •   | Transaction ID: INC.A.82547   |
| REGIONAL VP SALES-SYSTEMED  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  520.00   |   |  | C                               |   | 40.00   |
| Primary General Other (specify) ▼ 520.00  |   |  | REGION                          | AL VP SALES-SYSTEMED  |   |
| SURTOTAL of Receipts This Page (optional)   | Pri   | mary General   | Aggregate                       |   |   |
| COSTOTAL OF TOCOPIC THIS Tage (optional)  | SUBTOTA   | L of Receipts This Page (optional)   |                                 |   | 90.00   |

|                          | HEDULE A (FEC Form 3X) MIZED RECEIPTS  |                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 264 / 409 (check only one)    X   |
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| or for                   | nformation copied from such Reports and Strommercial purposes, other than using the AME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P                         | name and add               | dress of any political committee to   | o solicit contributions from such committee.  |
| A. <u>M</u> M  Ci  S     | ull Name (Last, First, Middle Initial) IS TRACY GRUNSFELD lailing Address 264 HARVEST AVE ity STATEN ISLAND EC ID number of contributing ederal political committee. | State<br>NY                | Zip Code<br>10310   | Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 1 9 2 0 1 0  Transaction ID: INC.A.82386  Amount of Each Receipt this Period  50.00 |
|                          | ame of Employer IEDCO HEALTH SOLUTIONS  eceipt For: Primary General Other (specify) ▼  |                            | SUMER DRIVEN MKTS  Year-to-Date   650.00                                      |   |
| <b>3.</b> M              | ull Name (Last, First, Middle Initial)<br>IRS CAROLYN GUGLIELMO<br>lailing Address 42 VETERANS PARKV   | WAY                        |   | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| P<br>FE<br>fe<br>N:<br>M | ity PEARL RIVER  EC ID number of contributing ederal political committee.  ame of Employer IEDCO HEALTH SOLUTIONS  eceipt For: Primary General                       |                            | Zip Code 10965  n CCT EXEC e Year-to-Date ▼                                   | Transaction ID: INC.A.82686  Amount of Each Receipt this Period  25.00  |
| ). <u>M</u>              | Other (specify)   ull Name (Last, First, Middle Initial) IR RICHARD GUIOR lailing Address 50 BELLEVUE AVE  | 0 0                        | 325.00  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y  |
| <u>S</u><br>Fi           | ity<br>SUMMIT<br>EC ID number of contributing<br>ederal political committee.   | State<br>NJ                | Zip Code<br>07901   | Transaction ID: INC.A.82329  Amount of Each Receipt this Period  90.00  |
| _                        | ame of Employer NEDCO HEALTH SOLUTIONS  eceipt For: Primary General Other (specify)  | Occupation GROUP Aggregate |   |   |
| SUE                      | BTOTAL of Receipts This Page (optional)  |                            |   | 165.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 265 / 409   (check only one)                                      |  |  |  |
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| Any information copied from such Reports and Si or for commercial purposes, other than using the | tatements mag                  | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P  | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |  |  |  |
| Full Name (Last, First, Middle Initial)  MS KAVITHA GULLAPALLI                                   |                                |   | Date of Receipt   |  |  |  |
| Mailing Address 67 ATHERTON CT   | Mailing Address 67 ATHERTON CT |   |   |  |  |  |
| City   | State                          | Zip Code  | Transaction ID: INC.A.82469   |  |  |  |
| WAYNE  | NJ                             | 07470   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                       | C                              |   | 25.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR TEC           | n<br>:HNOLOGY   |   |  |  |  |
| Receipt For:  Primary  General   | Aggregate                      | e Year-to-Date ▼ 325.00   |   |  |  |  |
| Other (specify)  | 0 0                            | 025.00  |   |  |  |  |
| Full Name (Last, First, Middle Initial)  MS VALERIE HAERTEL                                      |                                |   | Date of Receipt   |  |  |  |
| Mailing Address 7 PARSLOE COURT  |                                |   | 06 19 / 2010  |  |  |  |
| City   | State                          | Zip Code  | Transaction ID: INC.A.82852   |  |  |  |
| MAHWAH   | NJ                             | 07430   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                       | C                              |   | 50.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP INVE           | n<br>STOR RELATIONS   |   |  |  |  |
| Receipt For:   | Aggregate                      | e Year-to-Date ▼  |   |  |  |  |
| Primary General Other (specify) ▼  |                                | 650.00  |   |  |  |  |
| Full Name (Last, First, Middle Initial)  MR RICHARD HALPERN                                      |                                |   | Date of Receipt   |  |  |  |
| Mailing Address 23 MAPLEMOOR LAN   | E                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |  |
| City   | State                          | Zip Code  | Transaction ID: INC.A.82391   |  |  |  |
| WHITE PLAINS   | NY                             | 10605   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                       | C                              |   | 25.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR TEC           | n<br>HNOLOGY  |   |  |  |  |
| Receipt For:   | Aggregate                      | e Year-to-Date ▼  |   |  |  |  |
| Primary General Other (specify) ▼  |                                | 325.00  |   |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                                | <b>_</b>  | 100.00  |  |  |  |
| TOTAL This Period (last page this line number of   |                                | •   |   |  |  |  |

|        | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 266 / 409 (check only one)    X           |  |  |  |
|--------|---|--|---|---|--|--|--|
| A<br>0 | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad  | dress of any political committee to                                     | o solicit contributions from such committee.                    |  |  |  |
| /      |   | IEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. |   |   |  |  |  |
| ۸.     | Full Name (Last, First, Middle Initial) MRS INCORONATA HAMWAY   |  |   | Date of Receipt   |  |  |  |
|        | Mailing Address 7 ALLYSON CT  |  |   | 06 19 2010  |  |  |  |
|        | City LONG VALLEY  | State<br>NJ  | Zip Code<br>07853   | Transaction ID: INC.A.82679  Amount of Each Receipt this Period |  |  |  |
|        | FEC ID number of contributing federal political committee.  | С  |   | 20.00   |  |  |  |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR CS  | on<br>SYSTEMS PLAN & IMPLEM   |   |  |  |  |
|        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate  | e Year-to-Date ▼<br>260.00  |   |  |  |  |
|        | Full Name (Last, First, Middle Initial)<br>MR GREGORY HANSEN  | <u> </u>   |   | Date of Receipt   |  |  |  |
|        | Mailing Address 1659 ISABELLA PARKWAY   |  |   | 0 6 1 9 2 0 1 0   |  |  |  |
|        | City  | State  | Zip Code  | Transaction ID: INC.A.82763                                     |  |  |  |
|        | CHASKA  | MN   | 55318   | Amount of Each Receipt this Period                              |  |  |  |
|        | FEC ID number of contributing federal political committee.  |  |   | 50.00   |  |  |  |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP ACC  | n<br>T SVCS & ADMIN   |   |  |  |  |
|        | Receipt For: Primary General  | Aggregate  | e Year-to-Date ▼  | _   |  |  |  |
|        | Other (specify)   |  | 650.00  |   |  |  |  |
|        | Full Name (Last, First, Middle Initial)<br>MR CHRISTOPHER HARLOW  |  |   | Date of Receipt   |  |  |  |
|        | Mailing Address 8 PROSPECT PLACE  | Ξ  |   | 0 6 1 9 2 0 1 0   |  |  |  |
|        | City POMPTON PLAINS   | State  | Zip Code  | Transaction ID: INC.A.82372                                     |  |  |  |
|        | FEC ID number of contributing federal political committee.  | NJ<br>C  | 07444   | Amount of Each Receipt this Period  25.00                       |  |  |  |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR  | n<br>FINANCE  |   |  |  |  |
|        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate  | e Year-to-Date ▼ 325.00   |   |  |  |  |
|        |   | 1  |   | 95.00   |  |  |  |

| ITEMIZED RECEIPTS  | 3X)                | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one)    X   11a   |  |  |  |
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| Any information copied from such Reports or for commercial purposes, other than us | and Statements may | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS I                               | NC. POLITICAL A    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |  |  |
| Full Name (Last, First, Middle Initial) SHARON HARRIS                              |                    |   | Date of Receipt   |  |  |  |
| Mailing Address 186 N. WHITE S   |                    |   |   |  |  |  |
| City<br>MEMPHIS  | State<br>TN        | Zip Code<br>38117   | Transaction ID: INC.A.82928  Amount of Each Receipt this Period                             |  |  |  |
| FEC ID number of contributing federal political committee.                         | C                  |   | 25.00   |  |  |  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR HR  | 1   |   |  |  |  |
| Receipt For:  Primary  General  Other (specify) ▼                                  |                    | Year-to-Date ▼<br>325.00  |   |  |  |  |
| Full Name (Last, First, Middle Initial) MS SHANA HART                              |                    |   | Date of Receipt   |  |  |  |
| Mailing Address 4120 JACKSBOF  | RO                 |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |  |  |  |
| City<br>SNYDER   | State<br>TX        | Zip Code<br>79549   | Transaction ID: INC.A.82541  Amount of Each Receipt this Period                             |  |  |  |
| FEC ID number of contributing federal political committee.                         | C                  | 7 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4                                 | 50.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR NATI | ACCT EXEC   |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                   |                    | Year-to-Date ▼ 650.00   |   |  |  |  |
| Full Name (Last, First, Middle Initial) MR MARK HARTMANN                           |                    |   | Date of Receipt   |  |  |  |
| Mailing Address 8980 KNOBLE C  | OURT               |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |  |
| City<br>EDEN PRAIRIE   | State<br>MN        | Zip Code<br>55347   | Transaction ID: INC.A.82512   |  |  |  |
| FEC ID number of contributing federal political committee.                         | C                  | 33347   | Amount of Each Receipt this Period  25.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR ACC |   |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                   | <del> </del>       | Year-to-Date ▼ 325.00   |   |  |  |  |
| SUBTOTAL of Receipts This Page (option   | l anal)            |   | 100.00  |  |  |  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | ^)                                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 268 / 409   (check only one)                                      |  |  |
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| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add   | / not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL <i>F</i>                   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |  |  |
| Full Name (Last, First, Middle Initial) MR PETER HARTY                                   |   |   | Date of Receipt   |  |  |
|  | Mailing Address 19520 YELLOW WING COURT |   |   |  |  |
| COLORADO SERINGS   | State<br>CO                             | Zip Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82308  |  |  |
| COLORADO SPRINGS  FEC ID number of contributing federal political committee.             | C                                       | 80908   | Amount of Each Receipt this Period  192.31  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP GOVI                      | n<br>ERNMENT AFFAIRS  |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼   |   | Year-to-Date ▼<br>2500.03   |   |  |  |
| Full Name (Last, First, Middle Initial) DAN HAYES  |   |   | Date of Receipt   |  |  |
| Mailing Address 4679 AYRON TERI  | RACE                                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |
| City PALM HARBOR   | State<br>FL                             | Zip Code  | Transaction ID: INC.A.82922   |  |  |
| FEC ID number of contributing federal political committee.                               | C                                       | 34685   | Amount of Each Receipt this Period  25.00   |  |  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP OPS                       | n   |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | 1                                       | Year-to-Date ▼ 325.00   |   |  |  |
| Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD                                |   |   | Date of Receipt   |  |  |
| Mailing Address 13210 N. 11TH AV   | E.                                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |
| City<br>PHOENIX  | State                                   | Zip Code  | Transaction ID: INC.A.82413   |  |  |
| FEC ID number of contributing federal political committee.                               | C                                       | 85029   | Amount of Each Receipt this Period  25.00   |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SALE                      |   |   |  |  |
| Receipt For:  Primary General  Other (specify) ▼   |   | Year-to-Date ▼ 325.00   |   |  |  |
|  |   |   | 242.31  |  |  |

|         | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 269 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
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|         | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F                                       | POLITICAL /                 | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial)<br>MR THOMAS HEKKER                                     |                             |   | Date of Receipt   |
|         | Mailing Address 28 WEST THRID STR   |                             |   | 06 19 7 2010  |
|         | City<br>SOUTH ORANGE  | State<br>NJ                 | Zip Code<br>07079   | Transaction ID: INC.A.82803  Amount of Each Receipt this Period                             |
|         | FEC ID number of contributing federal political committee.                                      | C                           | 07073   | 30.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio                   | n<br>TECHNOLOGY   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  |                             | e Year-to-Date ▼ 390.00   |   |
| В.      | Full Name (Last, First, Middle Initial) MR SCOTT HELMUS Mailing Address 23 VALLEY RD            |                             |   | Date of Receipt   |
|         | Walling Address 23 VALLET ND  |                             |   | 06 19 2010  |
|         | City  | State                       | Zip Code  | Transaction ID: INC.A.82387   |
|         | SUCCASUNNA  FEC ID number of contributing federal political committee.                          | C                           | 07876   | Amount of Each Receipt this Period  |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP CLIE        | n<br>NT SOLUTIONS   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼<br>1225.00   |   |
| -<br>С. | Full Name (Last, First, Middle Initial) MR GLENN HERDLING                                       | 1                           |   | Date of Receipt   |
|         | Mailing Address 646 JAMES LN  |                             |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|         | City  | State                       | Zip Code  | Transaction ID: INC.A.82529   |
|         | RIVER VALE  FEC ID number of contributing federal political committee.                          | NJ<br>C                     | 07675   | Amount of Each Receipt this Period  25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR CRE        | n<br>EATIVE DEVELOPMENT   |   |
|         | Receipt For:  Primary General  Other (specify) ▼  |                             | e Year-to-Date ▼ 325.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)   |                             |   | 180.00  |
|         | TOTAL This Period (last page this line number   |                             | <u> </u>  |   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                               | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 270 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
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| Ar | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions                                 |
|    | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL /                   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| •  | Full Name (Last, First, Middle Initial) MS PATRICIA HERZBERG Mailing Address 302 AUTUMN HILL DF                         | <u> </u>                      |   | Date of Receipt  |
|    | 302 AO FOWN THEE DI   |                               |   | 06 19 2010   |
|    | City<br>MORGANVILLE   | State<br>NJ                   | Zip Code<br>07751   | Transaction ID: INC.A.82327  |
|    | FEC ID number of contributing federal political committee.  | C                             | 07751   | Amount of Each Receipt this Period  25.00                                      |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR DIR (         | n<br>GENERIC DRUG PURCHAS   |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼ 325.00   |  |
|    | Full Name (Last, First, Middle Initial) MR ERIC HESS  |                               |   | Date of Receipt  |
|    | Mailing Address 10 CARLTON RD   |                               |   | 06 19 2010   |
|    | City  | State                         | Zip Code  | Transaction ID: INC.A.82483  |
|    | FLANDERS  | NJ                            | 07836   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.  | C                             |   | 60.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP FNG           | n<br>INEERING & OPS   |  |
|    | Receipt For:  |                               | e Year-to-Date ▼  |  |
|    | Primary General Other (specify) ▼   | 0 0                           | 780.00  |  |
|    | Full Name (Last, First, Middle Initial) MS JANE HILDEBRANDT   |                               |   | Date of Receipt  |
|    | Mailing Address 35 CASCADE WAY  |                               |   | 0 6 1 9 2 0 1 0  |
|    | City  | State                         | Zip Code  | Transaction ID: INC.A.82508  |
|    | BUTLER  | NJ                            | 07405   | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.  | С                             |   | 25.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                               | OM STRAT & DELIV  |  |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                     | e Year-to-Date ▼ 325.00   | ]  |
|    | SUBTOTAL of Receipts This Page (optional)   |                               |   | 110.00   |

|    | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                      | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 271 / 409 (check only one)    X                                       |
|----|---|----------------------|---|---|
|    | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad        | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL /          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| ۷. | Full Name (Last, First, Middle Initial) MR DANIEL HLUDZINSKI  |                      |   | Date of Receipt   |
|    | Mailing Address 385 WASHINGTON S  | 06 19 2010           |   |   |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.82745   |
|    | TAPPAN  | NY                   | 10983   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                    |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>TECHNI  | n<br>CAL SPECIALIST   |   |
|    | Receipt For:    Primary   General   | Aggregate            | e Year-to-Date ▼  | -   |
|    | Other (specify)   |                      | 325.00  |   |
| _  | Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON   |                      |   | Date of Receipt   |
|    | Mailing Address 16 LUTH TERRACE   |                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.82607   |
|    | WEST ORANGE   | NJ                   | 07052   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  |                      |   | 192.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  |                      | ARMACY OPS  |   |
|    | Receipt For: Primary General  | Aggregate            | e Year-to-Date ▼  | _   |
|    | Other (specify) ▼   |                      | 1076.00   | ]   |
| _  | Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN  |                      |   | Date of Receipt   |
|    | Mailing Address 974 HILLCREST ROA   | AD                   |   | 0 6 1 9 2 0 1 0   |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.82687   |
|    | RIDGEWOOD   | NJ                   | 07450   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                    |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP FACI |   |   |
|    | Receipt For: Primary General  | Aggregate            | e Year-to-Date ▼  | -   |
|    | Other (specify)   |                      | 650.00  |   |
| Γ  | SUBTOTAL of Receipts This Page (optional) .   |                      |   | 267.00  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 272 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----|---|--------------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL .                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN  |                                |   | Date of Receipt   |
|    | Mailing Address 9 HIRLE ST  | Ctoto                          | Zin Codo  | 0 6 1 9 2 0 1 0 2 0 1 0   |
|    | City<br>CORNWALL ON HUDSON  | State<br>NY                    | Zip Code<br>12520   | Transaction ID: INC.A.82503  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation TECHNI              | on<br>CAL SPECIALIST  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
| В. | Full Name (Last, First, Middle Initial)<br>MR ROGER HOLLAND   |                                |   | Date of Receipt   |
|    | Mailing Address 41 SAINT RAPHAEL  |                                |   | 06 19 2010  |
|    | City  | State                          | Zip Code  | Transaction ID: INC.A.82600   |
|    | LAGUNA NIGUEL   | CA                             | 92677   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP SALE             |   |   |
|    | Receipt For:  | Aggregate                      | e Year-to-Date 🔻  |   |
|    | Primary General Other (specify) ▼   |                                | 650.00  |   |
| С. | Full Name (Last, First, Middle Initial) MR JOHN HOLLINGER   | •                              |   | Date of Receipt   |
|    | Mailing Address 784 CAPE HENRY DR   | 3                              |   | 0 6 1 9 2 0 1 0   |
|    | City<br>COLUMBUS  | State<br>OH                    | Zip Code  | Transaction ID: INC.A.82611   |
|    | FEC ID number of contributing federal political committee.  | C                              | 43228   | Amount of Each Receipt this Period  10.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR BUS             | on<br>SINESS PLANNING   |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 260.00   |   |
|    | SUBTOTAL of Receipts This Page (optional)   | 1                              |   | 85.00   |
| Ì  | TOTAL This Period (last page this line number   |                                | <u> </u>  |   |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 273 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|----------|---|--------------------|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad        | dress of any political committee to   | solicit contributions from such committee.  |
|          | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL          | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| A.       | Full Name (Last, First, Middle Initial) MR ROBERT HOLLIS  |                    |   | Date of Receipt   |
|          | Mailing Address 88 MILLS STREET   |                    |   | 06 19 2010  |
|          | City<br>MORRISTOWN  | State<br>NJ        | Zip Code<br>07960   | Transaction ID: INC.A.82489  Amount of Each Receipt this Period                   |
|          | FEC ID number of contributing federal political committee.  | C                  |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR  | n<br>INTERNATL BUSINESS DE  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate          | e Year-to-Date ▼ 325.00   |   |
| -<br>В.  | Full Name (Last, First, Middle Initial)<br>ELIZABETH HOLLOWAY   |                    |   | Date of Receipt   |
|          | Mailing Address 9222 RANDLE VALLE   | 06 19 2010         |   |   |
|          | City  | State              | Zip Code  | Transaction ID: INC.A.82952   |
|          | CORDOVA  FEC ID number of contributing federal political committee.   | C                  | 38018   | Amount of Each Receipt this Period 40.00  |
|          | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation ASSISTA | n<br>ANT GENERAL COUNSEL  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  |                    | e Year-to-Date ▼ 520.00   |   |
| -<br>С.  | Full Name (Last, First, Middle Initial) MR MATTHEW HOLMES   |                    |   | Date of Receipt   |
| <b>.</b> | Mailing Address 789 WESTON PARK [   | OR                 |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
|          | City<br>POWELL  | State<br>OH        | Zip Code<br>43065   | Transaction ID: INC.A.82564  Amount of Each Receipt this Period                   |
|          | FEC ID number of contributing federal political committee.  | C                  | 45005   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio          | n<br>CCT EXEC   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  |                    | e Year-to-Date ▼ 325.00   |   |
|          | SUBTOTAL of Receipts This Page (optional)   | 1                  |   | 90.00   |
|          | TOTAL This Period (last page this line number   |                    | <u> </u>  |   |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 274 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|--------------------------------|---|---|
|         | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions                                     |
|         | MEDCO HEALTH SOLUTIONS INC. I  | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α.      | Full Name (Last, First, Middle Initial)  MR STEPHEN HOLODAK  Mailing Address 5 SUNCLIFF DR                                 |                                |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
|         | City<br>TARRYTOWN  | State<br>NY                    | Zip Code<br>10591   | Transaction ID: INC.A.82633  Amount of Each Receipt this Period                   |
|         | FEC ID number of contributing federal political committee.   | C                              |   | 80.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | <del>, '</del>                 | RVENTION DELIVERY SYS   | т   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>1040.00   |   |
| 3.      | Full Name (Last, First, Middle Initial) RITA HOLT Mailing Address 4 FFO N DISCALL BOA                                      | <u> </u>                       |   | Date of Receipt   |
|         | Mailing Address 1558 N PISGAH ROA  | 06 19 2010                     |   |   |
|         | City<br>CORDOVA  | State<br>TN                    | Zip Code  | Transaction ID: INC.A.82930   |
|         | FEC ID number of contributing federal political committee.   | C                              | 38016   | Amount of Each Receipt this Period  50.00   |
|         | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP REIM             | n<br>MBURSEMENT   |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date  650.00  |   |
| -<br>ک. | Full Name (Last, First, Middle Initial) MS CYNTHIA HORN  Mailing Address 9553 ANDREW DR                                    |                                |   | Date of Receipt   |
|         | City   | State                          | Zip Code  | 0 6 1 9 2 0 1 0 Transaction ID: INC.A.82917                                       |
|         | TWINSBURG  | OH                             | 44087   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                              |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP CUS            | TSVC  |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼ 650.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)  |                                | ·····   | 180.00  |
|         | TOTAL This Period (last page this line number  | only)                          | <b>&gt;</b>   |   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS                                 | Use separate schedule(s) for each category of the Detailed Summary Page                                   | FOR LINE NUMBER: PAGE 275 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17        |
|--|---|--|
| or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any person g the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
|  | IC. POLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)  |
| Full Name (Last, First, Middle Initial)  MR STEVEN HOROWITZ              |   | Date of Receipt  |
| Mailing Address 4 MELISSA COUF   | RT  | 06 19 2010   |
| City   | State Zip Code<br>NJ 07045  | Transaction ID: INC.A.82846  |
| MONTVILLE FEC ID number of contributing federal political committee.     | NJ 07045  | Amount of Each Receipt this Period  50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                               | Occupation VP BUSINESS PLANNING   |  |
| Receipt For:  Primary General  Other (specify) ▼                         | Aggregate Year-to-Date ▼ 650.00   |  |
| Full Name (Last, First, Middle Initial)  B. LYNN HOSTMYER                |   | Date of Receipt  |
| Mailing Address 6708 N.W. 112TH  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>OKLAHOMA CITY  | State Zip Code OK 73162   | Transaction ID: INC.A.82937  Amount of Each Receipt this Period                          |
| FEC ID number of contributing federal political committee.               | C   | 25.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP                                 | Occupation GENERAL MGR - MULTI BRANCH   |  |
| Receipt For:  Primary General  Other (specify) ▼                         | Aggregate Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial) MR BERNARD HUKILL                |   | Date of Receipt  |
| Mailing Address 17219 CLOVIS   |   | 0 6 1 9 2 0 1 0  |
| City   | State Zip Code  | Transaction ID: INC.A.82660  |
| HELOTES  FEC ID number of contributing federal political committee.      | TX 78023  | Amount of Each Receipt this Period  50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                               | Occupation DIR PHARM OPS  |  |
| Receipt For:  Primary General  Other (specify) ▼                         | Aggregate Year-to-Date ▼ 1300.00  |  |
| SUBTOTAL of Receipts This Page (option                                   | al)   | 125.00   |
| TOTAL This Period (last page this line nur                               | nber only)  |  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | ^)  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 2/6/409   (check only one)   |  |  |
|--|---|---|--|--|--|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may                          | not be sold or used by any persol<br>ress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                  | NC. POLITICAL A                             | CTION COMMITTEE (a.k.a  | ı. Medco Health PAC)   |  |  |
| Full Name (Last, First, Middle Initial) MR JEFFREY HULL                                |   |   | Date of Receipt  |  |  |
| Mailing Address 2616 S 3B'S & K F  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |  |  |  |
| City<br>GALENA   | State<br>OH                                 | Zip Code<br>43021   | Transaction ID: INC.A.82612  Amount of Each Receipt this Period                            |  |  |
| FEC ID number of contributing federal political committee.                             | C   | 75021   | 32.00  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR H                         | ILTH CARE OPS   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                       |   | Year-to-Date ▼ 416.00   |  |  |  |
| Full Name (Last, First, Middle Initial) MR DONALD HUMPHREY                             |   |   | Date of Receipt  |  |  |
|  | Mailing Address 93 WINCHESTER DRIVE         |   |  |  |  |
| City<br>MONROE   | State<br>NY                                 | Zip Code<br>10950   | Transaction ID: INC.A.82642  Amount of Each Receipt this Period                            |  |  |
| FEC ID number of contributing federal political committee.                             | C   | 10000   | 25.00  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SR DIR T                      | ECHNOLOGY   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                       |   | Year-to-Date ▼  |  |  |  |
| Full Name (Last, First, Middle Initial) MRS KIMBERLY HUMPHRIES                         |   |   | Date of Receipt  |  |  |
| Mailing Address 10010 POINTE Co  | OVE   |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |  |  |
| City<br>LAKELAND   | State<br>TN                                 | Zip Code<br>38002   | Transaction ID: INC.A.82953  |  |  |
| FEC ID number of contributing federal political committee.                             | C   | 30002   | Amount of Each Receipt this Period  50.00  |  |  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP BUSII                         | NESS PLANNING   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate                                   | Year-to-Date ▼ 650.00   |  |  |  |
| SUBTOTAL of Receipts This Page (option   | nal)  |   | 107.00   |  |  |

| or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P  Full Name (Last, First, Middle Initial)  MR DAVID ISRAEL  Mailing Address 730 COLUMBUS AVEN  City  NEW YORK  FEC ID number of contributing federal political committee. | name and address of any politica                         | Date of Receipt  Transaction ID: INC.A.82313  Amount of Each Receipt this Period |
|---|--|--|
| MR DAVID ISRAEL  Mailing Address 730 COLUMBUS AVEN  City  NEW YORK  FEC ID number of contributing federal political committee.  | State Zip Code<br>NY 10025                               | 0 6 1 9 2 0 1 0<br>Transaction ID: INC.A.82313                                   |
| federal political committee.  | C  |  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  | Occupation VP INT'L STAKEHOLDE Aggregate Year-to-Date ▼  | 650.00   |
| Full Name (Last, First, Middle Initial) MS SUSAN ITO Mailing Address 6366 SW 90TH STREE  City GAINESVILLE   | T<br>State Zip Code<br>FL 32608                          | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | Occupation EXEC DIR CLINICAL SV Aggregate Year-to-Date ▼ | VCS 50.00  |
| Full Name (Last, First, Middle Initial) MS MARIANNE JACKS Mailing Address 329 MORRIS AVENUE City  | State Zip Code   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| MOUNTAIN LAKES  FEC ID number of contributing federal political committee.  | NJ 07046   | Amount of Each Receipt this Period 50.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation SR NATL ACCT EXEC  Aggregate Year-to-Date ▼   | 650.00   |
| SUBTOTAL of Receipts This Page (optional)   |  | 150.00   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 278 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|--|--|
| Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full) | ts and Statements may not be sold or used by any personsing the name and address of any political committee to |  |
| ` '   | INC. POLITICAL ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MS TERESE JACKSON Mailing Address (2005 C. DDE CO.                    | TONI AND   | Date of Receipt  |
| Mailing Address 6085 S. PREST   | State Zip Code   | 0 6 1 9 2 0 1 0<br>Transaction ID: INC.A.82388                                 |
| NEW BERLIN  | WI 53151   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NATL ACCT EXEC   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00  |  |
| Full Name (Last, First, Middle Initial) MS MICHELLE JAEGER  |  | Date of Receipt  |
| Mailing Address 302 HERMAN  |  | 06 19 7 2010   |
| City  | State Zip Code   | Transaction ID: INC.A.82808  |
| HOPKINS   | MN 55343   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NATL ACCT EXEC   |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 325.00   |  |
| Full Name (Last, First, Middle Initial)<br>MR JASON JAMES   | <b>-</b>   | Date of Receipt  |
| Mailing Address RR 2 BOX 2036   | 5  | 06 19 2010   |
| City  | State Zip Code   | Transaction ID: INC.A.82317  |
| CANADENSIS  | PA 18325   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 35.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PHYSICIAN ENGAGEMENT  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 455.00  |  |
| CURTOTAL of Reseints This Done /or  | tional)  | 85.00  |

|         | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 279 / 409 (check only one)    X           |
|---------|---|-----------------------------------|---|---|
| (       | Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements may<br>be name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                  |
|         | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL A                       | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial) MR TODD JEFFREY   |                                   |   | Date of Receipt   |
|         | Mailing Address 15 ELIZABETH STRE   |                                   |   | 06 19 2010  |
|         | City<br><u>DUMONT</u>   | State<br>NJ                       | Zip Code<br>07628   | Transaction ID: INC.A.82748  Amount of Each Receipt this Period |
|         | FEC ID number of contributing federal political committee.  | C                                 |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP PHAI              | n<br>RM CONTRACT & CONSUL   | TING  |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                         | e Year-to-Date ▼ 650.00   |   |
| -<br>3. | Full Name (Last, First, Middle Initial)<br>ROBERT JINKS   |                                   |   | Date of Receipt   |
|         | Mailing Address 22 PAGE AVE   |                                   |   | 06 19 2010  |
|         | City  | State                             | Zip Code  | Transaction ID: INC.A.82377                                     |
|         | LYNDHURST  FEC ID number of contributing federal political committee.   | NJ<br>C                           | 07071   | Amount of Each Receipt this Period  50.00                       |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP BUSI              | n<br>NESS REQUIREMENTS  |   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                         | e Year-to-Date ▼ 650.00   | ]   |
| -<br>). | Full Name (Last, First, Middle Initial)<br>MR WILLIAM JOEL  |                                   |   | Date of Receipt   |
|         | Mailing Address 32 VENTOSA DR   |                                   |   | 06 19 2010  |
|         | City<br>MORRISTOWN  | State<br>NJ                       | Zip Code<br>07960   | Transaction ID: INC.A.82550  Amount of Each Receipt this Period |
|         | FEC ID number of contributing federal political committee.  | C                                 | 07300   | 25.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR ANA              | n<br>LLYTICAL SVCS  |   |
|         | Receipt For: Primary General Other (specify)  | Aggregate                         | Year-to-Date ▼ 325.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)   | 1                                 |   | 125.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | ) <b>^</b> )        | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 280 / 409   (check only one)            |
|--|---------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than usin | and Statements may  | not be sold or used by any persolress of any political committee to     | on for the purpose of soliciting contributions                  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                | NC. POLITICAL A     | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) CHARLES JOHNSON                              |                     |   | Date of Receipt   |
| Mailing Address 8277 FLORAL SP   | RINGS               |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City<br>CORDOVA  | State<br>TN         | Zip Code<br>38016   | Transaction ID: INC.A.82897  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                           | C                   |   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR FINA |   |   |
| Receipt For:  Primary General  Other (specify) ▼                                     | 1                   | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) LATASHA JONES                                |                     |   | Date of Receipt   |
| Mailing Address 7761 THUNDERS  | TONE CL S           |   | M M / D D / Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>MEMPHIS  | State<br>TN         | Zip Code<br>38125   | Transaction ID: INC.A.82965  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                           | C                   | 33123   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR PAY  | ER CONTRACTING  |   |
| Receipt For:  Primary General  Other (specify) ▼                                     |                     | Year-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial) MRS REGINA JONES                             |                     |   | Date of Receipt   |
| Mailing Address POST OFFICE BO   | OX 38342            |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City<br>GERMANTOWN   | State<br>TN         | Zip Code<br>38183   | Transaction ID: INC.A.82482                                     |
| FEC ID number of contributing federal political committee.                           | C                   | 30103   | Amount of Each Receipt this Period  75.00                       |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP CUST  |   |   |
| Receipt For:  Primary General  Other (specify) ▼                                     | Aggregate           | Year-to-Date ▼ 975.00   |   |
| SUBTOTAL of Receipts This Page (option   | nal)                |   | 125.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule<br>for each category of th<br>Detailed Summary Pag     | e Check only one)   |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | e name and address of any political comn                                     | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.  (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12224 MONTCALM S  City CARMEL FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | STREET  State Zip Code IN 46032  C  Occupation VP/GM  Aggregate Year-to-Date | Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD  Mailing Address 16357 VICTORIA CU   | 650.0  | Date of Receipt   |
| City PRIOR LAKE  FEC ID number of contributing federal political committee.  | State Zip Code MN 55372  | Transaction ID: INC.A.82540  Amount of Each Receipt this Period  50.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | Occupation SR DIR CLIENT & MKT PROG Aggregate Year-to-Date   500.0           |   |
| Full Name (Last, First, Middle Initial) MR DENNIS KACKLEY Mailing Address 32 EAST RIVERGLE   | N DR   | Date of Receipt   |
| City WORTHINGTON FEC ID number of contributing federal political committee.  | State Zip Code OH 43085  | Transaction ID: INC.A.82614  Amount of Each Receipt this Period  12.50  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼   | Occupation DIR CUST SVC  Aggregate Year-to-Date ▼                            | 00  |
| SUBTOTAL of Receipts This Page (optional)  | •  | 87.50   |

| ITEMIZED RECEIPTS  | 38)  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 282 / 409   (check only one)     X                                  |
|--|--|---|---|
| Any information copied from such Reports or for commercial purposes, other than us | and Statements may<br>ing the name and add | not be sold or used by any personess of any political committee to      | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS                                 | NC. POLITICAL A                            | CTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR JOHN KAPIOSKI                           |  |   | Date of Receipt   |
| Mailing Address 8202 MARSH GI  | EN CT                                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>TAMPA  | State<br>FL                                | Zip Code<br>33647   | Transaction ID: INC.A.82666   |
| FEC ID number of contributing federal political committee.                         | C  | 33047   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR P                        | HARMACY COMPLIANCE  |   |
| Receipt For:  Primary  General  Other (specify) ▼                                  |  | Year-to-Date ▼<br>650.00  |   |
| Full Name (Last, First, Middle Initial) MR STEVEN KARATY                           |  |   | Date of Receipt   |
| Mailing Address 19 PARK AVE  |  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City POMPTON PLAINS  | State<br>NJ                                | Zip Code<br>07444   | Transaction ID: INC.A.82336   |
| FEC ID number of contributing federal political committee.                         | C  | 07444   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP OPS I                        | PLANNING  |   |
| Receipt For:  Primary General  Other (specify) ▼                                   |  | Year-to-Date ▼  |   |
| Full Name (Last, First, Middle Initial) MS BECKY KAUS                              |  |   | Date of Receipt   |
| Mailing Address N81 W18359 TC  | URS DR                                     |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| City MENOMONEE FALLS   | State<br>WI                                | Zip Code<br>53051   | Transaction ID: INC.A.82520  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                         | C  | 30001   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR C                        | ELINICAL SVCS   |   |
| Receipt For:  Primary General  Other (specify) ▼                                   |  | Year-to-Date ▼<br>325.00  |   |
| SUBTOTAL of Receipts This Page (option   | onal)                                      |   | 100.00  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 283 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|----|---|--------------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL A                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial)  MR WILLIAM KEELER  Mailing Address 63 MOUNTAIN GLEN                                | ROAD                           |   | Date of Receipt   |
|    | - O MOSIVITAIN GEEN   | ПОЛЬ                           |   | 06 19 2010  |
|    | City  | State                          | Zip Code  | Transaction ID: INC.A.82770   |
|    | RINGWOOD  | NJ                             | 07456   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation TECHNI              | n<br>CAL SPECIALIST   |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
| В. | Full Name (Last, First, Middle Initial) MS DEEPTI KEHOE   | 1                              |   | Date of Receipt   |
|    | Mailing Address 995 PINES TERR  |                                |   | 06 19 2010  |
|    | City  | State                          | Zip Code  | Transaction ID: INC.A.82426   |
|    | FRANKLIN LAKES  | NJ                             | 07417   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | + +                            | IANCIAL & ANALYTICAL SV   | С   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>650.00  |   |
| C. | Full Name (Last, First, Middle Initial) MS MICHELLE KEHOE   |                                |   | Date of Receipt   |
|    | Mailing Address 26-1 FARMHOUSE LA   | ANE                            |   | 06 19 2010  |
|    | City<br>MORRISTOWN  | State<br>NJ                    | Zip Code<br>07960   | Transaction ID: INC.A.82355  Amount of Each Receipt this Period                           |
|    | FEC ID number of contributing federal political committee.  | C                              | 0,000   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR ENT             | n<br>ERPRISE BUSINESS INTEL   |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)   |                                |   | 100.00  |
|    | TOTAL This Period (last page this line number   | onlv)                          | ·   |   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                   | FOR LINE NUMBER: PAGE 284 / 409 (check only one)    X                    |
|--|---|--|
| or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)                       | and Statements may not be sold or used by any person g the name and address of any political committee to | solicit contributions from such committee.                               |
| Full Name (Last, First, Middle Initial)  MR WILLIAM KELLEY, III  Mailing Address 1970 WOODLANE | OS PL   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y             |
| City POWELL FEC ID number of contributing  | State Zip Code OH 43065   | Transaction ID: INC.A.82605  Amount of Each Receipt this Period  50.00   |
| Receipt For:  Primary  Other (specify) ▼   | Occupation GENERAL MGR GROUP Aggregate Year-to-Date  650.00   |  |
| Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE          |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City  HACKENSACK  FEC ID number of contributing federal political committee.                   | State Zip Code NJ 07601   | Transaction ID: INC.A.82361  Amount of Each Receipt this Period  25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼       | Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date  325.00   |  |
| Full Name (Last, First, Middle Initial) MR PETER KENNY Mailing Address 6040 BOULEVARI          | D E APT 28G   | Date of Receipt  |
| City WEST NEW YORK   | State Zip Code NJ 07093   | Transaction ID: INC.A.82723  Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.                                     | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:                                     | Occupation SR DIR ACCT MGMT  Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼  | 325.00  |  |
| SUBTOTAL of Receipts This Page (option   | al)   | 100.00   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | (X)                 | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 285 / 409 (check only one)    X                  |
|--|---------------------|---|--|
| Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | ng the name and add | lress of any political committee to                                     | solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial)  MS INNA KHANIN  Mailing Address 3403 SPRINGBRO  | OOK DDIVE           |   | Date of Receipt  |
| City EDISON  | State<br>NJ         | Zip Code<br>08820   | Transaction ID: INC.A.82800  Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.   | C                   | 1   | 25.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  | <del> </del>        | DAL SPECIALIST  Year-to-Date ▼  325.00                                  | 1  |
| Other (specify) ▼  Full Name (Last, First, Middle Initial)  MS DONNA KLEIN  Mailing Address 1080 FOREST CL                                 | IFF DRIVE           |   | Date of Receipt  |
| City  LAKEWOOD  FEC ID number of contributing  | State<br>OH         | Zip Code<br>44107   | Transaction ID: INC.A.82915  Amount of Each Receipt this Period  25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  | Occupation NATL AC  | CCT EXEC  Year-to-Date ▼  300.00  | 1  |
| Full Name (Last, First, Middle Initial)  MS KARIN KLEINEGGER  Mailing Address 121 CONKLING T   | TOWN DOAD           |   | Date of Receipt  |
| City   | State               | Zip Code  | 0 6 1 9 2 0 1 0 Transaction ID: INC.A.82735                            |
| CHESTER  FEC ID number of contributing federal political committee.  | NY                  | 10918   | Amount of Each Receipt this Period  50.00                              |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR A | NCCT MGMT   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 650.00   |  |
| SUBTOTAL of Receipts This Page (option   | nal)                |   | 100.00   |

| r commercial purposes, other than using the AME OF COMMITTEE (In Full)   | Statements may not be sold or used by any person e name and address of any political committee to see the political ACTION COMMITTEE (a.k.a.  | Medco Health PAC)  |
|--|---|--|
| MEDCO HEALTH SOLUTIONS INC.  ull Name (Last, First, Middle Initial) ENNETH KLEPPER  lailing Address 295 GLEN PLACE | POLITICAL ACTION COMMITTEE (a.k.a.  |  |
| ENNETH KLEPPER lailing Address 295 GLEN PLACE  |   | Data of Descript   |
|  |   | Date of Receipt  |
| ity  | 7: 0 1  | 06 19 2010   |
| RANKLIN LAKES  | State Zip Code NJ 07417   | Transaction ID: INC.A.82783  Amount of Each Receipt this Period  |
| EC ID number of contributing   | C   | 192.30   |
| ame of Employer<br>IEDCO HEALTH SOLUTIONS  | Occupation PRES & CHIEF OPERATING OFFICE  | <br>Err  |
| eceipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 2499.90  |  |
| ICHARD KLUSOVSKY   | NΓ  | Date of Receipt  |
|  |   | 06 19 2010   |
|  |   | Transaction ID: INC.A.82943  Amount of Each Receipt this Period  |
| EC ID number of contributing   | C   | 25.00  |
| ame of Employer<br>CCREDO HEALTH GROUP   | Occupation AVP MANAGED CARE   | 1  |
| eceipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 325.00   |  |
| ,  |   | Date of Receipt  |
| lailing Address 6920 DYLAN LANE  |   | 0 6 1 9 2 0 1 0  |
| •  | State Zip Code  | Transaction ID: INC.A.82580  |
| EC ID number of contributing   | C 55359   | Amount of Each Receipt this Period 25.00   |
| ame of Employer<br>IEDCO HEALTH SOLUTIONS  | Occupation SR DIR GENERIC STRAT & CUST D  | -<br>V   |
| eceipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00   |  |
| BTOTAL of Receipts This Page (optional)  |   | 242.30   |
|  | EC ID number of contributing ederal political committee.  Iame of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Ull Name (Last, First, Middle Initial) RICHARD KLUSOVSKY  Railing Address 1016 FAIRWOOD LA  Rity MCWORTH  EC ID number of contributing ederal political committee.  Iame of Employer MCCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify) ▼  Ull Name (Last, First, Middle Initial) MS LORI KOEHNEN  Railing Address 6920 DYLAN LANE  Rity MDEPENDENCE  EC ID number of contributing ederal political committee.  Iame of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  BECO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼ | EC ID number of contributing ederal political committee.    Aggregate Year-to-Date   Primary   General |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page       | FOR LINE NUMBER: PAGE 287 / 409 (check only one)  X 11a 11b 11c 12                        |
|---|--------------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | <br>y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial)  MR BRADFORD KOGEN  Mailing Address - FEE FORD HOLL OTDE                            |                                |   | Date of Receipt   |
| Mailing Address 555 FORBUSH STRE  City  | State                          | Zip Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82726  |
| BOONTON   | NJ                             | 07005   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              | n<br>CLIENT RETAIL  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial)  MS KATHLEEN KORDUCKI  Mailing Address 920 CLARK STREET                             | 1                              |   | Date of Receipt   |
| City  | State                          | Zip Code  | 0 6 1 9 2 0 1 0<br>Transaction ID: INC.A.82394  |
| BOWLING GREEN   | OH                             | 43402   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                              |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NATI             | n<br>_ ACCT EXEC  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MS ANNE KRAFT   | •                              |   | Date of Receipt   |
| Mailing Address 28 ROSEMILT PLACE   |                                |   | 06 19 / Y Y Y Y Y   |
| City  | State                          | Zip Code  | Transaction ID: INC.A.82873   |
| MORRISTOWN  | NJ                             | 07960   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | + '                            | RKET SEGMENT SOLUTION   | NS  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
| SUBTOTAL of Receipts This Page (optional)   |                                |   | 100.00  |

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

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | ) <b>/</b> )        | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 288 / 409   (check only one)  |
|---|---------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than using | and Statements may  | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS II                                 | NC. POLITICAL A     | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MS JOANN KRENITSKY                            |                     |   | Date of Receipt   |
| Mailing Address 143 DEERFIELD   | TERRACE             |   | M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| City<br>MAHWAH  | State<br>NJ         | Zip Code<br>07430   | Transaction ID: INC.A.82435  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                            | C                   | 07430   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC DI  | n<br>R PRODUCT  |   |
| Receipt For:  Primary General  Other (specify)  |                     | Year-to-Date ▼ 275.00   |   |
| Full Name (Last, First, Middle Initial) MR ALEXANDER KRYNICKI                         | <u> </u>            |   | Date of Receipt   |
| Mailing Address 60 BEECH ROAD   | )                   |   | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O   |
| City<br>RANDOLPH  | State<br>NJ         | Zip Code<br>07869   | Transaction ID: INC.A.82338  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                            | C                   | 0,000   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR 3 | TECHNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼                                      | - t                 | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MS BARBARA KRZAK                              |                     |   | Date of Receipt   |
| Mailing Address 495 ISLAND WAY  | <b>/</b>            |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>FRANKLIN LAKES  | State<br>NJ         | Zip Code<br>07417   | Transaction ID: INC.A.82643   |
| FEC ID number of contributing federal political committee.                            | C                   | 07417   | Amount of Each Receipt this Period  55.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP INFO  | TECHNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼                                      |                     | Year-to-Date ▼ 715.00   |   |
| SUBTOTAL of Receipts This Page (optio   | nal)                |   | 105.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | <b>x</b> )          | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 289 / 409 (check only one)    X                    |
|---|---------------------|---|--|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS IN | g the name and addr | ress of any political committee to                                      | solicit contributions from such committee.                               |
| Full Name (Last, First, Middle Initial) MR MICHAEL KRZAN Mailing Address 2735 YORK RD   |                     |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y             |
| City COLUMBUS FEC ID number of contributing   | State<br>OH         | Zip Code<br>43221   | Transaction ID: INC.A.82704  Amount of Each Receipt this Period  192.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General   |                     | BER SVCS Year-to-Date ▼ 934.00  | 192.00   |
| Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR DEEPAK KUMAR  Mailing Address 50 MANCHESTER                                      | CT                  |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y         |
| City KINNELON  FEC ID number of contributing federal political committee.   | State<br>NJ         | Zip Code<br>07405   | Transaction ID: INC.A.82588  Amount of Each Receipt this Period  25.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼   | <del>-   -  </del>  | HNOLOGY<br>Year-to-Date ▼<br>325.00                                     | ]  |
| Full Name (Last, First, Middle Initial) MR MANOJ KUMAR Mailing Address 7 SUNRISE WAY  |                     |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City TOWACO  FEC ID number of contributing federal political committee.   | State<br>NJ         | Zip Code<br>07082   | Transaction ID: INC.A.82631  Amount of Each Receipt this Period  30.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS   | <del></del>         | S PROCESS CHAMPION  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate \         | Year-to-Date ▼<br>390.00  |  |
| SUBTOTAL of Receipts This Page (optional  | al)                 | <b>_</b>  | 247.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | )  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 290 / 409 (check only one)    X   |
|--|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC   | he name and add                          | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                                 |
| Full Name (Last, First, Middle Initial) MR MARK LANDY Mailing Address 18 LADIK PL  City MONTVALE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)        | <del></del>                              | Zip Code<br>07645<br>n<br>DELIVERY SYSTEM<br>Year-to-Date ▼                   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) JAMES LANGLEY Mailing Address 10921 MAIN RANGE  City LITTLETON  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)    | State<br>CO<br>C<br>Occupatio<br>SVP FIN | Zip Code 80127  n ANCIAL ADMIN e Year-to-Date ▼ 650.00                        | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MR EDWARD LAPUSHCHIK Mailing Address 2 OLD LANE  City MONTVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) |  | Zip Code<br>07045<br>n<br>CAL SPECIALIST<br>e Year-to-Date ▼                  | Date of Receipt  M M M / D D / Y Y Y Y Y  2 0 1 0  Transaction ID: INC.A.82795  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional)  |  |   | 150.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 291 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  |
|--|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any persone name and address of any political committee to  POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR MARCELO LAROSA Mailing Address 162 HILLTOP ROAD  City MONROE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | · ·  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER  Mailing Address 1100 KIMBERLY CO  | 325.00<br>URT  | Date of Receipt  |
| City  ROSEVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS   | State Zip Code CA 95661  C Occupation  | Transaction ID: INC.A.82594  Amount of Each Receipt this Period  100.00  |
| Receipt For:  Primary General  Other (specify) ▼   | SR DIR GOVERNMENT AFFAIRS  Aggregate Year-to-Date ▼  1300.00   |  |
| Full Name (Last, First, Middle Initial) MICHELE LAW Mailing Address 600 KINGFRED DR  City NORTH HUNTINGDON   | State Zip Code<br>PA 15642   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82946  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  | Occupation DIR TRC   | 25.00  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  325.00   |  |
| SUBTOTAL of Receipts This Page (optional)  | <b>&gt;</b>  | 150.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 292 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|--|---|--|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any personant the name and address of any political committee to committee. POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.                                     |
| Full Name (Last, First, Middle Initial) JEFFREY LAWLOR Mailing Address 214 ROXBURY RO  City GARDEN CITY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State Zip Code NY 11530  C  Occupation SR DIR MARKETING   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial) PAUL LEAPO Mailing Address 1 CHRISTIAN DRIV  | /E  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y       |
| City   | State Zip Code  | Transaction ID: INC.A.82780  |
| EAST BRUNSWICK   | NJ 08816  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 26.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR TECHNOLOGY  |  |
| Receipt For:  Primary  General  Other (specify) ▼  | Aggregate Year-to-Date ▼  338.00  |  |
| Full Name (Last, First, Middle Initial)  |   | Data of Bassist  |
| JOSEPH LENZ Mailing Address 1735 LINKENHOLT  | COVE  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y       |
| City   | State Zip Code  | Transaction ID: INC.A.82822  |
| COLLIERVILLE  FEC ID number of contributing federal political committee.   | TN 38017  | Amount of Each Receipt this Period  50.00                                      |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP PERFORMANCE STRATEGY  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00   |  |
|  | ·   |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 293 / 409 (check only one)    X   11a  |
|---|--|--|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)   | d Statements may not be sold or used by any person the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) EMMA LEVIN Mailing Address 18 SALEM RD  City EAST BRUNSWICK FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State Zip Code NJ 08816  C Occupation TECHNICAL SPECIALIST   | Date of Receipt  M M M D D D 2 0 1 0  Transaction ID: INC.A.82850  Amount of Each Receipt this Period  25.00 |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00  |  |
| Full Name (Last, First, Middle Initial)  MR DORIAN LO  Mailing Address 6 CLUBHOUSE RO   | AD   | Date of Receipt  0 6 1 9 2 0 1 0   |
| City  | State Zip Code   | Transaction ID: INC.A.82597  |
| BLOOMINGDALE  | NJ 07403   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP CLINICAL SVCS  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00  |  |
| Full Name (Last, First, Middle Initial)   |  | 5. (5. )   |
| MR ROBERT LONG  Mailing Address 18 HARLIND TERR   | ACE  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                                     |
| City  | State Zip Code   | Transaction ID: INC.A.82583  |
| RAMSEY  FEC ID number of contributing federal political committee.  | NJ 07446   | Amount of Each Receipt this Period  50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NATL ACCT EXEC   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00  |  |
|   |  |  |

| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  Full Name (Last, First, Middle Initial) | Statements may re name and addre       | not be sold or used by any persons of any political committee to | n for the purpose of soliciting contributions                          |
|---|--|--|--|
| Full Name (Leat First Middle Initial)   | POLITICAL AC                           |  | solicit contributions from such committee.                             |
| DAVID LOSCHINSKEY  Mailing Address 4500 MT GILLESPIE  | DR                                     |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City  LAKELAND  FEC ID number of contributing   | State<br>TN                            | Zip Code<br>38002  | Transaction ID: INC.A.82950  Amount of Each Receipt this Period  50.00 |
| Receipt For:  Primary  Other (specify)  | Occupation VP BIAC                     | /ear-to-Date ▼   |  |
| Full Name (Last, First, Middle Initial) MR BRICE LOVE Mailing Address 2390 BRANDON RD   |  |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City COLUMBUS  FEC ID number of contributing federal political committee.   | State<br>OH                            | Zip Code<br>43221  | Transaction ID: INC.A.82544  Amount of Each Receipt this Period  12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation<br>SR DIR TF<br>Aggregate Y | RC<br>∕ear-to-Date ▼<br>325.00                                   |  |
| Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 1066 WEST GROVE  | CT                                     |  | Date of Receipt  0 6 1 9 2 0 1 0                                       |
| City GIBSONIA FEC ID number of contributing federal political committee.  | State PA                               | Zip Code<br>15044  | Transaction ID: INC.A.82446  Amount of Each Receipt this Period  30.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General   | Occupation<br>VP/GM<br>Aggregate Y     | ∕ear-to-Date ▼   |  |
| Other (specify)   SUBTOTAL of Receipts This Page (optional).  |  | 780.00   | 92.50  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | ()                                 | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 295 / 409 (check only one)    X            |
|--|------------------------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | the name and add                   | dress of any political committee to                                     | solicit contributions from such committee.                       |
| Full Name (Last, First, Middle Initial)  MS SHARON MACCOY  Mailing Address 9248 TALWAY CIR  City  BOYNTON BEACH                                    | State<br>FL                        | Zip Code<br>33472   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| FEC ID number of contributing federal political committee.   | C                                  |   | 25.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation<br>VP SALE<br>Aggregate |   |  |
| Full Name (Last, First, Middle Initial) MS VERONA MACMAHON Mailing Address 1504 WEST CULLO UNIT G  |                                    |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y |
| City<br>CHICAGO  | State<br>IL                        | Zip Code<br>60613   | Transaction ID: INC.A.82749                                      |
| FEC ID number of contributing federal political committee.   | C                                  | 00010   | Amount of Each Receipt this Period  25.00                        |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR A                | n<br>ACCT MGMT OPS  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                          | Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial) MR KENNETH MALLEY  |                                    |   | Date of Receipt  |
| Mailing Address 764 W. SADDLE R  | IVER ROAD                          |   | 0 6 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
| City   | State                              | Zip Code  | Transaction ID: INC.A.82484                                      |
| HO HO KUS  FEC ID number of contributing federal political committee.  | NJ<br>C                            | 07423   | Amount of Each Receipt this Period  192.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SVP & G                 | n<br>ENERAL MGR   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                          | Year-to-Date ▼<br>1076.00   |  |
| SUBTOTAL of Receipts This Page (optional   | .1\                                |   | 242.00   |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 296 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----------|--|--------------------------------|---|---|
|          | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements ma<br>e name and ad | y not be sold or used by any persodress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I  | POLITICAL A                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO                                       |                                |   | Date of Receipt   |
|          | Mailing Address 33 HICKORY TAVERI  | N RD                           |   | 06 19 2010  |
|          | City<br>GILLETTE   | State<br>NJ                    | Zip Code<br>07933   | Transaction ID: INC.A.82326   |
|          | FEC ID number of contributing federal political committee.   | C                              | 07933   | Amount of Each Receipt this Period  50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP FINA             |   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>650.00  |   |
| -<br>В.  | Full Name (Last, First, Middle Initial)<br>JOE MARABITO  | 1                              |   | Date of Receipt   |
|          | Mailing Address 637 WYCKOFF AVEN UNIT 351  | IUE                            |   | 06 19 2010  |
|          | City   | State                          | Zip Code  | Transaction ID: INC.A.82872   |
|          | WYCKOFF  FEC ID number of contributing federal political committee.                                | NJ<br>C                        | 07481   | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CON              | on<br>ISUMER DRIVEN MKTS  |   |
|          | Receipt For:  Primary General  Other (specify) ♥   | Aggregate                      | e Year-to-Date ▼ 325.00   | ]   |
| С.<br>С. | Full Name (Last, First, Middle Initial) MS ILENE MARCUS  |                                |   | Date of Receipt   |
|          | Mailing Address 97 BLUEBERRY DR  |                                |   | 0 6 1 9 2 0 1 0   |
|          | City WOODCLIFF LAKE DR   | State<br>NJ                    | Zip Code<br>07675   | Transaction ID: INC.A.82654  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.   | C                              | 0.0.0   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR              | on<br>FINANCE   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)  |                                |   | 100.00  |
| f        | TOTAL This Period (last page this line number  | onlv)                          |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate sched<br>for each category of<br>Detailed Summary F                   | the (check only one)  |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | e name and address of any political con  | rany person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.  EE (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR JOSEPH MARINELLI Mailing Address 351 SOUND BEACH A  City OLD GREENWICH  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)           | State Zip Code CT 06870  C  Occupation SR DIR MEDICARE OPS Aggregate Year-to-Date  | Date of Receipt  M M M D D D 2010  Transaction ID: INC.A.82431  Amount of Each Receipt this Period  25.00                                   |
| Full Name (Last, First, Middle Initial) LORI MARINO Mailing Address 31 UNDERWOOD DE  City WEST ORANGE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                       | State Zip Code NJ 07052  C  Occupation ASST GENERAL COUNSEL Aggregate Year-to-Date | Date of Receipt  M M M J D D J 2 0 1 0  Transaction ID: INC.A.82869  Amount of Each Receipt this Period  50.00                              |
| Full Name (Last, First, Middle Initial) MS TAMARA MARSHALL-IGUNBOR  Mailing Address W144 N7150 TERRAL  City MENOMONEE FALLS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code WI 53051  C  Occupation VP/GM  Aggregate Year-to-Date ▼             | Date of Receipt  M M M D D D 2 0 1 0  Transaction ID: INC.A.82516  Amount of Each Receipt this Period  50.00                                |
| SUBTOTAL of Receipts This Page (optional) .  |  | 125.00  |

|              | HEDULE A (FEC Form 3X)  MIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 298 / 409   (check only one)     X                                  |
|--------------|--|----------------------|---|---|
| Any<br>or fo | information copied from such Reports and S<br>or commercial purposes, other than using the | tatements may        | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|              | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F                                  | POLITICAL /          | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
|              | Full Name (Last, First, Middle Initial) MR JOSEPH MARSIGLIANO                              |                      |   | Date of Receipt   |
| <u></u>      | Mailing Address 11 ECHO HILL ROAD  |                      |   | 06 19 2010  |
|              | Dity   | State                | Zip Code  | Transaction ID: INC.A.82871   |
| -<br>F       | MONTVALE FEC ID number of contributing ederal political committee.                         | C                    | 07645   | Amount of Each Receipt this Period  25.00   |
| <u>1</u>     | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR  | n<br>TECHNOLOGY   |   |
| Ē            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>325.00  |   |
|              | Full Name (Last, First, Middle Initial)<br>SHELLY MARTIN                                   |                      |   | Date of Receipt   |
| <u> </u>     | Mailing Address 9536 DOE MEADOW  | DR                   |   | 06 19 2010  |
|              | Dity<br>GERMANTOWN   | State<br>TN          | Zip Code<br>38139   | Transaction ID: INC.A.82956  Amount of Each Receipt this Period                             |
| F            | FEC ID number of contributing ederal political committee.                                  | C                    | 00100   | 25.00   |
| 7            | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>DIR HR  | n   |   |
| F            | Receipt For:  Primary General  Other (specify) ▼   |                      | e Year-to-Date ▼<br>325.00  |   |
|              | Full Name (Last, First, Middle Initial)<br>MR TODD MARTIN                                  |                      |   | Date of Receipt   |
| _            | Mailing Address 11825 SHEPPARDS C  | ROSSING              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|              | City<br>CLARKSVILLE  | State<br>MD          | Zip Code<br>21029   | Transaction ID: INC.A.82464   |
| F            | FEC ID number of contributing ederal political committee.                                  | C                    | 21029   | Amount of Each Receipt this Period 192.30   |
| 1            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP & G | n<br>ENERAL MGR   |   |
| F            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>2499.90   |   |
| SU           | BTOTAL of Receipts This Page (optional)  |                      | <b></b>   | 242.30  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | 3X)                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 299 / 409 (check only one)    X   11a            |
|--|------------------------|---|--|
| Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS II | ng the name and addre  | ess of any political committee to                                       | solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial)  MR WILLIAM MARTIN  Mailing Address 2601 FOX HLL C   | IRCLE EAST             |   | Date of Receipt  |
| City  GERMANTOWN  FEC ID number of contributing  | State<br>TN            | Zip Code<br>38139   | Transaction ID: INC.A.82877  Amount of Each Receipt this Period        |
| federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General  | <del>- '</del>         | P BUS DEV  /ear-to-Date ▼   | 50.00  |
| Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR EDWARD MARTINEZ  Mailing Address 35 SALTER PLACE                            | DE .                   | 650.00  | Date of Receipt  0 6 1 9 2 0 1 0                                       |
| City  MAPLEWOOD  FEC ID number of contributing federal political committee.  | State<br>NJ            | Zip Code<br>07040   | Transaction ID: INC.A.82804  Amount of Each Receipt this Period  25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼   |                        | RODUCT MGMT  /ear-to-Date ▼  325.00                                     |  |
| Full Name (Last, First, Middle Initial) MR JEFFREY MAY Mailing Address 137 WASHINGTO   | DN AVE                 |   | Date of Receipt  |
| City HILLSDALE   | State<br>NJ            | Zip Code<br>07642   | Transaction ID: INC.A.82691  Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | Occupation<br>SVP PHAE | RMA STRAT & SOLUTION  | 192.30   |
| Receipt For:  Primary  General  Other (specify) ▼  | <del>- '</del>         | /ear-to-Date ▼ 2499.90  |  |
| SUBTOTAL of Receipts This Page (optio  | nal)                   |   | 267.30   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                   | FOR LINE NUMBER: PAGE 300 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16           |
|--|---|--|
| NAME OF COMMITTEE (In Full)  | and Statements may not be sold or used by any person g the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS IN  Full Name (Last, First, Middle Initial)                       | IC. POLITICAL ACTION COMMITTEE (a.k.a.  | Medco Health PAC)  |
| MR TERENCE MAYTIN  Mailing Address 496 FRANKLIN A  | /E  | Date of Receipt  0 6 1 9 2 0 1 0   |
| City WYCKOFF   | State Zip Code<br>NJ 07481  | Transaction ID: INC.A.82459  Amount of Each Receipt this Period                          |
| FEC ID number of contributing federal political committee.                               | C   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP E-COM STRATEGY & DELIVERY   | <u> </u>   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE Mailing Address 19 FARMINGTON | COURT   | Date of Receipt  |
| City   | State Zip Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82494   |
| RAMSEY   | NJ 07446  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                               | C   | 50.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP SALES AND MARKETING   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00   |  |
| Full Name (Last, First, Middle Initial) THOMAS MCCANN                                    |   | Date of Receipt  |
| Mailing Address 9600 DOVE SPRI   | NG CV   | 06 19 / Y Y Y Y Y Y  |
| City<br>GERMANTOWN   | State Zip Code TN 38139   | Transaction ID: INC.A.82958  Amount of Each Receipt this Period                          |
| FEC ID number of contributing federal political committee.                               | C   | 50.00  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP SALES   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00   |  |
| SUBTOTAL of Receipts This Page (option   | al)   | 125.00   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | <b>X</b> )                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 301 / 409 (check only one)    X   |
|--|-------------------------------|---|---|
| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS IN                          | g the name and add            | dress of any political committee to                                     | on for the purpose of soliciting contributions solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MS SHANNON MCCRUDDEN Mailing Address 8309 SANCTUAR  City RIVERDALE  FEC ID number of contributing federal political committee. | Y BLVD State NJ               | Zip Code<br>07457   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82805  Amount of Each Receipt this Period  25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation DIR PRIO Aggregate |   | ]   |
| Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD Mailing Address 0-45 27TH ST  City FAIR LAWN  FEC ID number of contributing federal political committee.    | State<br>NJ                   | Zip Code<br>07410   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82634  Amount of Each Receipt this Period  25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼  |                               | n<br>HNOLOGY<br>Year-to-Date ▼  | ]   |
| Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH Mailing Address 87 ROSELAWN R  City  | ED State                      | Zip Code  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| HIGHLAND MILLS FEC ID number of contributing federal political committee.  | C                             | 10930   | Amount of Each Receipt this Period 192.00   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   |                               | n<br>ENERAL COUNSEL<br>Year-to-Date ▼<br>2496.00                        |   |
| SUBTOTAL of Receipts This Page (option   | nal)                          |   | 242.00  |

| SCHEDULE A (FEC  | •                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 302 / 409 (check only one)    X                                       |
|--|--------------------------------|---|---|
| Any information copied from su or for commercial purposes, oth NAME OF COMMITTEE (In | ner than using the name and ac | ay not be sold or used by any pers<br>ddress of any political committee to    | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| MEDCO HEALTH SOL   | UTIONS INC. POLITICAL          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Midd MR WILLIAM MCLAUGHLIN Mailing Address C. BATE           | ,                              |   | Date of Receipt   |
| Mailing Address 8 BATE  City   | S CIRCLE State                 | Zip Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82760  |
| FLORIDA  | NY                             | 10921   | Amount of Each Receipt this Period  |
| FEC ID number of contribut federal political committee.                              | ing C                          |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTI  | ONS Occupation SR DIR          | on<br>TECHNOLOGY  |   |
| Receipt For:  Primary Gen  Other (specify) ▼   |                                | te Year-to-Date ▼ 325.00  |   |
| Full Name (Last, First, Midd<br>MR STEVEN MCNAMARA<br>Mailing Address 112 GR         | ,                              |   | Date of Receipt   |
| Mailing Address 112 GR   | EEN TERRAGE WAY                |   | 06 19 2010  |
| City   | State                          | Zip Code  | Transaction ID: INC.A.82742   |
| WEST MILFORD   | NJ                             | 07480   | Amount of Each Receipt this Period  |
| FEC ID number of contribut federal political committee.                              | ing C                          |   | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTI  | ONS Occupation SVP BU          | on<br>JSINESS OPS   |   |
| Receipt For:  Primary Gen  Other (specify) ▼   |                                | te Year-to-Date ▼<br>2500.03  |   |
| Full Name (Last, First, Midd<br>MR EDWARD MCNEILEY                                   | le Initial)                    |   | Date of Receipt   |
| Mailing Address 2623 KI  | ENCHESTER LOOP                 |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>WESLEY CHAPEL  | State<br>FL                    | Zip Code<br>33543   | Transaction ID: INC.A.82491  Amount of Each Receipt this Period                             |
| FEC ID number of contribut federal political committee.                              |                                | 000-0   | 12.50   |
| Name of Employer<br>MEDCO HEALTH SOLUTI  | ONS Occupation Occupation ONS  | on<br>ARM PRACTICE  |   |
| Receipt For:  Primary Gen  Other (specify) ▼   | Aggregat                       | te Year-to-Date ▼ 325.00  |   |
| SUBTOTAL of Receipts This  | Page (optional)                |   | 229.81  |
| TOTAL This Period (last page   |                                |   |   |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 303 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|----|---|-----------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma<br>name and ad | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F                                      | POLITICAL                   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial) MRS WENDY MELLO   |                             |   | Date of Receipt   |
|    | Mailing Address 5147 BLUE SPRUCE [ City   | OR<br>State                 | Zip Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82402  |
|    | YPSILANTI   | MI                          | 48197   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C                           |   | 20.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR MK1          | n<br>TING & STRATEGIC ANAL  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼<br>220.00  |   |
| В. | Full Name (Last, First, Middle Initial) MS LAURA MENVILLE                                       |                             |   | Date of Receipt   |
|    | Mailing Address 23 UNION HILL RD  |                             |   | 06 19 2010  |
|    | City  | State                       | Zip Code  | Transaction ID: INC.A.82772   |
|    | MORRIS PLAINS   | NJ                          | 07950   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | C                           |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | . '                         | CHNOLOGY  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼<br>325.00  |   |
| С. | Full Name (Last, First, Middle Initial) MS BARBARA MENZEL                                       |                             |   | Date of Receipt   |
|    | Mailing Address 921 AMARYLLIS AVE   |                             |   | 0 6 1 9 2 0 1 0   |
|    | City<br>ORADELL   | State                       | Zip Code  | Transaction ID: INC.A.82385   |
|    | FEC ID number of contributing federal political committee.                                      | C                           | 07649   | Amount of Each Receipt this Period  25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR           | n<br>BUS PLANNING & ADMIN   |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼ 325.00   |   |
|    | SUBTOTAL of Receipts This Page (optional)   |                             |   | 70.00   |
|    | TOTAL This Period (last page this line number   |                             | <u> </u>  |   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | 3X)                 | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 304 / 409 (check only one)    X           |
|--|---------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS II | ng the name and add | dress of any political committee to                                     |   |
| Full Name (Last, First, Middle Initial) DANETTE MEREDITH Mailing Address 600 W 2ND AVE   |                     |   | Date of Receipt  0 6 1 9 2 0 1 0                                |
| City<br>DERRY  | State<br>PA         | Zip Code<br>15627   | Transaction ID: INC.A.82920  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C                   |   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation AVP SAL  | ES  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼<br>325.00  | ]   |
| Full Name (Last, First, Middle Initial) MR JEFFREY MESAROS Mailing Address 10565 96TH ST N   | NORTH               |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City   | State               | Zip Code  | Transaction ID: INC.A.82566                                     |
| LARGO  | FL                  | 33773   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C                   |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation ATTORN   |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial)<br>MR DAN MILKENS  | <b>1</b>            |   | Date of Receipt   |
| Mailing Address 826 DOWNING S  | STREET              |   | 06 19 7 2010  |
| City<br>NORTHBROOK   | State<br>IL         | Zip Code<br>60062   | Transaction ID: INC.A.82581  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C                   | 00002   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SALE  |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 325.00   | ]   |
| SUBTOTAL of Receipts This Page (optio  | nal)                |   | 75.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 305 / 409 (check only one)    X  |
|--|---|--|
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any person the name and address of any political committee to a specific political ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee.                                 |
| Full Name (Last, First, Middle Initial) DAVID MILLER Mailing Address 7 CLOVER LANE  City RANDOLPH  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State Zip Code NJ 07869  C  Occupation VP LABOR RELATIONS  Aggregate Year-to-Date   650.00  | Date of Receipt    M   M   D   D   2 0 1 0     Transaction ID: INC.A.82335    Amount of Each Receipt this Period   50.00 |
| Full Name (Last, First, Middle Initial) MRS KAREN MILLER Mailing Address 34 MACKENZIE LAN  City DENVILLE  FEC ID number of contributing  | NE NORTH  State Zip Code  NJ 07834  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Receipt For:  Primary  Other (specify)   | Occupation EXEC DIR INTERNAL AUDIT Aggregate Year-to-Date  650.00   | 50.00  |
| Full Name (Last, First, Middle Initial) PAMELA MILLER Mailing Address 158 SUMMIT AVENI City HACKENSACK   | UE State Zip Code NJ 07601  | Date of Receipt    M M M   |
| FEC ID number of contributing federal political committee.   | C   | 55.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼   | VP SUSTAIN & COMMUNITY INVESTAGE  Aggregate Year-to-Date ▼  715.00  | Г  |
| SUBTOTAL of Receipts This Page (optional)  |   | 155.00   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | 3X)                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 306 / 409   (check only one)                                      |
|---|--------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than usi | and Statements may | y not be sold or used by any persodress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS I                                | NC. POLITICAL A    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initial)  MR GIOVANNI MINARDI                        |                    |   | Date of Receipt   |
| Mailing Address 12 LINCOLN RO   | AD                 |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State              | Zip Code  | Transaction ID: INC.A.82758   |
| KINNELON  FEC ID number of contributing federal political committee.                | NJ<br>C            | 07405   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR  | n<br>TECHNOLOGY   |   |
| Receipt For:  Primary General  Other (specify) ▼                                    | <del> </del>       | e Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial)  MR BHUPESH MISTRY                          |                    |   | Date of Receipt   |
| Mailing Address 92 REDSTONE D   | )R                 |   | 06 19 2010  |
| City<br>PARSIPPANY  | State<br>NJ        | Zip Code<br>07054   | Transaction ID: INC.A.82345   |
| FEC ID number of contributing federal political committee.                          | C                  | 07054   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation TECHNIC | n<br>CAL SPECIALIST   |   |
| Receipt For:  Primary General  Other (specify) ▼                                    | Aggregate          | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR DAVID MITCHELL                           |                    |   | Date of Receipt   |
| Mailing Address 222 WEST 14TH<br>APT. 4B  | STREET             |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State              | Zip Code  | Transaction ID: INC.A.82820   |
| NEW YORK  FEC ID number of contributing federal political committee.                | C                  | 10011   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP MKTI | n<br>NG & PRODUCT DEV   |   |
| Receipt For:  Primary General  Other (specify) ▼                                    | Aggregate          | e Year-to-Date ▼ 650.00   |   |
| SUBTOTAL of Receipts This Page (optic   | nal)               |   | 100.00  |
| SUBTOTAL of Receipts This Page (option  TOTAL This Period (last page this line no   | ,                  | •   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 307 / 409 (check only one)    X |
|---|-----------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements ma<br>name and ad | not be sold or used by any persongers     dress of any political committee to | on for the purpose of soliciting contributions        |
| MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL                   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)                                   |
| Full Name (Last, First, Middle Initial) MS JULIANA MOLEK  |                             |   | Date of Receipt                                       |
| Mailing Address 8620 LAKE RILEY DR  |                             |   | 06 19 2010  |
| CHANHASSEN  | State<br>MN                 | Zip Code  | Transaction ID: INC.A.82472                           |
| CHANHASSEN  | IVIIN                       | 55317   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C                           |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR DIR         | n<br>SPECIAL MARKETS  |   |
| Receipt For:  | Aggregate                   | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 0 0                         | 650.00  |   |
| Full Name (Last, First, Middle Initial) ROBERT MOLONEY  | l                           |   | Date of Receipt                                       |
| Mailing Address 24 ABBINGTON TERF   | RACE                        |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City  | State                       | Zip Code  | Transaction ID: INC.A.82838                           |
| GLEN ROCK   | NJ                          | 07452   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C                           |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>TECHNI         | n<br>CAL SPECIALIST   |   |
| Receipt For:  Primary  General  Other (specify)   | Aggregate                   | e Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR ERICK MONCAYO  |                             |   | Date of Receipt                                       |
| Mailing Address 404 HAMILTON AVE  |                             |   | 06 19 2010  |
| City  | State                       | Zip Code  | Transaction ID: INC.A.82351                           |
| GLEN ROCK   | NJ                          | 07452   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C                           |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>SR DIR (       | n<br>CLINICAL THERAPEUTICS  |   |
| Receipt For:  | Aggregate                   | e Year-to-Date 🔻  |   |
| Primary General Other (specify) ▼   |                             | 325.00  |   |
| 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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 308 / 409 (check only one)    X  |
|--|------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | e name and ad                | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                        |
| Full Name (Last, First, Middle Initial) MR PETER MONKHOUSE Mailing Address 1320 BRONCO CIR  City WARRINGTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     | _ '                          | Zip Code<br>18976<br>In<br>TECHNOLOGY<br>e Year-to-Date ▼                     | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82480  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY Mailing Address 86 WELLINGTON AV  City SHORT HILLS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | State NJ C Occupatio GENL C  | Zip Code 07078  on -SEC-SVP PHARM STRAT Service Year-to-Date  2496.00         | Date of Receipt  O 6 19 2010  Transaction ID: INC.A.82314  Amount of Each Receipt this Period  192.00            |
| Full Name (Last, First, Middle Initial)  MS THERESA MORMILE  Mailing Address 59 VALLEY VIEW TE  City  MONTVALE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) | State NJ C Occupatio VP FINA |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional) .  |                              |   | 267.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | )                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 309 / 409 (check only one)    X   11a   |
|--|----------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | he name and add                  | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR CRAIG MORRIS Mailing Address N 49 W 25648 MCKI  City PEWAUKEE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)          | State WI  C  Occupation EXEC DI  | Zip Code<br>53072<br>n<br>R CLINICAL SVCS<br>e Year-to-Date ▼                 | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82515  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) JACQUELINE MORRIS  Mailing Address 750 COLUMBUS AV APT 06S  City NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NY  C  Occupation DIR INT' | Zip Code<br>10025<br>n<br>L BUSINESS DEV<br>e Year-to-Date ▼                  | Date of Receipt  M M M J D D J Z D 1 D  Transaction ID: INC.A.82885  Amount of Each Receipt this Period  25.00                    |
| Full Name (Last, First, Middle Initial) MR RICHARD MOUNTJOY Mailing Address 2 STONEBRIDGE R  City SPARTA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)          | State NJ C Occupation SR NATL    | Zip Code 07871  n ACCT EXEC e Year-to-Date  260.00                            | Date of Receipt  M M M / D D / Y Y Y Y Y  2 0 1 0  Transaction ID: INC.A.82736  Amount of Each Receipt this Period  20.00         |
| SUBTOTAL of Receipts This Page (optional)  |                                  |   | 95.00   |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 310 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|----------|--|--------------------|---|---|
|          | Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad      | dress of any political committee to   | solicit contributions from such committee.  |
|          | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL          | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MR ROBERT MULLER   |                    |   | Date of Receipt   |
|          | Mailing Address 69 FERN PLACE  |                    |   | 06 19 2010  |
|          | City   | State<br>NJ        | Zip Code  | Transaction ID: INC.A.82709   |
|          | PARAMUS  FEC ID number of contributing federal political committee.  | C                  | 07652   | Amount of Each Receipt this Period  50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP HLTH | n<br>H BUS CLIENT ENROLLMN'   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 650.00   |   |
| ь<br>В.  | Full Name (Last, First, Middle Initial) MS BECKY NAGLE   |                    |   | Date of Receipt   |
|          | Mailing Address 64 WALTER AVE  |                    |   | 06 19 2010  |
|          | City   | State              | Zip Code  | Transaction ID: INC.A.82392   |
|          | HASBROUCK HEIGHTS  | NJ                 | 07604   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | C                  |   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CLIN | n<br>ICAL SVCS  |   |
|          | Receipt For:   | Aggregate          | e Year-to-Date 🔻  |   |
|          | Primary General Other (specify) ▼  |                    | 650.00  |   |
| с.<br>С. | Full Name (Last, First, Middle Initial)<br>MR ANDREW NANICK  |                    |   | Date of Receipt   |
|          | Mailing Address 220 LAUREL BAY DF  | RIVE               |   | 06 19 2010  |
|          | City   | State              | Zip Code  | Transaction ID: INC.A.82397   |
|          | MURRELLS INLET FEC ID number of contributing   | SC                 | 29576   | Amount of Each Receipt this Period  |
|          | federal political committee.   | C                  |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR  | n<br>CLINICAL SVCS  |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 325.00   |   |
|          | SUBTOTAL of Receipts This Page (optional) .  |                    |   | 125.00  |
|          | TOTAL This Period (last page this line number  | r only)            | ·   |   |

|                              | EULE A (FEC Form 3X) ED RECEIPTS   |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 311 / 409   (check only one)     X                                |
|------------------------------|--|--------------------------------|---|---|
| Any information for for comm | ation copied from such Reports and nercial purposes, other than using th | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions solicit contributions from such committee. |
| 1 \                          | OF COMMITTEE (In Full) O HEALTH SOLUTIONS INC.                           | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
|                              | me (Last, First, Middle Initial)<br>DHAN NARAYANAN                       |                                |   | Date of Receipt   |
| Mailing A                    | Address 32 BLACKSTONE DF   | RIVE                           |   | 0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>PRINC                | CETON  | State<br>NJ                    | Zip Code<br>08540   | Transaction ID: INC.A.82881  Amount of Each Receipt this Period                           |
| FEC ID                       | number of contributing political committee.                              | C                              |   | 29.00   |
| Name of<br>MEDCC             | f Employer<br>O HEALTH SOLUTIONS   | Occupatio<br>SR DIR I          | n<br>MARKET STRATEGY  |   |
|                              | For: rimary General ther (specify) ▼                                     |                                | e Year-to-Date ▼ 427.00   |   |
|                              | me (Last, First, Middle Initial)   |                                |   | Date of Receipt   |
|                              | Address PO BOX 523   |                                |   | 0 6 1 9 2 0 1 0   |
| City<br>SLIGA                | R LOAF   | State<br>NY                    | Zip Code<br>10981   | Transaction ID: INC.A.82369  Amount of Each Receipt this Period                           |
| FEC ID                       | number of contributing political committee.                              | C                              |   | 25.00   |
| Name of<br>MEDCC             | f Employer<br>O HEALTH SOLUTIONS   | Occupatio<br>SR DIR I          | n<br>BUSINESS REQUIREMENTS  | 5   |
|                              | For: rimary General ther (specify) ▼                                     | <del>- '</del>                 | e Year-to-Date ▼ 325.00   |   |
|                              | ne (Last, First, Middle Initial)<br>IAN NICKERSON                        | l                              |   | Date of Receipt   |
|                              | Address 20 MELVILLE ROAD   |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City                         | CETON JCT  | State<br>NJ                    | Zip Code  | Transaction ID: INC.A.82879   |
| FEC ID                       | number of contributing political committee.                              | C                              | 08550   | Amount of Each Receipt this Period  25.00   |
| Name of<br>MEDCC             | f Employer<br>O HEALTH SOLUTIONS   | Occupatio<br>SR DIR I          | n<br>ENTERPRISE BUS INTELLIO  | <del>-</del><br>31  |
|                              | For: rimary General ther (specify) ▼                                     |                                | e Year-to-Date ▼ 325.00   |   |
| SUBTOTA                      | AL of Receipts This Page (optional)                                      | 1                              |   | 79.00   |
| TOTAL T                      | his Period (last page this line numbe                                    | r only)                        |   |   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS  Any information copied from such Reports         | for each category of the Detailed Summary Page         | FOR LINE NUMBER: PAGE 312 / 409 (check only one)    X           |
|--|--|---|
| NAME OF COMMITTEE (In Full)  | ing the name and address of any political committee to |   |
| Full Name (Last, First, Middle Initial) MR MICHAEL NICODEMO Mailing Address 407 MEER AVE |  | Date of Receipt   |
|  | 7.01   | 06 19 2010  |
| City<br><u>WYCKOFF</u>   | State Zip Code<br>NJ 07481                             | Transaction ID: INC.A.82741  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                               | C  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP INFO TECHNOLOGY                          |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 600.00                        |   |
| Full Name (Last, First, Middle Initial) MS EVELYN NIXON                                  |  | Date of Receipt   |
| Mailing Address 10011 BELLONA  | A CT   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City   | State Zip Code   | Transaction ID: INC.A.82714                                     |
| HENRICO  | VA 23233   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                               | C  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR ACCT MGMT OPS                           | 7   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 325.00                        |   |
| Full Name (Last, First, Middle Initial) MS ARLENE NOLAN                                  |  | Date of Receipt   |
| Mailing Address 319 BOGERT A   | /ENUE  | 0 6 1 9 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| City   | State Zip Code   | Transaction ID: INC.A.82433                                     |
| RIDGEWOOD  | NJ 07450   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                               | C  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP FINANCE                                  | 7   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00                        |   |
| SUBTOTAL of Receipts This Page (opti   | onal)  | 125.00  |

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

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 313 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11                                |
|--|--|--|
| NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any perso e name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a | n for the purpose of soliciting contributions solicit contributions from such committee.                         |
| Full Name (Last, First, Middle Initial) MR HAIK NOVSHADIAN Mailing Address 45 DAVIS ROAD  City SPARTA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)                 | State Zip Code NJ 07871  C  Occupation DIR CLINICAL THERAPEUTICS Aggregate Year-to-Date  494.00                                    | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82519  Amount of Each Receipt this Period  38.00 |
| Full Name (Last, First, Middle Initial) MS JANINE NOWATZKY Mailing Address 24 CHEROKEE TRAIL  City OAKLAND  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)            | State Zip Code NJ 07436  C  Occupation SR DIR MARKET STRATEGY  Aggregate Year-to-Date   340.00                                     | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) DENISE O'CALLAGHAN  Mailing Address 4 HIGHLAND AVE P.O. BOX 408  City PEAPACK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07977  C  Occupation VP OPS  Aggregate Year-to-Date   650.00   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional) .  |  | 118.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 314 / 409 (check only one)    X   |
|---|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | e name and add                           | dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial) MR ROBERT O'CONNELL Mailing Address 12001 PEONY CT  City TAMPA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   | State FL C Occupation DIR SEC            | Zip Code<br>33635   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) SUSAN O'CONNOR Mailing Address 5 HICKORY DRIVE  City NANUET  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)      | - I -                                    | Zip Code<br>10954<br>n<br>MEDICAL<br>e Year-to-Date ▼                         | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) MR CHARLES OESTREICHER Mailing Address 6 PARK DR SOUTH  City RYE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NY  C  Occupation GROUP  Aggregate |   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82724  Amount of Each Receipt this Period  50.00 |
| SUBTOTAL of Receipts This Page (optional) .   |  |   | 100.00  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 315 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----|--|----------------------------|---|---|
|    | Any information copied from such Reports and St or for commercial purposes, other than using the | atements ma<br>name and ad | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P  | OLITICAL /                 | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)  |
| Α. | Full Name (Last, First, Middle Initial) MR SUNNY OGBONDA   |                            |   | Date of Receipt   |
|    | Mailing Address 79 LAUREL WOOD CO  |                            | 7:s Code  | 0 6 1 9 2 0 1 0 2 0 1 0   |
|    | City<br>ROCKAWAY TOWNSHIP  | State<br>NJ                | Zip Code<br>07866   | Transaction ID: INC.A.82348  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.                                       | С                          |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR BUS         | n<br>SINESS REQUIREMENTS  |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼ 325.00   |   |
| В. | Full Name (Last, First, Middle Initial) MR MELVIN OHL  |                            |   | Date of Receipt   |
|    | Mailing Address 274 E FRANKLIN TPKI  | Ε                          |   | 06 19 2010  |
|    | City   | State                      | Zip Code  | Transaction ID: INC.A.82663   |
|    | RIDGEWOOD  FEC ID number of contributing federal political committee.                            | NJ<br>C                    | 07450   | Amount of Each Receipt this Period  50.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP PRO          | n<br>CUREMENT & INVENTORY   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼<br>650.00  |   |
| С. | Full Name (Last, First, Middle Initial)<br>MR BRYAN OLENIK                                       |                            |   | Date of Receipt   |
|    | Mailing Address 653 E. DEVON DRIVE   |                            |   | 06 19 2010  |
|    | City   | State                      | Zip Code  | Transaction ID: INC.A.82706   |
|    | GILBERT  FEC ID number of contributing federal political committee.                              | AZ C                       | 85296   | Amount of Each Receipt this Period  12.50   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR PHA         | n<br>ARM PRACTICE   |   |
|    | Receipt For:  Primary General  Other (specify) ▼   |                            | e Year-to-Date ▼<br>287.50  |   |
|    | SUBTOTAL of Receipts This Page (optional)  |                            |   | 87.50   |
| •  | TOTAL This Period (last page this line number of   |                            | <u> </u>  |   |

|                                       | FEMIZED RECEIPTS   |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 316 / 409 (check only one)    X |
|---------------------------------------|--|--------------------|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ny information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and add     | dress of any political committee to                                     | o solicit contributions from such committee.          |
|                                       | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL A        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)                                  |
| ۷.                                    | Full Name (Last, First, Middle Initial) MRS SUE OLIVER   |                    |   | Date of Receipt                                       |
|                                       | Mailing Address 11 LEE DRIVE   |                    |   | 06 19 2010  |
|                                       | City   | State              | Zip Code  | Transaction ID: INC.A.82673                           |
|                                       | NORTH HALEDON  | NJ                 | 07508   | Amount of Each Receipt this Period                    |
|                                       | FEC ID number of contributing federal political committee.   | C                  |   | 50.00   |
|                                       | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC DI | n<br>R TECHNOLOGY   |   |
|                                       | Receipt For: Primary General   | Aggregate          | e Year-to-Date ▼  |   |
|                                       | Primary General Other (specify) ▼  |                    | 600.00  |   |
|                                       | Full Name (Last, First, Middle Initial) MS CLAUDINE OLSEN  |                    |   | Date of Receipt                                       |
|                                       | Mailing Address 4 HIGHGATE CT  |                    |   | 0 6 1 9 2 0 1 0                                       |
|                                       | City   | State              | Zip Code  | Transaction ID: INC.A.82717                           |
|                                       | SUFFERN  | NY                 | 10901   | Amount of Each Receipt this Period                    |
|                                       | FEC ID number of contributing federal political committee.   | C                  |   | 25.00   |
|                                       | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                    | CCT EXEC  |   |
|                                       | Receipt For: Primary General   | Aggregate          | e Year-to-Date ▼  |   |
|                                       | Other (specify)  |                    | 325.00  |   |
| _                                     | Full Name (Last, First, Middle Initial) MS CYNTHIA O'NEILL   | 1                  |   | Date of Receipt                                       |
|                                       | Mailing Address 69 SUMMIT AVE  |                    |   | 0 6 1 9 2 0 1 0                                       |
|                                       | City   | State              | Zip Code  | Transaction ID: INC.A.82648                           |
|                                       | MONTVALE   | NJ                 | 07645   | Amount of Each Receipt this Period                    |
|                                       | FEC ID number of contributing federal political committee.   | C                  |   | 25.00   |
|                                       | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | <del>- '</del>     | & INSTALLATION SVCS   |   |
|                                       | Receipt For: Primary General   | Aggregate          | e Year-to-Date ▼  |   |
|                                       | Other (specify)  |                    | 325.00  |   |
| Г                                     | SUBTOTAL of Receipts This Page (optional) .  | 1                  |   | 100.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports and | for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 317 / 409 (check only one)    X           |
|---|---|---|
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)             | the name and address of any political committee to some committee | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial) ALEXANDER ONIK  Mailing Address 1 SCHINDLER CT  |   | Date of Receipt   |
|   |   | 06 19 2010  |
| City<br>UPPER SADDLE RIVER  | State Zip Code NJ 07458   | Transaction ID: INC.A.82827                                     |
| FEC ID number of contributing federal political committee.                              | C 0/438   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR TECHNOLOGY   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MS NATALYA ONIK                                 |   | Date of Receipt   |
| Mailing Address 1 SCHINDLER CT  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City UPPER SADDLE RIVER   | State Zip Code<br>NJ 07458  | Transaction ID: INC.A.82553  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                              | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR BIAC SYSTEMS SOLUTIONS   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR KIPP OTTLEY                                  |   | Date of Receipt   |
| Mailing Address 672 PETWORTH C  | Т   | 06 19 / Y Y Y Y Y   |
| City<br>POWELL  | State Zip Code<br>OH 43065  | Transaction ID: INC.A.82481  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                              | C   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR HLTH CARE OPS  | 1   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (optional)   | )   | 75.00   |

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

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 318 / 409 (check only one)    X   11a            |
|--|--|--|
| or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)   | and Statements may not be sold or used by any persong the name and address of any political committee to IC. POLITICAL ACTION COMMITTEE (a.k.a.) | solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Initial)  MS DAWN PAGANO  Mailing Address 185 PASCACK RC                                | DAD  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City PARK RIDGE FEC ID number of contributing  | State Zip Code NJ 07656  | Transaction ID: INC.A.82651  Amount of Each Receipt this Period  50.00 |
| Federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼ | Occupation GROUP COO Aggregate Year-to-Date   600.00   |  |
| Full Name (Last, First, Middle Initial) MR RICHARD PAGANO Mailing Address 185 PASCACK RE                               |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City PARK RIDGE  FEC ID number of contributing federal political committee.  | State Zip Code NJ 07656  | Transaction ID: INC.A.82644  Amount of Each Receipt this Period  25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼                               | Occupation SR DIR BUSINESS REQUIREMENTS Aggregate Year-to-Date   325.00  | S  |
| Full Name (Last, First, Middle Initial)  MRS MICHELE PAIGE  Mailing Address 12 MILLBROOK C                             | COURT  | Date of Receipt  |
| City LIVINGSTON  | State Zip Code<br>NJ 07039   | Transaction ID: INC.A.82542  Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                    | Occupation VP RETIREE SOLUTIONS MKTG   | 50.00  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  650.00   |  |
| SUBTOTAL of Receipts This Page (option   | al)  | 125.00   |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 319 / 409 (check only one)    X           |
|----------|--|-----------------------------|---|---|
| ,        | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements ma<br>name and ad | y not be sold or used by any persor<br>dress of any political committee to    | for the purpose of soliciting contributions                     |
|          | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL /                 | ACTION COMMITTEE (a.k.a.  | Medco Health PAC)   |
| Α.       | Full Name (Last, First, Middle Initial) MR RICHARD PALOMBO   | ANIE                        |   | Date of Receipt   |
|          | Mailing Address 19 E. HOLLYWOOD L  |                             |   | 06 19 2010  |
|          | City BEESLEY'S POINT   | State<br>NJ                 | Zip Code<br>08223   | Transaction ID: INC.A.82778  Amount of Each Receipt this Period |
|          | FEC ID number of contributing federal political committee.   | C                           |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR I       | n<br>PHARMACY REGULATORY  | 1   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                   | e Year-to-Date ▼ 325.00   |   |
| _<br>В.  | Full Name (Last, First, Middle Initial) MR JUN PARK  | LANG                        |   | Date of Receipt   |
|          | Mailing Address 2843 HONEYSUCKLE   | LANE                        |   | 06 19 2010  |
|          | City<br>HILLIARD   | State<br>OH                 | Zip Code<br>43026   | Transaction ID: INC.A.82816  Amount of Each Receipt this Period |
|          | FEC ID number of contributing federal political committee.   | C                           | 1000  | 12.50   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>BUSINES        | n<br>SS PROCESS CHAMPION  | 1   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                   | e Year-to-Date ▼ 325.00   |   |
| -<br>C.  | Full Name (Last, First, Middle Initial) MS GIRA PATEL  | ı                           |   | Date of Receipt   |
| <i>.</i> | Mailing Address 5 FOXHILL RUN  |                             |   | 0 6 1 9 2 0 1 0   |
|          | City<br>MONMOUTH JUNCTION  | State<br>NJ                 | Zip Code<br>08852   | Transaction ID: INC.A.82536  Amount of Each Receipt this Period |
|          | FEC ID number of contributing federal political committee.   | C                           | 00032   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR I       | n<br>BUSINESS REQUIREMENTS  | 3   |
|          | Receipt For: Primary General Other (specify)   | Aggregate                   | e Year-to-Date ▼<br>325.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)  |                             | <b>)</b>  | 62.50   |
|          | TOTAL This Period (last page this line number  | only)                       | <b>&gt;</b>   |   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 320 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16             |
|---|--|---|
| or for commercial purposes, other than NAME OF COMMITTEE (In Full)  | ts and Statements may not be sold or used by any persising the name and address of any political committee to INC. POLITICAL ACTION COMMITTEE (a.k.a | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)  MR JAY PATEL  Mailing Address 14 BROWNST  City  HAWTHORNE  FEC ID number of contributing | State Zip Code<br>NJ 07506   | Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
| rederal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼          | Occupation DIR TECHNOLOGY  Aggregate Year-to-Date   325.00   | 23.00   |
| Full Name (Last, First, Middle Initial) MR MATTHEW PATELLA Mailing Address 30 TAM O SHA   | NTER DRIVE   | Date of Receipt  0 6 1 9 2 0 1 0  |
| City  | State Zip Code   | Transaction ID: INC.A.82371   |
| MAHWAH  FEC ID number of contributing federal political committee.  | NJ 07430   | Amount of Each Receipt this Period 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR NATL ACCT EXEC   |   |
| Receipt For: Primary General Other (specify)  | Aggregate Year-to-Date ▼ 650.00  |   |
| Full Name (Last, First, Middle Initial) MR PAVLOS PAVLIDIS Mailing Address 2780 FOLKSTO   | ONE ROAD   | Date of Receipt  0 6 1 9 2 0 1 0  |
| City  | State Zip Code   | Transaction ID: INC.A.82405   |
| COLUMBUS  FEC ID number of contributing federal political committee.  | OH 43220   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00  |   |
| SUBTOTAL of Receipts This Page (or  | tional)  | 100.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | ζ)                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 321 / 409   (check only one)     X                                  |
|--|---------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may<br>the name and add | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MR ROBERT PELLEGRINI                             |                                       |   | Date of Receipt   |
| Mailing Address 211 WILTSIE COU  | RT                                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                 | Zip Code  | Transaction ID: INC.A.82499   |
| WYCKOFF  FEC ID number of contributing federal political committee.                      | NJ<br>C                               | 07481   | Amount of Each Receipt this Period  30.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP INFO                    | TECHNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del>- ' '</del>                      | Year-to-Date ▼ 390.00   |   |
| Full Name (Last, First, Middle Initial) MERRI PENDERGRASS, MD                            |                                       |   | Date of Receipt   |
| Mailing Address 3201 QUEENSBUR   | RY WAY WEST                           |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>COLLEYVILLE  | State<br>TX                           | Zip Code<br>76034   | Transaction ID: INC.A.82894   |
| FEC ID number of contributing federal political committee.                               | C                                     | 70034   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP NATION                  | n<br>ONAL PRACTICE LEADER   |   |
| Receipt For:  Primary  General  Other (specify)  |                                       | Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MR VICTOR PERINI                                 |                                       |   | Date of Receipt   |
| Mailing Address 9304 GROVE PARI  | K COVE                                |   | M M / D D / Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
| City<br>GERMANTOWN   | State<br>TN                           | Zip Code  | Transaction ID: INC.A.82898   |
| FEC ID number of contributing federal political committee.                               | C                                     | 38139   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP TRC                     | n   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 650.00   |   |
| SUBTOTAL of Receipts This Page (optiona  | ıl)                                   |   | 130.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | for                          | e separate schedule(s)<br>each category of the<br>ailed Summary Page | FOR LINE NUMBER: PAGE 322 / 409 (check only one)    X   11a   |
|--|------------------------------|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | e name and address o         | f any political committee to   | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial)  JIMMY PERREN  Mailing Address 1250 BRAY PARK DE  City  COLLIERVILLE  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General Other (specify)   | State Zi TN 3i  C Occupation | p Code<br>8017<br>DRY COMPLIANCE<br>o-Date ▼ 975.00                  | Date of Receipt  M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82923  Amount of Each Receipt this Period  75.00   |
| Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY Mailing Address 4769 STAVANGER L.  City LAS VEGAS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | State Zi NV 8:               | p Code 9147  □ DEVELOPMENT 0-Date ▼ 325.00                           | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82629  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MR NATHAN PETERSON  Mailing Address 1520 PEMBROKE PA  City CHANHASSEN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zi                     |  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82511  Amount of Each Receipt this Period  25.00                  |
| SUBTOTAL of Receipts This Page (optional) .  |                              |  | 125.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 323 / 409 (check only one)    X                                       |
|--|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)               | and Statements may not be sold or used by any persong the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS IN  Full Name (Last, First, Middle Initial)                     | C. POLITICAL ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| MR THOMAS PETTYES  Mailing Address 8522 UPLAND LN                                      | NORTH  | Date of Receipt  0 6 1 9 2 0 1 0  |
| City<br>MAPLE GROVE  | State Zip Code<br>MN 55311   | Transaction ID: INC.A.82458  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                             | C  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>VP/GM  |   |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼ 650.00  |   |
| Full Name (Last, First, Middle Initial) MARTINE PFLIEGER                               |  | Date of Receipt   |
| Mailing Address 44 HENRY TERRA   | ACE  | 06 19 2010  |
| City   | State Zip Code   | Transaction ID: INC.A.82861   |
| LINCOLN PARK  FEC ID number of contributing federal political committee.               | NJ 07035   | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR ATTORNEY   |   |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼  325.00   |   |
| Full Name (Last, First, Middle Initial) MR LOUIS PICONE Mailing Address 37 TAMARACK DR | RIVE   | Date of Receipt  0 6 1 9 2 0 1 0  |
| City   | State Zip Code   | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82774  |
| SUCCASUNNA   | NJ 07876   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                             | C  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR TECHNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼  325.00   |   |
| SUBTOTAL of Receipts This Page (option   | al)  | 100.00  |
| TOTAL This Period (last page this line nur   | nber only)   |   |

|   | HEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                       | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 324 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|--|-----------------------|---|--|
| or fo   | information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add        | dress of any political committee to                                     | solicit contributions from such committee.                                     |
| . <u>                                    </u> | Full Name (Last, First, Middle Initial) MR THOMAS PIERCE Mailing Address 10297 E. LAKE DR.   |                       | `   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y       |
| 1   | ENGLEWOOD  FEC ID number of contributing   | State<br>CO           | Zip Code<br>80111   | Transaction ID: INC.A.82849  Amount of Each Receipt this Period                |
| f<br>-  | rederal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | Occupatio             | n<br>DR RELATIONS   | 50.00  |
| Ī   | Receipt For:  Primary General  Other (specify) ▼   |                       | e Year-to-Date ▼ 650.00   |  |
| <u> </u>                                      | Full Name (Last, First, Middle Initial) DR PAGE PIGG Mailing Address 9297 ANGLER TRL   | •                     |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
|   | City<br>MECHANICSVILLE   | State<br>VA           | Zip Code  | Transaction ID: INC.A.82509  |
| -<br>F  | FEC ID number of contributing lederal political committee.   | C                     | 23116   | Amount of Each Receipt this Period  25.00                                      |
| <u>1</u><br>                                  | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR CLIN | n<br>NICAL SVCS   | 7  |
| Ī   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼ 325.00   |  |
| _   | Full Name (Last, First, Middle Initial)<br>MS JUDITH PLATKIN<br>Mailing Address 29 BLACKWELL AVE   |                       |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
|   | City<br>MORRISTOWN   | State<br>NJ           | Zip Code<br>07960   | Transaction ID: INC.A.82328  |
| F   | FEC ID number of contributing rederal political committee.   | C                     | 07300   | Amount of Each Receipt this Period  192.30                                     |
| <u>1</u><br>1                                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP & G  | n<br>GENERAL MGR  |  |
| Ī   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼<br>2499.90   |  |
| SI  | BTOTAL of Receipts This Page (optional)  | 1                     |   | 267.30   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | for each                         | parate schedule(s)<br>category of the<br>Summary Page | FOR LINE NUMBER: PAGE 325 / 409 (check only one)    X           |
|--|----------------------------------|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS IN | the name and address of any      | political committee to                                | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial) MR RICHARD PONESSE Mailing Address 10 DISTILLERY PA  | ATH                              |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City<br>NEWBURGH   | State Zip Co<br>NY 12550         |   | Transaction ID: INC.A.82751  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | Occupation                       |   | 30.00   |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General  Other (specify) ▼  | VP PRICING  Aggregate Year-to-Da | ate ▼<br>290.00                                       |   |
| Full Name (Last, First, Middle Initial) MS JANET PORAT Mailing Address 5 CRABAPPLE CT  | '                                |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City   | State Zip Co                     | ode   | Transaction ID: INC.A.82461                                     |
| MONSEY  FEC ID number of contributing federal political committee.   | NY 10952                         |   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR TECHNOLOG         | Υ   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Da             | 325.00  |   |
| Full Name (Last, First, Middle Initial)<br>MS LYDIA POTTER   |                                  |   | Date of Receipt   |
| Mailing Address 19642 S.W. 88 LO   | OP                               |   | 0 6 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City<br>DUNNELLON  | State Zip Co<br>FL 34432         |   | Transaction ID: INC.A.82725                                     |
| FEC ID number of contributing federal political committee.   | FL 34432                         |   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR OPS               |   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Da             | 325.00  |   |
| SUBTOTAL of Receipts This Page (options  |                                  |   | 80.00   |

|                 | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 326 / 409 (check only one)    X   11a     |
|-----------------|--|-----------------------|---|---|
| \<br>\<br>\     | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and ad           | dress of any political committee to   | o solicit contributions from such committee.                    |
| ∠<br><b>4</b> . | Full Name (Last, First, Middle Initial) MR NEIL PREZIOSO Mailing Address 10258 WINDSOR WA  |                       |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
|                 | City<br>POWELL   | State<br>OH           | Zip Code<br>43065   | Transaction ID: INC.A.82615  Amount of Each Receipt this Period |
|                 | FEC ID number of contributing federal political committee.   | C                     | 45005   | 50.00   |
|                 | Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  |                       | n<br>H CARE OPS/FORMULARY/<br>e Year-to-Date ▼<br>650.00                      | CDP   |
| -<br>3.         | Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE Mailing Address 875 ALEXANDRIA CT   |                       |   | Date of Receipt  0 6 1 9 2 0 1 0                                |
|                 | City   | State                 | Zip Code  | Transaction ID: INC.A.82565                                     |
|                 | RAMSEY  FEC ID number of contributing federal political committee.   | C                     | 07446   | Amount of Each Receipt this Period 192.30                       |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SVP HR   | n   |   |
|                 | Receipt For: Primary General Other (specify)   | . '                   | e Year-to-Date ▼<br>2499.90   |   |
|                 | Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET Mailing Address 135 HOLLYBERRY DF   | RIVE                  |   | Date of Receipt   |
|                 | City   | State                 | Zip Code  | 0 6 1 9 2 0 1 0<br>Transaction ID: INC.A.82680                  |
|                 | HOPEWELL JUNCTION  | NY                    | 12533   | Amount of Each Receipt this Period                              |
|                 | FEC ID number of contributing federal political committee.   | С                     |   | 25.00   |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR ( | n<br>CONTRACT ADMINISTRATI  | ION   |
|                 | Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼ 325.00   |   |
|                 | SUBTOTAL of Receipts This Page (optional)  |                       |   | 267.30  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                          | FOR LINE NUMBER: PAGE 327 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 1          |
|--|--|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any persone name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JASON PROULX Mailing Address 3601 LEANNE DRIVE  City FLOWER MOUND  FEC ID number of contributing federal political committee. | State Zip Code TX 75022  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼   | Occupation VP OPS PLANNING  Aggregate Year-to-Date   650.00                                      |   |
| Full Name (Last, First, Middle Initial) MR MARK PROULX Mailing Address 20 BRANDY RIDGE   | ROAD   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| City SPARTA FEC ID number of contributing federal political committee.   | State Zip Code NJ 07871  | Transaction ID: INC.A.82766  Amount of Each Receipt this Period  192.31                   |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼  | Occupation CHIEF OF OPERATIONS  Aggregate Year-to-Date   2500.03                                 |   |
| Full Name (Last, First, Middle Initial) SYED QUADRI  Mailing Address 6040 KENNEDY BLV APT 30N  | 'D EAST  | Date of Receipt  0 6 1 9 2 0 1 0  |
| City WEST NEW YORK FEC ID number of contributing federal political committee.  | State Zip Code NJ 07093  | Transaction ID: INC.A.82757  Amount of Each Receipt this Period  25.00                    |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  | Occupation DIR PRIVACY  Aggregate Year-to-Date ▼   |   |
| Other (specify)  | 325.00   |   |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 328 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----------|--|--------------------------------|--|---|
| _        | Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL A                    | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MR GILBERT RAINES  |                                |  | Date of Receipt   |
|          | Mailing Address 800 SANDY TRAIL  | Ctata                          | 7:n Codo   | 0 6 1 9 2 0 1 0 2 0 1 0   |
|          | City<br>KELLER   | State<br>TX                    | Zip Code<br>76248  | Transaction ID: INC.A.82791  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.   | С                              |  | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR HR              | on   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>650.00   |   |
| Б.       | Full Name (Last, First, Middle Initial) MS FRANCES RAO   | 1                              |  | Date of Receipt   |
|          | Mailing Address 19 ROSS ROAD   |                                |  | 06 19 2010  |
|          | City<br>SCARSDALE  | State<br>NY                    | Zip Code<br>10583  | Transaction ID: INC.A.82364   |
|          | FEC ID number of contributing federal political committee.   | C                              | 10363  | Amount of Each Receipt this Period  75.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation EXEC D              | on<br>IR REGULATORY  |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼ 975.00  | ]   |
| С.<br>С. | Full Name (Last, First, Middle Initial) MRS DOLORES RAPUANO  |                                |  | Date of Receipt   |
|          | Mailing Address 57660 BEAVER VALL  | EY RD                          |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|          | City<br>QUAKER CITY  | State<br>OH                    | Zip Code<br>43773  | Transaction ID: INC.A.82731  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.   | C                              |  | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR              | on<br>ELIGIBILITY  |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>325.00   |   |
|          | SUBTOTAL of Receipts This Page (optional) .  |                                |  | 125.00  |
|          | TOTAL This Period (last page this line number  | r only)                        |  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | )                                   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 329 / 409 (check only one)    X |
|---|-------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using t | d Statements may<br>he name and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions        |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.                                     | . POLITICAL A                       | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)                                  |
| Full Name (Last, First, Middle Initial)<br>MRS MONICA REED                                  |                                     |   | Date of Receipt                                       |
| Mailing Address 8475 DUNHAM STA   | TION DRIVE                          |   | 06 19 2010  |
| City  | State                               | Zip Code  | Transaction ID: INC.A.82560                           |
| TAMPA   | FL                                  | 33647   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                                  | C                                   |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP PROI                  |   |   |
| Receipt For:  | Aggregate                           | Year-to-Date <b>V</b>   |   |
| Primary General Other (specify) ▼   | 0 0                                 | 650.00  |   |
| Full Name (Last, First, Middle Initial) MS MARGARET REICHENBACHER                           |                                     |   | Date of Receipt                                       |
| Mailing Address 26 UNDERWOOD D  | PR                                  |   | 0 6 1 9 2 0 1 0                                       |
| City  | State                               | Zip Code  | Transaction ID: INC.A.82579                           |
| WEST ORANGE   | NJ                                  | 07052   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                                  | C                                   |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR 1                 | TECHNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                           | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial)<br>MRS HEATHER REIGLE                               |                                     |   | Date of Receipt                                       |
| Mailing Address 10816 BARBADOS I  | ISLE DRIVE                          |   | 06 19 2010  |
| City  | State                               | Zip Code  | Transaction ID: INC.A.82366                           |
| TAMPA   | <u>FL</u>                           | 33647   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.                                  | C                                   |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR (                 | n<br>CUST SVC   |   |
| Receipt For:  | Aggregate                           | Year-to-Date <b>V</b>   |   |
| Primary General Other (specify) ▼   |                                     | 325.00  |   |
|   |                                     |   | 100.00  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | for o                      | e separate schedule(s)<br>each category of the<br>ailed Summary Page | FOR LINE NUMBER: PAGE 330 / 409 (check only one)    X   11a     |
|---|----------------------------|--|---|
| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS IN | g the name and address o   | f any political committee to   | solicit contributions from such committee.                      |
| Full Name (Last, First, Middle Initial)  MR THOMAS REINCKENS  Mailing Address 204 TOKENEKE F  | RD                         |  | Date of Receipt   |
| City  | State Zi                   | p Code   | 0 6 1 9 2 0 1 0<br>Transaction ID: INC.A.82477                  |
| DARIEN  |                            | 6820   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.  | С                          |  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP BIAC         |  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-t           | o-Date ▼ 650.00  |   |
| Full Name (Last, First, Middle Initial) MR VICTOR RENNA   |                            |  | Date of Receipt   |
| Mailing Address 8 CARLA ANN CT  |                            |  | 06 / 19 / Y Y Y Y Y Y Y   |
| City  |                            | p Code   | Transaction ID: INC.A.82728                                     |
| FLANDERS  FEC ID number of contributing federal political committee.  | NJ 0                       | 7836   | Amount of Each Receipt this Period  50.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP PROCURE      | MENT & INVENTORY   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-t           | o-Date ▼<br>650.00   |   |
| Full Name (Last, First, Middle Initial) MRS YVETTE RENNIE   | I                          |  | Date of Receipt   |
| Mailing Address 1 RED OAK LANE  | :                          |  | 0 6 1 9 2 0 1 0   |
| City<br>KINNELON  |                            | p Code<br>7405   | Transaction ID: INC.A.82347  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C                          |  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR PRICI | NG   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-t           | o-Date ▼<br>325.00   |   |
| SUBTOTAL of Receipts This Page (option  | al)                        |  | 125.00  |

|                | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | Check only one   |
|----------------|---|-----------------------------|---|--|
| An<br>or       | y information copied from such Reports and S<br>for commercial purposes, other than using the | tatements ma<br>name and ad | y not be sold or used by any perso<br>dress of any political committee to     | n for the purpose of soliciting contributions solicit contributions from such committee. |
|                | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F                                     | POLITICAL /                 | ACTION COMMITTEE (a.k.a.  | Medco Health PAC)  |
| <i>—</i><br>4. | Full Name (Last, First, Middle Initial)<br>MR JOSEPH REYNOLDS                                 |                             |   | Date of Receipt  |
|                | Mailing Address 412 RIVER MEWS LA   | NE                          |   | 0 6 1 9 2 0 1 0  |
|                | City<br>EDGEWATER   | State<br>NJ                 | Zip Code<br>07020   | Transaction ID: INC.A.82788  |
|                | FEC ID number of contributing federal political committee.                                    | C                           | 07020   | Amount of Each Receipt this Period  70.00  |
|                | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>EXEC D         | n<br>R TECHNOLOGY   |  |
|                | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼ 910.00   |  |
| <br>3.         | Full Name (Last, First, Middle Initial)<br>SUZANNE RICHARDS                                   |                             |   | Date of Receipt  |
|                | Mailing Address 1398 SW PENISULA I  |                             |   | 0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|                | City PALM CITY  | State<br>FL                 | Zip Code<br>34990   | Transaction ID: INC.A.82924  Amount of Each Receipt this Period                          |
|                | FEC ID number of contributing federal political committee.                                    | C                           |   | 25.00  |
|                | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupatio<br>NATL AC        | n<br>CCT MGR PHARM MANUFA   | T<br>CT  |
|                | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼ 325.00   |  |
| —<br>).        | Full Name (Last, First, Middle Initial) MS ANGELA RIECK                                       |                             |   | Date of Receipt  |
| -              | Mailing Address 5 EGBERT AVENUE   |                             |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|                | City<br>MORRISTOWN  | State<br>NJ                 | Zip Code<br>07960   | Transaction ID: INC.A.82900  |
|                | FEC ID number of contributing federal political committee.                                    | C                           | 07900   | Amount of Each Receipt this Period  25.00  |
|                | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR PER        | n<br>RFORMANCE CONSULTING   |  |
|                | Receipt For: Primary General Other (specify)  | Aggregate                   | e Year-to-Date ▼ 325.00   |  |
| SI             | JBTOTAL of Receipts This Page (optional)  |                             | <b>)</b>  | 120.00   |
| T              | OTAL This Period (last page this line number  | only)                       |   |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 332 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|---|
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any perso<br>the name and address of any political committee to<br>c. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MRS JACQUELINE RIMSKY Mailing Address 13 HILLCREST ROA  City TOWACO  | AD State Zip Code NJ 07082   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼               | Occupation DIR FINANCE  Aggregate Year-to-Date   300.00  | 25.00   |
| Full Name (Last, First, Middle Initial) MR WILLIAM RINCON Mailing Address 32 CLINTON VIEW  City HEWITT  FEC ID number of contributing federal political committee. | TERRACE State Zip Code NJ 07421  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼   | Occupation DIR BUSINESS REQUIREMENTS  Aggregate Year-to-Date ▼  325.00   |   |
| Full Name (Last, First, Middle Initial) ELIZABETH RITCHIE Mailing Address 27 DAY RD  City PLEASANT VALLEY FEC ID number of contributing                            | State Zip Code CT 06063  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
| name of Employer MEDCO HEALTH SOLUTIONS  | Occupation SR DIR BUSINESS DEVELOPMENT   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00  |   |
| SUBTOTAL of Receipts This Page (optional)  | )  | 100.00  |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 333 / 409 (check only one)    X                                       |
|----------|--|--------------------------------|---|---|
| 7        | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any persidress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL A                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MS VIRGINIA RIVAS  |                                |   | Date of Receipt   |
|          | Mailing Address 7845 E 5TH ST  |                                |   | 06 19 2010  |
|          | City<br>DOWNEY   | State<br>CA                    | Zip Code<br>90241   | Transaction ID: INC.A.82331  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.   | С                              |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR OPS             |   |   |
|          | Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
| Б.       | Full Name (Last, First, Middle Initial) MR DAVID ROBARGE   |                                |   | Date of Receipt   |
|          | Mailing Address 4565 QUEENSLAND  | LN N                           |   | 06 19 2010  |
|          | City<br>MINNEAPOLIS  | State<br>MN                    | Zip Code<br>55446   | Transaction ID: INC.A.82410  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.   | C                              | 33440   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR              | on<br>CLINICAL SVCS   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
| с.<br>С. | Full Name (Last, First, Middle Initial) MRS JENNIFER ROBERTS   |                                |   | Date of Receipt   |
|          | Mailing Address 1342 DALTON CT   |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|          | City<br>FAIRFIELD  | State<br>OH                    | Zip Code<br>45014   | Transaction ID: INC.A.82450  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.   | C                              | 45014   | 12.50   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR OPS             |   |   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
|          | SUBTOTAL of Receipts This Page (optional)  |                                |   | 62.50   |
| f        | TOTAL This Period (last page this line number  | · only)                        |   |   |

| IT<br>A  | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  The property of the such Reports and State of the such  | atements ma         | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 334 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 117  To for the purpose of soliciting contributions |
|----------|--|---------------------|---|--|
| or       | for commercial purposes, other than using the inner | name and ad         | dress of any political committee to                                     | solicit contributions from such committee.   |
| ۷.<br>۱. | Full Name (Last, First, Middle Initial) MS TRACEY RODGERS-LENGE Mailing Address 19 FARMINGTON COL  | JRT                 |   | Date of Receipt  |
|          |  |                     | 7'- 0-1-  | 06 19 2010   |
|          | City<br>RAMSEY   | State<br>NJ         | Zip Code<br>07446   | Transaction ID: INC.A.82337  Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | C                   | 07770   | 25.00  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR CLIN | n<br>NICAL SVCS   |  |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | e Year-to-Date ▼<br>325.00  |  |
| -<br>3.  | Full Name (Last, First, Middle Initial) MS SORAYA RODRIGUEZ-BALZAC Mailing Address 22 PAPOOSE TRAIL  |                     |   | Date of Receipt  0 6 1 9 2 0 1 0   |
|          | City<br>ANDOVER  | State<br>NJ         | Zip Code<br>07821   | Transaction ID: INC.A.82787  Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | С                   |   | 25.00  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR   | n<br>MARKETING  |  |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | e Year-to-Date ▼<br>325.00  |  |
|          | Full Name (Last, First, Middle Initial) ERIC ROELOFS   |                     |   | Date of Receipt  |
|          | Mailing Address 9 STRATFORD WAY  |                     |   | 0 6 1 9 2 0 1 0  |
|          | City MORRIS PLAINS   | State<br>NJ         | Zip Code<br>07950   | Transaction ID: INC.A.82891  Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | C                   | 0,000   | 25.00  |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR TEC  | n<br>CHNOLOGY   |  |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | e Year-to-Date ▼<br>325.00  |  |
| s        | SUBTOTAL of Receipts This Page (optional)  |                     |   | 75.00  |

| SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 335 / 409 (check only one)  X 11a 11b 11c 12                          |
|---|-----------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may<br>ne name and add | <br>y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.                                       | POLITICAL A                       | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial)<br>MR MICHAEL ROMANZO                                 |                                   |   | Date of Receipt   |
| Mailing Address 855 CLUB MOSS CT  |                                   |   | 06 19 2010  |
| City  | State                             | Zip Code  | Transaction ID: INC.A.82475   |
| MARIETTA  | GA                                | 30068   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                    | С                                 |   | 192.30  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation PRESIDE                | n<br>ENT SYSTEMED   |   |
| Receipt For:  | Aggregate                         | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 0 0                               | 2499.90   |   |
| Full Name (Last, First, Middle Initial)<br>DAVID ROOT   |                                   |   | Date of Receipt   |
| Mailing Address 212 SPRING BRANC  | H ROAD                            |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State                             | Zip Code  | Transaction ID: INC.A.82867   |
| WAVERLY   | VA                                | 23890   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                    | C                                 |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR STA                | n<br>TE GOVERNMENT AFFAIR   | ns  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                         | e Year-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial)<br>MS DONNA ROSEN                                     |                                   |   | Date of Receipt   |
| Mailing Address 7 RED OAK LANE  |                                   |   | 0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State                             | Zip Code  | Transaction ID: INC.A.82681   |
| KINNELON  | NJ                                | 07405   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                    | С                                 |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP OPS-                | n<br>-CLINICAL TECH   |   |
| Receipt For:  | Aggregate                         | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   |                                   | 650.00  |   |
|   |                                   |   | 267.30  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                        | FOR LINE NUMBER: PAGE 336 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17        |
|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perso<br>le name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| 1 \   | POLITICAL ACTION COMMITTEE (a.k.a.   | . Medco Health PAC)  |
| Full Name (Last, First, Middle Initial)  DR CHRISTINE ROTTAS  Mailing Address 7227 RAMOTH DRIV                            | r <del>c</del>   | Date of Receipt  |
| City  | State Zip Code   | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82436   |
| JACKSONVILLE  | FL 32226   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC DIR FORMULARY CONSULTI   | T<br>NG  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00  |  |
| Full Name (Last, First, Middle Initial) MS LAUREN RUBENSTEIN  |  | Date of Receipt  |
| Mailing Address 345 WINTHROP DRI  | VE   | 06 19 2010   |
| City<br>NUTLEY  | State Zip Code   | Transaction ID: INC.A.82727  |
| FEC ID number of contributing federal political committee.  | NJ 07110   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDGO HEALTH SOLUTIONS  | Occupation DIR TECHNOLOGY  | 1  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00  |  |
| Full Name (Last, First, Middle Initial) MR RICHARD RUBINO   |  | Date of Receipt  |
| Mailing Address 3 APACHE DRIVE  |  | 0 6 1 9 2 0 1 0  |
| City  | State Zip Code   | Transaction ID: INC.A.82677  |
| OAKLAND FEC ID number of contributing federal political committee.  | NJ 07436   | Amount of Each Receipt this Period 193.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP FINANCE & CHIEF FIN OFFCR   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 2509.00   |  |
| SUBTOTAL of Receipts This Page (optional)   |  | 268.00   |
| TOTAL This Period (last page this line number   | •  |  |

|      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 337 / 409 (check only one)    X |
|------|--|-------------------------------|---|---|
| or f | y information copied from such Reports and<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements manne name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions        |
|      | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL A                   | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)                                   |
|      | Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK Mailing Address (At SIGN TOP BIDGE                                |                               |   | Date of Receipt                                       |
|      | Mailing Address 21 SKY TOP RIDGE  City   | State                         | Zip Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82501          |
|      | OAKLAND  | NJ                            | 07436   | Amount of Each Receipt this Period                    |
|      | FEC ID number of contributing federal political committee.   | С                             |   | 50.00   |
|      | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupatio<br>VP CLIN          | n<br>ICAL MGMT & SVCS   |   |
|      | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | e Year-to-Date ▼ 650.00   |   |
|      | Full Name (Last, First, Middle Initial)<br>MS KAREN RUSSELL  |                               |   | Date of Receipt                                       |
|      | Mailing Address 148 CLUBHOUSE DI   | R                             |   | 06 19 7 2010  |
|      | City   | State                         | Zip Code  | Transaction ID: INC.A.82358                           |
|      | WEST COLUMBIA SC   |                               | 29172   | Amount of Each Receipt this Period                    |
|      | FEC ID number of contributing federal political committee.   | С                             |   | 25.00   |
|      | Name of Employer<br>MEDCO HEALTH SOLUTIONS   |                               | CLINICAL SVCS   |   |
|      | Receipt For:   | Aggregate                     | e Year-to-Date ▼  |   |
|      | Primary General Other (specify) ▼  |                               | 325.00  |   |
|      | Full Name (Last, First, Middle Initial)<br>MS KATHERYN RUSSI   | <b>'</b>                      |   | Date of Receipt                                       |
|      | Mailing Address 5965 VILLAGE CIRC  | 06 19 7 2010                  |   |   |
|      | City<br>JOHNSTON   | State<br>IA                   | Zip Code  | Transaction ID: INC.A.82379                           |
|      | FEC ID number of contributing  | C                             | 50131   | Amount of Each Receipt this Period  50.00             |
|      | federal political committee.   |                               |   | 33.00   |
|      | Name of Employer MEDCO HEALTH SOLUTIONS  |                               | R CLINICAL SVCS   |   |
|      | Receipt For: Primary General   | Aggregate                     | e Year-to-Date ▼  | 1   |
|      | Other (specify)  |                               | 650.00  |   |
|      | JBTOTAL of Receipts This Page (optional)   | 1                             |   | 125.00  |

| ITEMIZED R  | A (FEC Form 3X)<br>ECEIPTS                                |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE   338 / 409   (check only one)                                      |
|---|---|---|---|---|
| Any information cop<br>or for commercial p        | oied from such Reports and Surposes, other than using the | Statements may<br>e name and add                                | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \   | IMITTEE (In Full)<br>LTH SOLUTIONS INC. F                 | POLITICAL /   | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last<br>MR ANTHONY F                   | , First, Middle Initial)                                  |   |   | Date of Receipt   |
| Mailing Address                                   | 66 FINCH RD   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |   |   |
| City  |   | State   | Zip Code  | Transaction ID: INC.A.82623   |
| RINGWOOD<br>FEC ID number<br>federal political of |   | NJ<br>C   | 07456   | Amount of Each Receipt this Period  50.00   |
| Name of Employ<br>MEDCO HEAL                      | rer<br>TH SOLUTIONS                                       | Occupatio<br>VP PRO   |   |   |
| Receipt For: Primary Other (spe                   | General ecify) ▼  |   | e Year-to-Date ▼<br>650.00  |   |
| JULIANA RUTH                                      | , First, Middle Initial)                                  | 1   |   | Date of Receipt   |
| Mailing Address                                   | 1 UNDERCLIFF TERF   | 06 19 2010  |   |   |
| City<br>KINNELON                                  | State Zip Code<br>LON NJ 07405                            |   |   | Transaction ID: INC.A.82903  Amount of Each Receipt this Period                             |
| FEC ID number                                     | C ID number of contributing eral political committee.     |   | 07400   | 50.00   |
| Name of Employ<br>MEDCO HEAL                      | rer<br>TH SOLUTIONS                                       | Occupatio<br>SR DIR I   | n<br>BUSINESS DEVELOPMENT   |   |
| Receipt For: Primary Other (spe                   | General ecify) ▼  | <u>, '</u>  | e Year-to-Date ▼<br>650.00  |   |
| Full Name (Last<br>MR JESSE RUZI                  | , First, Middle Initial)                                  |   |   | Date of Receipt   |
|   | 334 MORRIS AVE  | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
| City<br>BOONTON                                   |   | State<br>NJ   | Zip Code<br>07005   | Transaction ID: INC.A.82810  Amount of Each Receipt this Period                             |
| FEC ID number federal political of                |   | C   | 07000   | 30.00   |
| Name of Employ<br>MEDCO HEAL                      | ver<br>FH SOLUTIONS                                       | Occupatio<br>NATL AC  | n<br>CCT EXEC   |   |
| Receipt For: Primary Other (spe                   | ☐ General   | Aggregate   | Year-to-Date ▼ 390.00   |   |
| CURTOTAL of Do                                    | acieta Thia Dana (actional)                               | 1   |   | 130.00  |

| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. Full Name (Last, First, Middle Initial)  MS MARY RYAN  Mailing Address 456 RICHMOND AVEN  City  MAPLEWOOD  FEC ID number of contributing federal political committee. | name and add | dress of any political committee to                 | solicit contributions from such committee.                      |
|--|--------------|---|---|
| MS MARY RYAN  Mailing Address 456 RICHMOND AVEN  City  MAPLEWOOD  FEC ID number of contributing  | State        | Zip Code  | M M / D D / Y Y Y Y   |
| FEC ID number of contributing  | NJ           |   | Transaction ID: INC.A.82670                                     |
|  | C            | 07040   | Amount of Each Receipt this Period  78.34                       |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) ▼  | . '          | n<br>RMACY REGULATORY<br>9 Year-to-Date ▼<br>940.08 |   |
| Full Name (Last, First, Middle Initial) MRS CYNTHEA RYDER Mailing Address 74 CHOCTAW TRAIL   |              |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
| City   | State        | Zip Code  | Transaction ID: INC.A.82346                                     |
| RINGWOOD  FEC ID number of contributing federal political committee.   | NJ           | 07456   | Amount of Each Receipt this Period  25.00                       |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS<br>Receipt For:   | . '          | n<br>OM STRAT & DELIV<br>• Year-to-Date ▼           |   |
| Primary General Other (specify) ▼  | Aggregate    | 325.00  |   |
| Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS Mailing Address 4836 MIDDLE RD  |              |   | Date of Receipt   |
|  | 01-1-        | 7'- 0 - 1-  | 06 19 2010  |
| City<br>ALLISON PARK   | State<br>PA  | Zip Code<br>15101                                   | Transaction ID: INC.A.82707  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C            |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   |              | INESS REQUIREMENTS                                  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate    | Year-to-Date ▼ 325.00                               |   |
| SUBTOTAL of Receipts This Page (optional)  |              |   | 128.34  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 340 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|----|---|--------------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL .                    | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Α. | Full Name (Last, First, Middle Initial) MR RYAN SADLER  |                                |   | Date of Receipt   |
|    | Mailing Address 85 VANCE ST. #201   | Ctata                          | 7: Oada   | 0 6 1 9 2 0 1 0   |
|    | City<br>MEMPHIS   | State<br>TN                    | Zip Code<br>38103   | Transaction ID: INC.A.82876  Amount of Each Receipt this Period                           |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation DIR GO              | on<br>VERNMENT AFFAIRS  |   |
|    | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
| В. | Full Name (Last, First, Middle Initial) CHRISTOPHER SANDERS  Mailing Address 7475 MINK HOLLOW                               | ROAD                           |   | Date of Receipt   |
|    |   |                                | 7.0.1   | 06 19 2010  |
|    | City<br>HIGHLAND  | State<br>MD                    | Zip Code<br>20777   | Transaction ID: INC.A.82890  Amount of Each Receipt this Period                           |
|    | FEC ID number of contributing federal political committee.  | С                              |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR CAC             |   |   |
|    | Receipt For:  Primary General  Other (specify) ♥  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
| С. | Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE  |                                |   | Date of Receipt   |
|    | Mailing Address 7 AHERN WAY   |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City<br>WEST ORANGE   | State<br>NJ                    | Zip Code<br>07052   | Transaction ID: INC.A.82537  Amount of Each Receipt this Period                           |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              | on<br>ENTERPRISE BUS INTELLI  |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
|    | SUBTOTAL of Receipts This Page (optional)   |                                |   | 75.00   |
| İ  | TOTAL This Period (last page this line number   | only)                          | ·   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 341 / 409 (check only one)    X   11a  |
|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a | o solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR MATTHEW SARDY  Mailing Address 230 FAIRFIELD AVE.  City RIDGEWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07450  C  Occupation VP FINANCE  Aggregate Year-to-Date ▼  650.00  | Date of Receipt    M   M   D   D   2 0 1 0   |
| Full Name (Last, First, Middle Initial) MS BETH SAVARE  Mailing Address 27 JONES LN  City BLAIRSTOWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)         | State Zip Code NJ 07825  C  Occupation SR DIR PHARM OPS  Aggregate Year-to-Date ▼  325.00  | Date of Receipt  M M J D D J 2 0 1 0  Transaction ID: INC.A.82674  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MR MITCHELL SCHERF  Mailing Address 739 CAMBERWELL I  City EAGAN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     | State Zip Code MN 55123  C  Occupation NATL ACCT EXEC  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M D D D 2010  Transaction ID: INC.A.82498  Amount of Each Receipt this Period  25.00    |
| SUBTOTAL of Receipts This Page (optional) .   |  | 100.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | FOR LINE NUMBER: PAGE 342 / 409 (check only one)    X  |
|--|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)   | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee.                         |
| Full Name (Last, First, Middle Initial) MR DAVID SCHLETT Mailing Address 339 GRAMERCY PL  City GLEN ROCK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)  | State Zip Code NJ 07452  C  Occupation SVP FINANCIAL & ANALYTICAL SVC Aggregate Year-to-Date  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) ERIC SCHUPP Mailing Address 340 S. MAIN  City MEMPHIS  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)               | State Zip Code TN 38103  C  Occupation DIR PRODUCT LINE II  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82878  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial)  MR ALLEN SCHWARTZ  Mailing Address 9111 N KARLOV  City  SKOKIE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify) | State Zip Code IL 60076  C  Occupation EXEC DIR CLINICAL SVCS  Aggregate Year-to-Date  650.00                                       | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82406  Amount of Each Receipt this Period  50.00 |
| SUBTOTAL of Receipts This Page (optional)  | <b>•</b>  | 125.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Κ)  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 343 / 409   (check only one)  |
|--|---|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>the name and add       | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                              | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) BRUCE SCOTT                                      |   |   | Date of Receipt   |
| Mailing Address 18650 BEARPATH   | 0 6 1 9 2 0 1 0                             |   |   |
| City<br>EDEN PRAIRIE   | State<br>MN                                 | Zip Code<br>55347   | Transaction ID: INC.A.82893   |
| FEC ID number of contributing federal political committee.                               | C   | 55547   | Amount of Each Receipt this Period  192.31  |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation PRESIDE                          |   |   |
| Receipt For:  Primary General  Other (specify) ▼   |   | Year-to-Date ▼<br>2500.03   |   |
| Full Name (Last, First, Middle Initial) MS CYNTHIA SCOTT                                 |   |   | Date of Receipt   |
| Mailing Address 18650 BEARPATH   | 0 6 1 9 2 0 1 0                             |   |   |
| City EDEN PRAIRIE  | State<br>MN                                 | Zip Code<br>55437   | Transaction ID: INC.A.82332  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C   | 33437   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP CLIN                          | n<br>ICAL PROG DEV  |   |
| Receipt For:  Primary General  Other (specify) ▼   | <del>- ' '</del>                            | Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT                                 |   |   | Date of Receipt   |
| Mailing Address 7330 EVEREST LA  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
| City<br>MAPLE GROVE  | State<br>MN                                 | Zip Code<br>55311   | Transaction ID: INC.A.82730   |
| FEC ID number of contributing federal political committee.                               | C   | 33311   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR NATL                          | ACCT EXEC   |   |
| Receipt For:  Primary General  Other (specify) ▼   |   | Year-to-Date ▼ 650.00   |   |
| SUBTOTAL of Receipts This Page (optional   | <u> </u>                                    |   | 292.31  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                      | FOR LINE NUMBER: PAGE 344 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |  |  |  |
|--|--|---|--|--|--|
| or for commercial purposes, other than using the                     | Statements may not be sold or used by any personal ename and address of any political committee to | on for the purpose of soliciting contributions                                    |  |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC.              | POLITICAL ACTION COMMITTEE (a.k.a  | . Medco Health PAC)   |  |  |  |
| Full Name (Last, First, Middle Initial)  MS MONICA SCOZZARE          |  | Date of Receipt   |  |  |  |
| Mailing Address 3021 E MILLCREEK  City                               | ROAD State Zip Code  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |  |  |  |
| SALT LAKE CITY   | UT 84109   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.           | C  | 50.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                           | Occupation EXEC DIR CLINICAL SVCS  |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                     | Aggregate Year-to-Date ▼ 650.00  |   |  |  |  |
| Full Name (Last, First, Middle Initial) MR ROBERT SENDEWICZ          |  | Date of Receipt   |  |  |  |
| Mailing Address 1220 CROSSING WA                                     | Mailing Address 1220 CROSSING WAY  |   |  |  |  |
| City   | State Zip Code   | Transaction ID: INC.A.82368   |  |  |  |
| WAYNE  FEC ID number of contributing federal political committee.    | NJ 07470   | Amount of Each Receipt this Period  25.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                           | Occupation SR DIR TECHNOLOGY   |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                     | Aggregate Year-to-Date ▼ 325.00  |   |  |  |  |
| Full Name (Last, First, Middle Initial) MR GEORGE SERPIKOV           |  | Date of Receipt   |  |  |  |
| Mailing Address 66 PROSPECT AVE                                      |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |  |  |  |
| City   | State Zip Code   | Transaction ID: INC.A.82754   |  |  |  |
| WESTWOOD  FEC ID number of contributing federal political committee. | NJ 07675   | Amount of Each Receipt this Period  50.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                           | Occupation VP BUSINESS DEV   |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                     | Aggregate Year-to-Date ▼ 650.00  |   |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                            |  | 125.00  |  |  |  |
| TOTAL This Period (last page this line numbe                         | ·  |   |  |  |  |

|        | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                     | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 345 / 409 (check only one)    X                                       |  |
|--------|--|---------------------|---|---|--|
| \<br>\ | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and add      | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |
|        | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL A         | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |  |
| ۸.     | Full Name (Last, First, Middle Initial) MRS PATRICIA SGARELLA  |                     |   | Date of Receipt   |  |
|        | Mailing Address 275 MAIN STREET  | 06 19 2010          |   |   |  |
|        | City   | State               | Zip Code  | Transaction ID: INC.A.82762   |  |
|        | GLEN ROCK  | NJ                  | 07452   | Amount of Each Receipt this Period  |  |
|        | FEC ID number of contributing federal political committee.   | C                   |   | 25.00   |  |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR F |   |   |  |
|        | Receipt For:  Primary  General   | Aggregate           | Year-to-Date ▼  |   |  |
|        | Primary General Other (specify) ▼  |                     | 325.00  |   |  |
| _      | Full Name (Last, First, Middle Initial)<br>MR THOMAS SHANAHAN, III   |                     |   | Date of Receipt   |  |
|        | Mailing Address 1767 FAIRMOUNT ST  | 0 6 1 9 2 0 1 0     |   |   |  |
|        | City   | State               | Zip Code  | Transaction ID: INC.A.82591   |  |
|        | CARMEL IN  |                     | 46032   | Amount of Each Receipt this Period  |  |
|        | FEC ID number of contributing federal political committee.   |                     |   | 30.00   |  |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP ONC   | n<br>OLOGY TRC OPS  |   |  |
|        | Receipt For: Primary General   | Aggregate           | Year-to-Date ▼  | _   |  |
|        | Other (specify)  |                     | 1410.00   |   |  |
| _      | Full Name (Last, First, Middle Initial) MR ROBERT SHANNON  |                     |   | Date of Receipt   |  |
|        | Mailing Address 59 DANNER AVE  |                     |   | 0 6 1 9 2 0 1 0   |  |
|        | City   | State               | Zip Code  | Transaction ID: INC.A.82682   |  |
|        | HARRISON   | NY                  | 10528   | Amount of Each Receipt this Period  |  |
|        | FEC ID number of contributing federal political committee.   | C                   |   | 25.00   |  |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR FINA |   |   |  |
|        | Receipt For: Primary General   | Aggregate           | Year-to-Date ▼  | _   |  |
|        | Primary General Other (specify) ▼  |                     | 325.00  |   |  |
| Γ      | SUBTOTAL of Receipts This Page (optional)  | 1                   |   | 80.00   |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | )                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)    X   11a  |  |  |  |
|---|--------------------------------------|---|--|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements ma<br>the name and ad   | y not be sold or used by any perso<br>dress of any political committee to     | n for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                    | . POLITICAL /                        | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)  |  |  |  |
| Full Name (Last, First, Middle Initial)  MR JOHN SHEA                                     |                                      |   | Date of Receipt  |  |  |  |
| * <del></del>   | Mailing Address 62 FRANKLIN TURNPIKE |   |  |  |  |  |
| City  | State                                | Zip Code  | 0 6 1 9 2 0 1 0 Transaction ID: INC.A.82344  |  |  |  |
| ALLENDALE FEC ID number of contributing federal political committee.                      | NJ<br>C                              | 07401   | Amount of Each Receipt this Period 40.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation ASST Co                   |   |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del> </del>                         | e Year-to-Date ▼ 520.00   |  |  |  |  |
| Full Name (Last, First, Middle Initial) MR FRANK SHEEHY                                   |                                      |   | Date of Receipt  |  |  |  |
| Mailing Address 119 HAMILTON RD   |                                      |   |  |  |  |  |
| City<br>RIDGEWOOD   | State<br>NJ                          | Zip Code<br>07450   | Transaction ID: INC.A.82425  Amount of Each Receipt this Period                          |  |  |  |
| FEC ID number of contributing federal political committee.                                | C                                    |   | 192.00   |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SVP & G                   | n<br>EENERAL MGR  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | e Year-to-Date ▼<br>2496.00   |  |  |  |  |
| Full Name (Last, First, Middle Initial) DAWN SHERMAN                                      | <b> </b>                             |   | Date of Receipt  |  |  |  |
|   |                                      |   |  |  |  |  |
| City<br>MAHWAH  | State<br>NJ                          | Zip Code<br>07430   | Transaction ID: INC.A.82862  Amount of Each Receipt this Period                          |  |  |  |
| FEC ID number of contributing federal political committee.                                | C                                    | 07430   | 50.00  |  |  |  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP & CC                   | n<br>OO INTL STRATEGY & OPS   |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                            | e Year-to-Date ▼<br>650.00  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional  | )                                    |   | 282.00   |  |  |  |
| SUBTOTAL of Receipts This Page (optional  TOTAL This Period (last page this line numb     | <u> </u>                             | •   | 28   |  |  |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                | FOR LINE NUMBER: PAGE 347 / 409 (check only one)    X   11a   |
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| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  | d Statements may not be sold or used by any pers<br>the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee.                                       |
| Full Name (Last, First, Middle Initial) MR PETER SHERMAN Mailing Address 139 GATES AVENU  City MONTCLAIR  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)    | State Zip Code NJ 07042  C  Occupation ASST GENERAL COUNSEL  Aggregate Year-to-Date   650.00           | Date of Receipt    M M  |
| Full Name (Last, First, Middle Initial) WENDELL SHERRELL Mailing Address PO BOX 748  City COLLIERVILLE FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)         | State Zip Code TN 38027  C  Occupation DIR ACCDO CORP HR & TALENT N Aggregate Year-to-Date   330.00    | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82889  Amount of Each Receipt this Period  30.00                  |
| Full Name (Last, First, Middle Initial) MR JAMES SHIVAS Mailing Address 18 PROSPECT AVE  City NORTH ARLINGTON  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify) | State Zip Code NJ 07031  C  Occupation DIR PRICING  Aggregate Year-to-Date  325.00                     | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82528  Amount of Each Receipt this Period  25.00 |
| SUBTOTAL of Receipts This Page (optional   | )  | 105.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | <b>X</b> )                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 348 / 409   (check only one)                                       |
|--|---|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may<br>g the name and add     | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                              | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III                              |   |   | Date of Receipt  |
| Mailing Address 150 CLAREMONT  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |  |
| City<br>LONG BEACH   | State<br>CA                                 | Zip Code<br>90803   | Transaction ID: INC.A.82438  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                               | C   | 30000   | 25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SALE                          |   |  |
| Receipt For:  Primary  General  Other (specify) ▼  |   | Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial) JEFFREY SIMEK                                    |   |   | Date of Receipt  |
| Mailing Address 3555 GRANDE TU   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |  |
| City NEW SMYRNA BEACH  | State<br>FL                                 | Zip Code  | Transaction ID: INC.A.82557  |
| FEC ID number of contributing federal political committee.                               | C   | 32168   | Amount of Each Receipt this Period  1.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP COR                           | n<br>P COMMUNICATIONS   |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del></del>                                 | Year-to-Date ▼<br>1382.86   |  |
| Full Name (Last, First, Middle Initial) MR JAMES SIMON                                   | 1   |   | Date of Receipt  |
| Mailing Address 2500 STATE HWY 121 APT. 718  |   |   | M M / D D / Y Y Y Y Y O D D / 2010   |
| City<br>EULESS   | State<br>TX                                 | Zip Code<br>76039   | Transaction ID: INC.A.82447  |
| FEC ID number of contributing federal political committee.                               | C   | 70039   | Amount of Each Receipt this Period  25.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR SEC                          |   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                                   | Year-to-Date ▼ 325.00   |  |
| SUBTOTAL of Receipts This Page (optional   | <u> </u>                                    |   | 51.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS   | for each ca  | rate schedule(s)<br>ategory of the<br>summary Page | FOR LINE NUMBER: PAGE 349 / 409 (check only one)    X |
|---|--|--|---|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full) | d Statements may not be sold of<br>the name and address of any p | or used by any perso<br>olitical committee to      | on for the purpose of soliciting contributions        |
| MEDCO HEALTH SOLUTIONS INC  | . POLITICAL ACTION CO  | MMITTEE (a.k.a                                     | . Medco Health PAC)                                   |
| Full Name (Last, First, Middle Initial) MR LEE SIMON  |  |  | Date of Receipt                                       |
| Mailing Address 2390 GREENVIEW  |  |  | 06 19 2010  |
| City  | State Zip Code   | 9  | Transaction ID: INC.A.82737                           |
| NORTHBROOK  | IL 60062   |  | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C  |  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM   |  |   |
| Receipt For:  | Aggregate Year-to-Date   | ▼  |   |
| Primary General Other (specify) ▼   |  | 650.00   |   |
| Full Name (Last, First, Middle Initial)<br>MR JEFFREY SINKO   | <u> </u>   |  | Date of Receipt                                       |
| Mailing Address 10 CHERRY TREE  | LANE   |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City  | State Zip Code   | Э  | Transaction ID: INC.A.82601                           |
| KINNELON  | NJ 07405   |  | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | С  |  | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation ASST GENERAL CO                                       | DUNSEL   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date   | 600.00   |   |
| Full Name (Last, First, Middle Initial)<br>MR WILLIAM SIRICO  |  |  | Date of Receipt                                       |
| Mailing Address 564 DALE COURT  |  |  | 06 19 2010  |
| City  | State Zip Code   | Э  | Transaction ID: INC.A.82367                           |
| RIVER VALE  | NJ 07675   |  | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C  |  | 30.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR TECHNOLO                                       | OGY  |   |
| Receipt For:  | Aggregate Year-to-Date   | ▼  |   |
| Primary General Other (specify) ▼   |  | 390.00   |   |
| SUBTOTAL of Receipts This Page (optional  |  |  | 130.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 350 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 1 |
|---|---|---|
| or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)               | d Statements may not be sold or used by any persor the name and address of any political committee to sec. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial)  MR JOHN SISTO  Mailing Address 24 MAYBERRY LAN | NIC.  | Date of Receipt   |
|   | NE .  | 06 19 2010  |
| City  | State Zip Code  | Transaction ID: INC.A.82662   |
| MECHANICSBURG  FEC ID number of contributing federal political committee.               | PA 17050  | Amount of Each Receipt this Period 25.00  |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For:                                    | Occupation SR DIR PHARMACY REGULATORY  Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 325.00  |   |
| Full Name (Last, First, Middle Initial) MR DAVID SITVER                                 | •   | Date of Receipt   |
| Mailing Address 24 YORKSHIRE AV   | /E  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                       |
| City  | State Zip Code  | Transaction ID: INC.A.82527   |
| SUFFERN  FEC ID number of contributing federal political committee.                     | NY 10901  | Amount of Each Receipt this Period  25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR TECHNOLOGY  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR BRADLEY SKATTER                              |   | Date of Receipt   |
| Mailing Address 6433 FRANKLIN HI  | LLS RD  | 06 19 2010  |
| City  | State Zip Code  | Transaction ID: INC.A.82350   |
| INDEPENDENCE  | MN 55359  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                              | C   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation EXEC DIR CLINICAL SVCS   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 650.00   |   |
| SUBTOTAL of Receipts This Page (optional  | ) <b>&gt;</b>   | 100.00  |

| Δ    |   |  | each category of the ailed Summary Page                   | (check only one)    X   11a   |
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| or f | rinformation copied from such Reports and S<br>or commercial purposes, other than using the | tatements may not be<br>name and address o | sold or used by any person<br>fany political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|      | NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F                                | POLITICAL ACTIO                            | N COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| • .  | Full Name (Last, First, Middle Initial)<br>MR EDWARD SKRIPATA                               |  |   | Date of Receipt   |
| -    | Mailing Address 70 RIVER ROAD  UNIT D9  City  | State Zi                                   | p Code  | 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82640  |
|      | CLIFTON   |  | 7014  | Amount of Each Receipt this Period  |
|      | FEC ID number of contributing federal political committee.                                  | С  |   | 25.00   |
| i    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>TECHNICAL S                  | PECIALIST   |   |
| Ī    | Receipt For:  Primary  General  Other (specify) ▼   | Aggregate Year-t                           | o-Date ▼<br>325.00  |   |
|      | Full Name (Last, First, Middle Initial)<br>ANN SMITH  |  |   | Date of Receipt   |
|      | Mailing Address 437 GLENDALE RD   |  |   | 06 19 2010  |
|      | City  |  | p Code  | Transaction ID: INC.A.82535   |
| •    | WYCKOFF   | NJ 0                                       | 7481  | Amount of Each Receipt this Period  |
|      | FEC ID number of contributing federal political committee.                                  | C  |   | 25.00   |
|      | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR PUBLI                 | C AFFAIRS   |   |
|      | Receipt For: Primary General Other (specify) ♥  | Aggregate Year-t                           | o-Date ▼<br>325.00  | ]   |
|      | Full Name (Last, First, Middle Initial)<br>MR ROBERT SMITH                                  | l  |   | Date of Receipt   |
|      | Mailing Address 40 JOSHUA DR T  |  |   | 06 19 2010  |
|      | City  |  | p Code  | Transaction ID: INC.A.82702   |
|      | RAMSEY FEC ID number of contributing federal political committee.                           | NJ 0                                       | 7446  | Amount of Each Receipt this Period  50.00   |
| i    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP OPS                          |   |   |
| Ī    | Receipt For:  | Aggregate Year-t                           | o-Date ▼  |   |
|      | Primary General Other (specify) ▼   |  | 650.00  | ]   |
| SI   | JBTOTAL of Receipts This Page (optional)  | l  |   | 100.00  |

|             | EDULE A (FEC Form 3X)  IIZED RECEIPTS  |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 352 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16   |
|-------------|--|----------------------|---|--|
| or for c    | formation copied from such Reports and S<br>commercial purposes, other than using the<br>ME OF COMMITTEE (In Full)<br>EDCO HEALTH SOLUTIONS INC. | e name and ad        | dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee.  |
| Full MR Mai | Name (Last, First, Middle Initial) DAVID SNOW, JR iling Address 23 CEDAR GATE RO   | State CT C           | Zip Code<br>06820   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82775  Amount of Each Receipt this Period  192.31 |
|             | ceipt For: Primary General Other (specify) ▼   |                      | AN & CEO e Year-to-Date ▼ 2500.03   |  |
| MR MR       | Name (Last, First, Middle Initial) ALAN SOKALER lling Address 30 MICHELLE WAY  |                      |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City        | 1  | State                | Zip Code  | Transaction ID: INC.A.82811  |
|             | NE BROOK   | NJ                   | 07058   | Amount of Each Receipt this Period   |
| fede        | C ID number of contributing eral political committee.  | C                    |   | 50.00  |
| Nar<br>ME   | ne of Employer<br>DCO HEALTH SOLUTIONS   | Occupatio<br>VP FINA |   |  |
| Rec         | ceipt For:  Primary General  Other (specify) ▼   |                      | e Year-to-Date ▼ 650.00   |  |
| MS          | Name (Last, First, Middle Initial) JENNIFER SPIDLE illing Address 6108 HUNTER LANE   |                      |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City        | l  | State                | Zip Code  | Transaction ID: INC.A.82617  |
|             | DLLEYVILLE   | TX                   | 76034   | Amount of Each Receipt this Period   |
| fede        | C ID number of contributing eral political committee.  | С                    |   | 25.00  |
|             | me of Employer<br>DCO HEALTH SOLUTIONS   | Occupatio<br>VP/GM   | _   |  |
| Rec         | ceipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼ 650.00   |  |
| 6::=-       | OTAL of Receipts This Page (optional)  |                      |   | 267.31   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                               | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 353 / 409 (check only one)    X   |
|---|-------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | e name and add                | dress of any political committee to                                     | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial)  MS MICHELE ST CLAIR  Mailing Address 7 EVERGREEN DRIV  UNIT 47  City  CLIFTON  FEC ID number of contributing federal political committee.  Name of Employer  MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General | State NJ C Occupation DIR FOF | Zip Code<br>07014<br>n<br>RMULARY & COVERAGE M                          | Date of Receipt  M M M D D D 2010  Transaction ID: INC.A.82744  Amount of Each Receipt this Period  25.00 |
| Other (specify) ▼  Full Name (Last, First, Middle Initial) BRENDA STAFFORD  Mailing Address 647 BERKELEY AVE  |                               | 325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City ORANGE  FEC ID number of contributing federal political committee.   | State<br>NJ                   | Zip Code<br>07050   | Transaction ID: INC.A.82895  Amount of Each Receipt this Period  25.00                                    |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼  | Occupation ASST CO            |   |   |
| Full Name (Last, First, Middle Initial) MR RALPH STAIANO Mailing Address 1 LAMBROS DRIVE  |                               |   | Date of Receipt  0 6 1 9 2 0 1 0  |
| City  MONROE  FEC ID number of contributing   | State<br>NY                   | Zip Code<br>10950   | Transaction ID: INC.A.82333  Amount of Each Receipt this Period  25.00                                    |
| Name of Employer MEDCO HEALTH SOLUTIONS   | Occupation                    | n<br>BUSINESS REQUIREMENT   |   |
| Receipt For:  Primary General  Other (specify) ▼  | <del>, '</del>                | e Year-to-Date ▼ 325.00   |   |
| SUBTOTAL of Receipts This Page (optional) .   | 1                             |   | 75.00   |

|   | EDULE A (FEC Form 3X) ZED RECEIPTS   |              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 354 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17   |
|---|--|--------------|---|---|
| or for co                                       | rmation copied from such Reports and Stammercial purposes, other than using the DE OF COMMITTEE (In Full) DCO HEALTH SOLUTIONS INC. Po   | name and add | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.  I. Medco Health PAC)           |
| A. PETE Mailir City MEN FEC feder Name ACC      | Alame (Last, First, Middle Initial) ER STARK  Ing Address 4840 COLE ROAD  MPHIS  ID number of contributing al political committee.  e of Employer REDO HEALTH GROUP  ipt For: Primary General Other (specify)  |              | Zip Code 38117  n INANCIAL OFFICER e Year-to-Date ▼ 650.00                    | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82951  Amount of Each Receipt this Period  50.00          |
| AR Company Mailing City WEST FEC feder Name MED | Name (Last, First, Middle Initial) CHRISTOPHER STATEN  Ing Address 7 FOREST LAKE DR  ST HARRISON  ID number of contributing al political committee.  ID of Employer CO HEALTH SOLUTIONS  Interpretation of the contribution of the | -            | Zip Code 10604  n ANCIAL & ANALYTICAL SV e Year-to-Date  2500.03              | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| C. CHAI Mailir City TUC FEC feder Name          | Name (Last, First, Middle Initial) NNING STAVE  Ing Address 77 HIGHVIEW AVE  SKAHOE  ID number of contributing al political committee.  For Employer CO HEALTH SOLUTIONS  Interpretation of the contribution o |              | Zip Code 10707  n MARKETING 2 Year-to-Date  325.00                            | Date of Receipt  M M M / D D / Y Y Y Y Y  2 0 1 0  Transaction ID: INC.A.82865  Amount of Each Receipt this Period  25.00 |
| SUBTO   | TAL of Receipts This Page (optional)   |              |   | 267.31  |

| SCHEDULE A (FEC For ITEMIZED RECEIPTS   | III 3A)  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 355 / 409   (check only one)                                      |
|---|--|---|---|
| Any information copied from such Report for commercial purposes, other that   | oorts and Statements may<br>n using the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTION                             | NS INC. POLITICAL A                                  | ACTION COMMITTEE (a.k.a   | . Medco Health PAC)   |
| Full Name (Last, First, Middle Initia<br>MS JILL STEARNS                      | ,  |   | Date of Receipt   |
| Mailing Address 13130 HALS  | ELL DR   |   | 0 6 1 9 2 0 1 0   |
| City  | State  | Zip Code  | Transaction ID: INC.A.82740   |
| AUSTIN  | TX   | 78732   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                    | C  |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                    | Occupation SR NATL                                   | n<br>_ ACCT EXEC  |   |
| Receipt For:  Primary General  Other (specify) ▼                              | Aggregate  | Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initia<br>MR CRAIG STEEL                       | al)  |   | Date of Receipt   |
| Mailing Address 122 DEMARE  | EST AVENUE   |   | 0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>EMERSON   | State<br>NJ  | Zip Code  | Transaction ID: INC.A.82465   |
| FEC ID number of contributing federal political committee.                    | C  | 07630   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                    | Occupation SR NATL                                   | n<br>- ACCT EXEC  |   |
| Receipt For:  Primary General  Other (specify) ▼                              | Aggregate  | Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initia<br>MS AMY STEINKELLNER                  | al)  |   | Date of Receipt   |
| Mailing Address 728 GULF BO<br>C/O PO BOX                                     |  |   | 0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State<br>FL  | Zip Code<br>33785   | Transaction ID: INC.A.82517   |
| INDIAN ROCKS BEACH FEC ID number of contributing federal political committee. | C  | 33765   | Amount of Each Receipt this Period  50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                                    | Occupation VP NATION                                 | n<br>ONAL PRACTICE LEADER   |   |
| Receipt For:  | Aggregate  | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 0 0  | 650.00  |   |
| SUBTOTAL of Receipts This Page (  | (antional)   |   | 150.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | for e                 | separate schedule(s)<br>each category of the<br>ailed Summary Page | FOR LINE NUMBER: PAGE 356 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11                                 |
|--|-----------------------|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | e name and address of | any political committee to   | solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MS LEAH STERMAN-KABRT Mailing Address 24 OAK PL  City NORTH CALDWELL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)    |                       |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) DR GLEN STETTIN Mailing Address 8 MILL GLEN CT  City UPPER SADDLE RIVER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | NJ 07                 | O Code 7458  NCED CLINICAL SLT O-Date   2500.03                    | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82759  Amount of Each Receipt this Period  192.31 |
| Full Name (Last, First, Middle Initial) MR GERARD STOCKER, JR  Mailing Address 80 ALGONQUIN TRL  City OAKLAND  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)   |                       |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional) .  |                       |  | 267.31  |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 357 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|----------|---|-------------------|---|---|
|          | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad     | dress of any political committee to                                     | o solicit contributions from such committee.                                      |
|          | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL .       | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MS JANNA STOUL  |                   |   | Date of Receipt   |
|          | Mailing Address 4 APACHE WAY  |                   |   | 06 19 2010  |
|          | City  | State             | Zip Code  | Transaction ID: INC.A.82354   |
|          | MONTVILLE  FEC ID number of contributing federal political committee.   | NJ<br>C           | 07045   | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation        | on<br>TECHNOLOGY  | _   |
|          | Receipt For: Primary General Other (specify)  |                   | e Year-to-Date ▼ 325.00   |   |
| -<br>В.  | Full Name (Last, First, Middle Initial) MR SCOTT STRATTON   |                   |   | Date of Receipt   |
|          | Mailing Address 351 TIMBERLANE DR   | RIVE              |   | 06 19 2010  |
|          | City  | State             | Zip Code  | Transaction ID: INC.A.82819   |
|          | ORANGE FEC ID number of contributing federal political committee.   | CT                | 06477   | Amount of Each Receipt this Period  50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP PRO | DUCT DEVELOPMENT  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate         | e Year-to-Date ▼<br>650.00  |   |
| С.<br>С. | Full Name (Last, First, Middle Initial) MS SUZANNE STREDNAK   | 1                 |   | Date of Receipt   |
|          | Mailing Address 157 WATCHUNG DR   |                   |   | 0 6 1 9 2 0 1 0   |
|          | City<br>HAWTHORNE   | State<br>NJ       | Zip Code<br>07506   | Transaction ID: INC.A.82411  Amount of Each Receipt this Period                   |
|          | FEC ID number of contributing federal political committee.  | C                 | 07300   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR | on<br>CLINICAL SVCS   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate         | e Year-to-Date ▼<br>650.00  |   |
|          | SUBTOTAL of Receipts This Page (optional) .   |                   |   | 125.00  |
| ŀ        | TOTAL This Period (last page this line numbe  | r only)           |   |   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | )                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 358 / 409 (check only one)    X   |
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| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC   | the name and add               | dress of any political committee to   | n for the purpose of soliciting contributions solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MS PATRICIA STRETE  Mailing Address 19275 PAVER BARN  City MARYSVILLE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General                       | State OH C Occupation SR DIR ( | Zip Code 43040  n CLINICAL THERAPEUTICS 2 Year-to-Date ▼                      | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82400  Amount of Each Receipt this Period  25.00                  |
| Full Name (Last, First, Middle Initial)  MILAYNA SUBAR, MD  Mailing Address 11 RIVERSIDE DRIV #8CE  City  NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) | State NY C Occupation VP NATI  | Zip Code<br>10023   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82892  Amount of Each Receipt this Period  30.00 |
| Full Name (Last, First, Middle Initial) MRS WILARENE SUGGS Mailing Address 5111 FLUSS CV N  City BARTLETT  FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)             | <del>'</del>                   | Zip Code 38018  n CCIALTY OPS CUST SVC e Year-to-Date ▼ 275.00                | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line numb   | <u> </u>                       | •   | 80.00   |

|          | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page     | FOR LINE NUMBER: PAGE 359 / 409 (check only one)    X   11a                                 |
|----------|---|--------------------------------|---|---|
| _        | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | ly not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL .                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial)<br>MS COLEEN SULLIVAN   |                                |   | Date of Receipt   |
|          | Mailing Address 38 BARKMILL TERRA   |                                |   | 06 19 2010  |
|          | City<br>MONTVILLE   | State<br>NJ                    | Zip Code<br>07045   | Transaction ID: INC.A.82738  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.  | С                              |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              | on<br>TECHNOLOGY  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
| В.       | Full Name (Last, First, Middle Initial) MR MARK SULLIVAN Mailing Address 16025 PINE VALE PL                                 |                                |   | Date of Receipt   |
|          | City  | State                          | Zip Code  | 0 6 1 9 2 0 1 0<br>Transaction ID: INC.A.82341  |
|          | MIDLOTHIAN  | VA                             | 23113   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.  | C                              |   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation BUSINE              | on<br>SS PROCESS SPECIALIST   |   |
|          | Receipt For:  Primary General  Other (specify) ♥  | Aggregate                      | e Year-to-Date ▼ 650.00   | ]   |
| с.<br>С. | Full Name (Last, First, Middle Initial) MR FREDERICK SUMNER   |                                |   | Date of Receipt   |
|          | Mailing Address 808 HOLLYWOOD AV  | /ENUE                          |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|          | City<br>HO-HO-KUS   | State<br>NJ                    | Zip Code<br>07423   | Transaction ID: INC.A.82420  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.  | C                              | 07.120  | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              | PROJECT MGMT  |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>325.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   |                                |   | 100.00  |
| f        | TOTAL This Period (last page this line number   | only)                          |   |   |

| SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS   | <b>X</b> )                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 360 / 409   (check only one)                                       |
|---|--|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using | and Statements may<br>g the name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN                                   | IC. POLITICAL A                          | ACTION COMMITTEE (a.k.a   | ı. Medco Health PAC)   |
| Full Name (Last, First, Middle Initial) MS IRENE SUTTON                                 |  |   | Date of Receipt  |
| Mailing Address 20 AVENUE @ PC APT 209  | ORT IMPERIAL                             |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>WEST NEW YORK   | State<br>NJ                              | Zip Code<br>07093   | Transaction ID: INC.A.82429  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                              | C  | 07030   | 40.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR 3                      | n<br>FECHNOLOGY   |  |
| Receipt For:  Primary General  Other (specify) ▼  |  | Year-to-Date ▼ 520.00   |  |
| Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT                                | I  |   | Date of Receipt  |
| Mailing Address 8362 GOLDEN PF  | RAIRIE DRIVE                             |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>TAMPA   | State<br>FL                              | Zip Code<br>33647   | Transaction ID: INC.A.82474  Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.                              | C  | 00077   | 50.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM                         | n   |  |
| Receipt For:  Primary General  Other (specify) ▼  | - + +                                    | Year-to-Date ▼  |  |
| Full Name (Last, First, Middle Initial) NICOLETTE TAPAY                                 |  |   | Date of Receipt  |
| Mailing Address 1338 KENYON ST  | . N.W.                                   |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| City<br>WASHINGTON  | State<br>DC                              | Zip Code<br>20010   | Transaction ID: INC.A.82906  |
| FEC ID number of contributing federal political committee.                              | C  | 20010   | Amount of Each Receipt this Period  60.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP GOV                        | n<br>ERNMENT AFFAIRS  |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del>- + -</del>                         | Year-to-Date ▼ 780.00   |  |
| SUBTOTAL of Receipts This Page (option  | al)                                      |   | 150.00   |

| Any information copied from such Reports and  |                                | Detailed Summary Page                             | X   11a   11b   11c   12   13   14   15   16   17   |
|---|--------------------------------|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | e name and add                 | dress of any political committee to               |   |
| Full Name (Last, First, Middle Initial) MR NICHOLAS TAYLOR  Mailing Address 2847 NORTHWEST E  City UPPER ARLINGTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State OH C Occupation DIR CLIN | Zip Code<br>43221<br>IICAL SVCS<br>Year-to-Date ▼ | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82767  Amount of Each Receipt this Period  25.00                  |
| Full Name (Last, First, Middle Initial) AMI THAKKAR Mailing Address 1040 W ADAMS STR UNIT 248 City CHICAGO FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  | State IL C                     | Zip Code<br>60607                                 | Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 1 9 2 0 1 0  Transaction ID: INC.A.82784  Amount of Each Receipt this Period  25.00 |
| Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR BOOBALAN THANGAVELU  Mailing Address 13 BIRCH TERRACE  City  MT ARLINGTON  FEC ID number of contributing federal political committee.                           | Aggregate State NJ             | Year-to-Date ▼  325.00  Zip Code  07856           | Date of Receipt  M M M J D D J 2 0 1 0  Transaction ID: INC.A.82796  Amount of Each Receipt this Period  25.00                    |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  General  Other (specify) ▼  |                                | DAL SPECIALIST Year-to-Date ▼ 325.00              |   |
| SUBTOTAL of Receipts This Page (optional) .   |                                | <u> </u>  | 75.00   |

|           | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 362 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17   |
|-----------|--|------------------|---|---|
|           | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | e name and ad    | dress of any political committee to   | solicit contributions from such committee.  |
| . ∠<br>A. | Full Name (Last, First, Middle Initial)  MS MELINDA THIEL  Mailing Address 27 GARVEY ROAD  City  WAYNE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)       | <del>-   -</del> | Zip Code<br>07470<br>on<br>PRODUCT MGMT<br>e Year-to-Date ▼                   | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82437  Amount of Each Receipt this Period  25.00 |
| -<br>В.   | Full Name (Last, First, Middle Initial) MS MELISSA THOMET  Mailing Address 721 HINMAN AVE #1E  City  EVANSTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) |                  | Zip Code<br>60202<br>n<br>ACCT MGMT OPS<br>e Year-to-Date ▼                   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| с.        | Full Name (Last, First, Middle Initial) MS MARY THORSBY  Mailing Address 17326 ELLEN DR  City LIVONIA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)         |                  | Zip Code 48152  In L ACCT EXEC e Year-to-Date ▼ 975.00                        | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|           | SUBTOTAL of Receipts This Page (optional)  |                  |   | 125.00  |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 363 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----------|---|--------------------------------|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any persodress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) DREW THRAEN   |                                |   | Date of Receipt   |
|          | Mailing Address 63 STILES AVE   |                                |   | 06 19 2010  |
|          | City<br>MORRIS PLAINS   | State<br>NJ                    | Zip Code<br>07950   | Transaction ID: INC.A.82858  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.  | С                              |   | 25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR OPS             |   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
| В.       | Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN Mailing Address 2000 COLLONIAL DD                                  | I                              |   | Date of Receipt   |
|          | Mailing Address 838 COLONIAL RD   |                                |   | 06 19 2010  |
|          | City<br>FRANKLIN LAKES  | State<br>NJ                    | Zip Code<br>07417   | Transaction ID: INC.A.82356  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.  | C                              | 0/4//   | 50.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP BENI             | n<br>EFIT SYSTEMS SUPPORT   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>650.00  |   |
| с.<br>С. | Full Name (Last, First, Middle Initial) MRS CHINNERETH TORRACA  |                                |   | Date of Receipt   |
|          | Mailing Address 95 ERNST AVENUE   |                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|          | City<br>BLOOMFIELD  | State<br>NJ                    | Zip Code<br>07003   | Transaction ID: INC.A.82373   |
|          | FEC ID number of contributing federal political committee.  | C                              | 07003   | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR CLIE            | n<br>ENT REQUIREMENTS   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 275.00   |   |
|          | SUBTOTAL of Receipts This Page (optional)   | 1                              |   | 100.00  |
|          | TOTAL This Period (last page this line number   |                                | <u> </u>  |   |

|                 | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 364 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|-----------------|--|-------------------|---|---|
|                 | Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. F | name and ad       | dress of any political committee to   | solicit contributions from such committee.  |
| ∠<br><b>4</b> . | Full Name (Last, First, Middle Initial) SHERRY TOWNSEND Mailing Address 1327 FAIRWAY FORE  | ST DRIVE          | EAST  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
|                 | City<br>CORDOVA  | State<br>TN       | Zip Code<br>38016   | Transaction ID: INC.A.82932  Amount of Each Receipt this Period                   |
|                 | FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  | Occupatio         | n   | 25.00   |
|                 | Receipt For:  Primary General  Other (specify)   |                   | ARMACY PRACTICE  e Year-to-Date ▼  325.00                                     |   |
| <br>B.          | Full Name (Last, First, Middle Initial) MR DAVID TRICE Mailing Address 150 BRADFORD DR.  |                   |   | Date of Receipt  0 6 1 9 2 0 1 0  |
|                 | City<br>SCHWENKSVILLE  | State<br>PA       | Zip Code<br>19473   | Transaction ID: INC.A.82309  Amount of Each Receipt this Period                   |
|                 | FEC ID number of contributing federal political committee.   | C                 |   | 25.00   |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation TECHNI | n<br>CAL SPECIALIST   |   |
|                 | Receipt For: Primary General Other (specify)   | Aggregate         | e Year-to-Date ▼ 325.00   |   |
| . –             | Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER  |                   |   | Date of Receipt   |
|                 | Mailing Address 713 INDIAN CREEK R   |                   |   | 06 19 2010  |
|                 | City<br><u>AMHERST</u>   | State<br>VA       | Zip Code<br>24521   | Transaction ID: INC.A.82596  Amount of Each Receipt this Period                   |
|                 | FEC ID number of contributing federal political committee.   | C                 |   | 120.00  |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR | n<br>GOVERNMENT AFFAIRS   |   |
|                 | Receipt For:  Primary General  Other (specify) ▼   | Aggregate         | e Year-to-Date ▼<br>1260.00   |   |
|                 | SUBTOTAL of Receipts This Page (optional)  |                   |   | 170.00  |
|                 | TOTAL This Period (last page this line number  | only)             | <b>)</b>  |   |

|         | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 365 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|---------|--|--------------------------------|---|---|
| A       | ny information copied from such Reports and strong for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any persoldress of any political committee to  | on for the purpose of soliciting contributions a solicit contributions from such committee. |
|         | MEDCO HEALTH SOLUTIONS INC.  | POLITICAL                      | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.      | Full Name (Last, First, Middle Initial)  MR GARY TULLY  Mailing Address 16 FIELDHEDGE DR                                     | 1)/⊏                           |   | Date of Receipt   |
|         | Maining Address 16 FIELDHEDGE DR   | IVE                            |   | 06 19 2010  |
|         | City   | State                          | Zip Code  | Transaction ID: INC.A.82746   |
|         | HILLSBOROUGH FEC ID number of contributing federal political committee.  | NJ<br>C                        | 08844   | Amount of Each Receipt this Period  30.00   |
|         | Name of Employer MEDCO HEALTH SOLUTIONS  | Occupation DIR CLII            | on<br>ENT SVC DELIVERY  |   |
|         | Receipt For:   |                                | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼  |                                | 390.00  | ]   |
| —<br>В. | Full Name (Last, First, Middle Initial) MS DENISE TULP   |                                |   | Date of Receipt   |
|         | Mailing Address 273 STEVES LN  |                                |   | 0 6 1 9 2 0 1 0   |
|         | City   | State                          | Zip Code  | Transaction ID: INC.A.82549   |
|         | FRANKLIN LAKES   | NJ                             | 07417   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | С                              |   | 50.00   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SAFI             | ETY   |   |
|         | Receipt For:  Primary  General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>650.00  |   |
| <br>C.  | Full Name (Last, First, Middle Initial)<br>MR JEFFREY TYLER  |                                |   | Date of Receipt   |
|         | Mailing Address 37 KNOLL TERRACE   |                                |   | 0 6 1 9 2 0 1 0   |
|         | City   | State                          | Zip Code  | Transaction ID: INC.A.82551   |
|         | HAZLET FEC ID number of contributing   | NJ                             | 07730   | Amount of Each Receipt this Period  |
|         | federal political committee.   | C                              |   | 30.77   |
|         | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR              | on<br>TECHNOLOGY  |   |
|         | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼ 400.01   |   |
|         | SUBTOTAL of Receipts This Page (optional) .  |                                |   | 110.77  |
|         | FOTAL This Period (last page this line number  |                                | <u> </u>  |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 366 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                                |
|---|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | Statements may not be sold or used by any persole name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) JEFF ULANET Mailing Address 8803 BELMART RD  City POTOMAC FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)                 | State Zip Code MD 20854  C  Occupation VP BUS DEV - ONCOLOGY  Aggregate Year-to-Date   425.00                                       | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82901  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MR KEITH URICH Mailing Address 12495 SOUTH 1745 E  City DRAPER  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)         | State Zip Code UT 84020  C  Occupation REGIONAL VP SALES-SYSTEMED  Aggregate Year-to-Date  325.00                                   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82521  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) MRS JENNIFER UTTERDYKE  Mailing Address 1881 GREENTREE R  City LEBANON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | OAD  State Zip Code OH 45036  C  Occupation DIR MEDICATION SAFETY/QUALITY Aggregate Year-to-Date  850.00                            | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional)   | <b>&gt;</b>   | 125.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                      | FOR LINE NUMBER: PAGE 367 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                                 |
|---|--|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any persone name and address of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                         |
| Full Name (Last, First, Middle Initial)  MS CARA VAN ZILE  Mailing Address 31 LINCOLN RD  City  KINNELON  FEC ID number of contributing federal political committee.  Name of Employer  MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  Other (specify)                | State Zip Code NJ 07405  C  Occupation EXEC DIR ANALYTICAL SVCS  Aggregate Year-to-Date  650.00    | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82487  Amount of Each Receipt this Period  50.00  |
| Full Name (Last, First, Middle Initial)  MRS MICHELLE VANCURA  Mailing Address W328 S4230 SPRIN  City  WAUKESHA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify)  | G RIDGE  State Zip Code WI 53189  C  Occupation SVP & GENERAL MGR  Aggregate Year-to-Date  2496.00 | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82918  Amount of Each Receipt this Period  192.00 |
| Full Name (Last, First, Middle Initial) MRS JEANNINE VANKLEECK Mailing Address 56 ZIMMER AVENUE  City MIDLAND PARK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07432  C  Occupation DIR FINANCIAL APPLICATIONS  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82378  Amount of Each Receipt this Period  25.00  |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number  | ·  | 267.00  |

| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:   | AGE 368 / 409  12 16                  | (check only one)  X 11a 11b 11c 12   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | DULE A (FEC Form 3X) ZED RECEIPTS                   |                  |
|---|---------------------------------------|--|---|---|------------------|
| A.  Full Name (Last, First, Middle Initial) MR NICHOLAS VASIL OPOULOS  Mailing Address 105 ARRANDALE RD  City ROCKVILLE CENTRE NY 11570  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Full Name (Last, First, Middle Initial) MR WIL VELARDE  Mailing Address 443 WEST SADDLE RIVER RD  City UPPER SADDLE RIVER NJ 07458  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  NJ 07458  Amount of Each Receipt to the first price of the  | ontributions committee.               | n for the purpose of soliciting contributions solicit contributions from such committee. | not be sold or used by any persodress of any political committee to           | nmercial purposes, other than using the name and ad | or for comm      |
| MR NICHOLAS VASILOPOULOS  Mailing Address 105 ARRANDALE RD  City  ROCKVILLE CENTRE  NY  11570  FEC ID number of contributing federal political cormmittee.  Name of Employer MEDCO HEALTH SOLUTIONS  Primary  Qeneral  Other (specify) ▼  FUII Name (Last, First, Middle Initial)  MR WIL VELARDE  NJ  Other Specipt For:  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  NJ  Other Specipt For:  NJ  Aggregate Year-to-Date ▼  Transaction ID: INC.A.8  Amount of Each Receipt in Special Sp |                                       | Medco Health PAC)  | ACTION COMMITTEE (a.k.a   | CO HEALTH SOLUTIONS INC. POLITICAL                  | MEDCO            |
| City State Zip Code ROCKVILLE CENTRE NY 11570  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:    Primary   | , , , , , , , , , , , , , , , , , , , | ╡ '  |   | CHOLAS VASILOPOULOS                                 | MR NICH          |
| ROCKVILLE CENTRE  NY 11570  Amount of Each Receipt to FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (Specify) ▼ Aggregate Year-to-Date ▼  Primary General Other (Specify) ▼ Aggregate Year-to-Date ▼  Primary General Other (Specify) ▼ Date of Receipt Mailing Address 443 WEST SADDLE RIVER RD  City State Zip Code Transaction ID: INC.A.8  Amount of Each Receipt to Transaction ID: INC.A.8  Amount of Each Receipt to Transaction ID: INC.A.8  Amount of Each Receipt to Transaction ID: INC.A.8  Amount of Each Receipt to Transaction ID: INC.A.8  Amount of Each Receipt to Transaction ID: INC.A.8  Amount of Each Receipt to Transaction ID: INC.A.8  Amount of Each Receipt to Transaction ID: INC.A.8  BLOOMFIELD AJD O7003  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS State Zip Code UNIT #17  City State Zip Code IN Transaction ID: INC.A.8  Amount of Each Receipt to Transaction ID: INC.A | 2010                                  | 06 19 201  |   |   |                  |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address 443 WEST SADDLE RIVER RD  City State Zip Code UPPER SADDLE RIVER NJ 07458  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mary General Other (Specify) ▼  Date of Receipt Transaction ID: INC.A.8  Amount of Each Receipt to SR DIR PRODUCT  Receipt For: Primary General Other (Specify) ▼  State Zip Code SR DIR PRODUCT  Receipt For: Primary General Other (Specify) ▼  Date of Receipt Transaction ID: INC.A.8  Amount of Each Receipt to State Zip Code SR DIR PRODUCT  Mailing Address 201 WATCHUNG AVENUE UNIT #17  City State Zip Code NJ 07003  FEC ID number of contributing federal political committee.  PEC ID number of contributing federal political committee.  City State Zip Code NJ 07003  Amount of Each Receipt II  FEC ID number of contributing federal political committee.  Pare of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Occupation SR DIR COMPLIANCE Receipt For: Primary General Occupation SR DIR COMPLIANCE Primary General Occupation SR DIR COMPLIANCE Primary General Occupation SR DIR COMPLIANCE   |                                       | Transaction ID: INC.A.82589  Amount of Each Receipt this Period                          | ·   |   | -                |
| Receipt For:     Primary  | 50.00                                 |  | 1 1 1 1 1 1   | D number of contributing                            | FEC ID r         |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR WIL VELARDE Mailing Address 443 WEST SADDLE RIVER RD  City State Zip Code UPPER SADDLE RIVER NJ 07458  FEG ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE Mailing Address 201 WATCHUNG AVENUE UNIT #17  City State Zip Code NJ 07003  FEC ID number of contributing federal political committee.  City State Zip Code NJ 07003  FEC ID number of contributing federal political committee.  City State Zip Code NJ 07003  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS RECEipt For: State Zip Code NJ 07003  FEC ID number of contributing federal political committee.  Coccupation SR DIR COMPLIANCE Receipt For: Primary General  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  |                                       |  |   | VEIVINI   |                  |
| MR WIL VELARDE  Mailing Address 443 WEST SADDLE RIVER RD  City State Zip Code UPPER SADDLE RIVER NJ 07458  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE  Mailing Address 201 WATCHUNG AVENUE UNIT #17  City State Zip Code Mailing Address 201 WATCHUNG AVENUE UNIT #17  City State Zip Code BLOOMFIELD  NJ 07003  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Aggregate Year-to-Date ▼  Transaction ID: INC.A.8  Amount of Each Receipt to Transaction ID: INC.A.8                                    |                                       |  | <del></del>   | Primary General                                     | Pri              |
| City State Zip Code Transaction ID: INC.A.8  UPPER SADDLE RIVER NJ 07458  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE  Mailing Address 201 WATCHUNG AVENUE UNIT #17  City State Zip Code Transaction ID: INC.A.8  Amount of Each Receipt to Date of Receipt  M M M J D D D J Y  Transaction ID: INC.A.8  Amount of Each Receipt to Date of Receipt  M M M J D D D J Y  Transaction ID: INC.A.8  Amount of Each Receipt to Date of Receipt  M M M J D D D J Y  Transaction ID: INC.A.8  Amount of Each Receipt to Date of Receipt  M M M J D D D J Y  Transaction ID: INC.A.8  Amount of Each Receipt to Date of Receipt to Date of Receipt  M M M J D D D J Y  Transaction ID: INC.A.8  Amount of Each Receipt to Date of Date of Receipt to Date of Receipt to Date of Receipt to Date  |                                       | Date of Receipt  |   | IL VELARDE  | MR WIL           |
| UPPER SADDLE RIVER  NJ 07458  Amount of Each Receipt to C  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE  Mailing Address 201 WATCHUNG AVENUE UNIT #17  City State Zip Code BLOOMFIELD  NJ 07003  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  Occupation SR DIR COMPLIANCE  Amount of Each Receipt to Transaction ID: INC.A.8  | 2010                                  |  |   | g Address 443 WEST SADDLE RIVER RD                  | Mailing A        |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) Tansaction ID: INC.A.8 BLOOMFIELD  Name of Employer MEDCO HEALTH SOLUTIONS  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Receipt For:  Receipt For:  Receipt For:  Aggregate Year-to-Date Tansaction ID: INC.A.8 Aggregate |                                       | Transaction ID: INC.A.82427  | •   |   | •                |
| Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  State Zip Code DINC.A.8  BLOOMFIELD NJ 07003  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  Aggregate Year-to-Date ▼  | 30.00                                 | Amount of Each Receipt this Period   | 07458   | D number of contributing                            | FEC ID r         |
| Primary General Other (specify) ▼    State   Zip Code   |                                       | 1  |   | of Employer Occupation SR DIR                       | Name of<br>MEDCO |
| Mailing Address 201 WATCHUNG AVENUE  UNIT #17  City State Zip Code  BLOOMFIELD NJ 07003  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Date of Receipt  M M M D D D D D D D D D D D D D D D D   |                                       |  |   | Primary General                                     | Pri              |
| UNIT #17  City State Zip Code BLOOMFIELD NJ 07003  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  O 6 1 9  Transaction ID: INC.A.8  Amount of Each Receipt to SR DIR COMPLIANCE  |                                       | Date of Receipt  |   | ,   |                  |
| BLOOMFIELD  NJ 07003  Amount of Each Receipt to C  Primary  Amount of Each Receipt to C  Amount of Each Receipt to C  Accupation SR DIR COMPLIANCE  Aggregate Year-to-Date  235 00  | 2010                                  | 06 19 201  |   |   | Mailing A        |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General  C  Occupation SR DIR COMPLIANCE  Aggregate Year-to-Date  235 00  |                                       | Transaction ID: INC.A.82423  | ·   |   | •                |
| MEDCO HEALTH SOLUTIONS  SR DIR COMPLIANCE  Receipt For:  Primary General  Aggregate Year-to-Date ▼  | 25.00                                 |  |   | D number of contributing                            | FEC ID r         |
| Primary General   |                                       |  |   |   | Name of<br>MEDCO |
|   |                                       |  |   | Primary General                                     | Pri              |
| SUBTOTAL of Receipts This Page (optional)   | 105.00                                | 105.0  |   | TAL of Receipts This Page (optional)                | SUBTOTA          |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 369 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|----|---|--------------------------------|--|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC. I   | POLITICAL                      | ACTION COMMITTEE (a.k.a  | ı. Medco Health PAC)  |
| A. | Full Name (Last, First, Middle Initial) MR GORDON VICKERS  Mailing Address 436 MOUNTAIN AVEN                                |                                |  | Date of Receipt   |
|    | 430 WOONTAIN AVE  | NOL                            |  | 06 19 2010  |
|    | City  | State                          | Zip Code   | Transaction ID: INC.A.82312   |
|    | WESTFIELD FEC ID number of contributing   | NJ                             | 07090  | Amount of Each Receipt this Period  |
|    | federal political committee.  | C                              |  | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation NATL AC             | on<br>CCT EXEC   |   |
|    | Receipt For:  | Aggregate                      | e Year-to-Date ▼   |   |
|    | Primary General Other (specify) ▼   |                                | 325.00   |   |
| В. | Full Name (Last, First, Middle Initial)<br>MR MUNISH VIJ  | 1                              |  | Date of Receipt   |
|    | Mailing Address 11 BOULDER TRAIL  |                                |  | 0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City  | State                          | Zip Code   | Transaction ID: INC.A.82798   |
|    | MAHWAH  | NJ                             | 07430  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | С                              |  | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR TEC             | on<br>CHNOLOGY   |   |
|    | Receipt For: Primary General  | Aggregate                      | e Year-to-Date ▼   |   |
|    | Other (specify)   |                                | 325.00   |   |
| C. | Full Name (Last, First, Middle Initial) MR STEVEN VREELAND  |                                |  | Date of Receipt   |
|    | Mailing Address 19 ANNA STREET  |                                |  | 06 19 2010  |
|    | City<br><u>DENVILLE</u>   | State                          | Zip Code   | Transaction ID: INC.A.82833   |
|    | FEC ID number of contributing   | NJ<br>C                        | 07834  | Amount of Each Receipt this Period  25.00   |
|    | federal political committee.  |                                |  |   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR TEC             | on<br>CHNOLOGY   |   |
|    | Receipt For:  Primary General   | Aggregate                      | e Year-to-Date ▼   |   |
|    | Other (specify)   |                                | 325.00   |   |
|    | SUBTOTAL of Receipts This Page (optional)   |                                | <b>)</b>   | 75.00   |
|    | TOTAL This Period (last page this line number   |                                | <u> </u>   |   |

| SCHEDULE A (FEC  | •   | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 370 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 11           |
|--|---|--|---|
| Any information copied from su or for commercial purposes, oth   | och Reports and Statements maner than using the name and ac | ay not be sold or used by any pers<br>ddress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (IN MEDCO HEALTH SOLU                          | ,   | ACTION COMMITTEE (a.k.a  | a. Medco Health PAC)  |
| Full Name (Last, First, Midd<br>MS ANNETTE WAGNER                | lle Initial)  |  | Date of Receipt   |
| Mailing Address 8 INDIA  | N RUN ROAD  |  | 0 6 1 9 2 0 1 0   |
| City   | State   | Zip Code   | Transaction ID: INC.A.82641   |
| LONG VALLEY  | NJ  | 07853  | Amount of Each Receipt this Period  |
| FEC ID number of contribut federal political committee.          | ing   |  | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTI                          | ONS Occupati  | on<br>TECHNOLOGY   |   |
| Receipt For:  Primary Gen  Other (specify) ▼                     |   | te Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Midd  MR DANIEL WALDEN                   | lle Initial)  |  | Date of Receipt   |
| Mailing Address 450 BEI  | ECHMONT DR  |  | 0 6 1 9 2 0 1 0   |
| City   | State   | Zip Code   | Transaction ID: INC.A.82653   |
| NEW ROCHELLE   | NY  | 10804  | Amount of Each Receipt this Period  |
| FEC ID number of contribut federal political committee.          | ing C   |  | 192.31  |
| Name of Employer<br>MEDCO HEALTH SOLUTI                          | ONS Occupati  | on<br>EGULATORY & MC PROGRA  | AMS   |
| Receipt For:  Primary Gen  Other (specify) ▼                     | 55 5  | te Year-to-Date ▼ 2500.03  |   |
| Full Name (Last, First, Midd MS THERESE WALKER                   | lle Initial)  |  | Date of Receipt   |
| Mailing Address 363 MU   | ILBERRY CT  |  | 0 6 1 9 2 0 1 0   |
| City   | State   | Zip Code   | Transaction ID: INC.A.82330   |
| WYCKOFF  FEC ID number of contribut federal political committee. | ing NJ  | 07481  | Amount of Each Receipt this Period 25.00  |
| Name of Employer MEDCO HEALTH SOLUTION                           | Ons Occupati  | on PRODUCT MGMT  |   |
| Receipt For: Primary Gen Other (specify)                         | Aggrega   | te Year-to-Date   325.00   |   |
| SUBTOTAL of Receipts This  | Page (optional)   |  | 242.31  |

|            | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 371 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|------------|--|--------------------|---|--|
|            | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P | name and ad        | dress of any political committee to   | solicit contributions from such committee.   |
| <b>∆</b> . | Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE   |                    |   | Date of Receipt  |
|            | Mailing Address 5445 GOODWIN AVEN  | NUE<br><br>State   | Zip Code  | 0 6 1 9 2 0 1 0 2 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0                                    |
|            | DALLAS   | TX                 | 75206   | Transaction ID: INC.A.82801  Amount of Each Receipt this Period                    |
|            | FEC ID number of contributing federal political committee.   | C                  |   | 192.31   |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP SALE | n<br>ES SEGMENT LEADER  |  |
|            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼<br>2500.03   |  |
| 3.         | Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD F  | RD                 |   | Date of Receipt  |
|            |  |                    |   | 06 19 2010   |
|            | City<br>MOORESTOWN   | State<br>NJ        | Zip Code<br>08057   | Transaction ID: INC.A.82603  |
|            | FEC ID number of contributing federal political committee.   | C                  | 00037   | Amount of Each Receipt this Period  50.00  |
|            | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM   | n   |  |
|            | Receipt For:  Primary General  Other (specify)   | Aggregate          | e Year-to-Date ▼<br>1300.00   |  |
|            | Full Name (Last, First, Middle Initial)<br>LYNETTE WASHINGTON  |                    |   | Date of Receipt  |
|            | Mailing Address 4272 MELWOOD OAK   | DR                 |   | 0 6 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                      |
|            | City   | State              | Zip Code  | Transaction ID: INC.A.82933  |
|            | LAKELAND FEC ID number of contributing federal political committee.  | C                  | 38002   | Amount of Each Receipt this Period  25.00  |
|            | Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation DIR TRO |   | 7  |
|            | Receipt For:  Primary General  Other (specify) ▼   |                    | e Year-to-Date ▼ 325.00   |  |
|            | SUBTOTAL of Receipts This Page (optional)  |                    |   | 267.31   |
| t          | TOTAL This Period (last page this line number of   |                    | ·   |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                        | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 372 / 409 (check only one)    X |
|---|------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) |                        |   |   |
| MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL A            | CTION COMMITTEE (a.k.a  | i. Medco Health PAC)                                  |
| Full Name (Last, First, Middle Initial) MS CATHERINE WASSON   |                        |   | Date of Receipt                                       |
| Mailing Address 3912 CALLE ANDALU   | ICIA                   |   | 0 6 1 9 2 0 1 0                                       |
| City  | State                  | Zip Code  | Transaction ID: INC.A.82359                           |
| SAN CLEMENTE  | CA                     | 92673   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C                      |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP NATL     |   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | Year-to-Date ▼ 650.00   |   |
| Full Name (Last, First, Middle Initial) MS BEVERLY WATSON   | <u> </u>               |   | Date of Receipt                                       |
| Mailing Address 2 MICHELANGELO CO   | OURT                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City  | State                  | Zip Code  | Transaction ID: INC.A.82645                           |
| SOMERSET  | NJ                     | 08873   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C                      |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR BEN     | EFIT DELIVERY SYSTEMS   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>325.00  |   |
| Full Name (Last, First, Middle Initial) MR SHERMAN WEAVER   | l                      |   | Date of Receipt                                       |
| Mailing Address 4940 BAYBERRY DRI   | VE                     |   | 0 6 1 9 2 0 1 0                                       |
| City  | State                  | Zip Code  | Transaction ID: INC.A.82847                           |
| CUMMING   | GA                     | 30040   | Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  | C                      |   | 26.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation<br>SR DIR D |   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | Year-to-Date ▼ 338.00   |   |
| SUBTOTAL of Receipts This Page (optional)   | 1                      |   | 101.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | )                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 373 / 409 (check only one)    X          |
|--|-----------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. | he name and add             | dress of any political committee to   | o solicit contributions from such committee.                   |
| Full Name (Last, First, Middle Initial)  MRS KELLY WEBBER  Mailing Address 107 UPPER SADDLE  City  MONTVALE  FEC ID number of contributing             | State<br>NJ                 | Zip Code<br>07645   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| rec ib number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify)    | Occupation VP COR Aggregate |   | 100.00   |
| Full Name (Last, First, Middle Initial) MARK WEGRYN Mailing Address 1717 DYMOKE DRIV   | /E                          |   | Date of Receipt  0 6 1 9 2 0 1 0                               |
| City   | State                       | Zip Code  | Transaction ID: INC.A.82533                                    |
| COLLIERVILLE FEC ID number of contributing federal political committee.  | C                           | 38017   | Amount of Each Receipt this Period 25.00                       |
| Name of Employer ACCREDO HEALTH GROUP  Receipt For:  Primary General  Other (specify) ▼  | <del>- , '</del>            | n<br>AND PRODUCT INTEGRA<br>Year-to-Date ▼<br>325.00                          | ΓΙΦΝ   |
| Full Name (Last, First, Middle Initial)  |                             |   |  |
| LOWELL WEINER  Mailing Address 1 BURGESS COURT   | Γ                           |   | Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City   | State                       | Zip Code  | Transaction ID: INC.A.82863                                    |
| WESTFIELD  FEC ID number of contributing federal political committee.  | C                           | 07090   | Amount of Each Receipt this Period  50.00                      |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP COR           | n<br>P COMMUNICATIONS   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                   | Year-to-Date ▼ 650.00   |  |
| SUBTOTAL of Receipts This Page (optional)  |                             |   | 175.00   |

|        | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 374 / 409 (check only one)    X                                       |
|--------|---|--------------------------------|---|---|
| or f   | y information copied from such Reports and S<br>or commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any persidress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|        | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL A                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| A.     | Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH Mailing Address - 2000 MATERIALISM DE                          |                                |   | Date of Receipt   |
|        | Mailing Address 309 WATERVIEW DF  |                                | 7: 0 !  | 06 19 2010  |
|        | City<br>FRANKLIN LAKES  | State<br>NJ                    | Zip Code<br>07417   | Transaction ID: INC.A.82453  Amount of Each Receipt this Period                             |
|        | FEC ID number of contributing federal political committee.  | С                              |   | 192.31  |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation GROUP               | on<br>PRES EMPLOYER GROUF   | ,   |
|        | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼ 2500.03  |   |
| 3.     | Full Name (Last, First, Middle Initial) MR KENNETH WERMES Mailing Address - 00007 N WDANGLES                                |                                |   | Date of Receipt   |
|        | Mailing Address 26037 N WRANGLER  |                                |   | 06 19 2010  |
|        | City<br>SCOTTSDALE  | State<br><b>AZ</b>             | Zip Code<br>85255   | Transaction ID: INC.A.82563  Amount of Each Receipt this Period                             |
|        | FEC ID number of contributing federal political committee.  | C                              | 05255   | 100.00  |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM               | on  |   |
|        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>1200.00   |   |
| <br>;. | Full Name (Last, First, Middle Initial)<br>MR PETER WHITE   |                                |   | Date of Receipt   |
|        | Mailing Address 2241 E. PINCHOT AV #17F   |                                |   | 06 19 2010  |
|        | City<br>PHOENIX   | State<br>AZ                    | Zip Code<br>85016   | Transaction ID: INC.A.82342  Amount of Each Receipt this Period                             |
|        | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|        | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR              | ACCT MGMT OPS   |   |
|        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 325.00   |   |
| SI     | JBTOTAL of Receipts This Page (optional)  |                                |   | 317.31  |
| т      | OTAL This Period (last page this line number  | only)                          |   |   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 375 / 409 (check only one)    X   |
|--|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | tatements may not be sold or used by any personame and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | o solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) MRS TAMARA WHITLEY Mailing Address 5847 CLENDENIN AV  City DALLAS FEC ID number of contributing federal political committee.  Name of Employer ACCREDO HEALTH GROUP  Receipt For: Primary General Other (specify)        | State Zip Code TX 75228  C  Occupation DIR BUSINESS REQUIREMENTS Aggregate Year-to-Date  350.00                                 | Date of Receipt  M M M J D D J 2 0 1 0  Transaction ID: INC.A.82323  Amount of Each Receipt this Period  25.00                    |
| Full Name (Last, First, Middle Initial) MR STEPHEN WILKINS, SR Mailing Address 1916 ALSTON  City ARLINGTON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)    | State Zip Code TX 76013  C  Occupation DIR BUSINESS PLANNING  Aggregate Year-to-Date  330.00                                    | Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 9 2 0 1 0  Transaction ID: INC.A.82656  Amount of Each Receipt this Period  15.00 |
| Full Name (Last, First, Middle Initial) MR CHRISTOPHER WILSON Mailing Address 2 TIFFANY ROAD  City MORRISTOWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code NJ 07960  C  Occupation VP MKTING  Aggregate Year-to-Date  650.00  | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.82530  Amount of Each Receipt this Period  50.00                  |
| SUBTOTAL of Receipts This Page (optional)  |   | 90.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 376 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 1                               |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MS COLETTE WILSON  Mailing Address 16608 56TH PL W  City LYNNWOOD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code WA 98037  C  Occupation SR NATL ACCT EXEC  Aggregate Year-to-Date  325.00  | Date of Receipt  M M M D D D 2010  Transaction ID: INC.A.82460  Amount of Each Receipt this Period  25.00      |
| Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER  Mailing Address 17 LYNWOOD RD  City VERONA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)    | State Zip Code NJ 07044  C  Occupation SR DIR ORG DEV  Aggregate Year-to-Date  325.00   | Date of Receipt  M M M D D D 2 2 0 1 0  Transaction ID: INC.A.82675  Amount of Each Receipt this Period  25.00 |
| Full Name (Last, First, Middle Initial) JAMES WINTRAUB Mailing Address 2166 BROADWAY A  City NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)     | State Zip Code NY 10024  C  Occupation DIR CREATIVE DEVELOPMENT Aggregate Year-to-Date  325.00                                  | Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (optional) .  | ,   | 75.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | ()                                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 377 / 409 (check only one)  X 11a 11b 11c 12                          |
|--|---------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may<br>the name and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC                                  | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MARY JANE WISEMAN                                |                                       |   | Date of Receipt   |
| Mailing Address 33 KNOLL ROAD  |                                       |   | 06 19 2010  |
| City   | State                                 | Zip Code  | Transaction ID: INC.A.82955   |
| WAYNE  | NJ                                    | 07470   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 25.00   |
| Name of Employer<br>ACCREDO HEALTH GROUP   | Occupation VP NURS                    | n<br>SING SVCS  |   |
| Receipt For:   | Aggregate                             | Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  | 0 0                                   | 325.00  |   |
| Full Name (Last, First, Middle Initial)<br>MR MICHAEL WISNIEWSKI                         |                                       |   | Date of Receipt   |
| Mailing Address 23 DRUID HILL DR   |                                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                                 | Zip Code  | Transaction ID: INC.A.82739   |
| PARSIPPANY   | NJ                                    | 07054   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation SR DIR (                   | 1<br>CONTRACT ADMINISTRAT   | ION   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial)<br>MR STEPHEN WOGEN                              |                                       |   | Date of Receipt   |
| Mailing Address 145 WAUGHAW R  | OAD                                   |   | 0 6 1 9 / Y Y Y Y Y   |
| City   | State                                 | Zip Code  | Transaction ID: INC.A.82468   |
| TOWACO   | NJ                                    | 07082   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 50.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>SVP FINA                | n<br>ANCIAL & ANALYTICAL SV   | vc  |
| Receipt For:   | Aggregate                             | Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  |                                       | 650.00  |   |
| SUBTOTAL of Receipts This Page (optional   | l)                                    |   | 100.00  |

|          | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 378 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|----------|---|------------------------------|---|---|
|          | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>name and ad | ly not be sold or used by any person<br>dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | MEDCO HEALTH SOLUTIONS INC. F   | POLITICAL                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Α.       | Full Name (Last, First, Middle Initial) MRS ELISSA WOJTOWICZ, RPH   |                              |   | Date of Receipt   |
|          | Mailing Address 43 AZALEA PLACE   | Ctata                        | 7:- Od.   | 06 19 2010  |
|          | City<br><u>PISCATAWAY</u>   | State<br>NJ                  | Zip Code<br>08854   | Transaction ID: INC.A.82357  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.  | С                            |   | 30.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR            |   |   |
|          | Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼   | Aggregate                    | e Year-to-Date ▼ 390.00   |   |
| В.       | Full Name (Last, First, Middle Initial) MS JUDITH WOOD Mailing Address 76 COLONIAL ROAD                                     | 1                            |   | Date of Receipt   |
|          | Mailing Address 76 COLONIAL ROAD  |                              |   | 06 19 2010  |
|          | City  | State<br>NY                  | Zip Code  | Transaction ID: INC.A.82732   |
|          | STILLWATER  FEC ID number of contributing federal political committee.  | C                            | 12170   | Amount of Each Receipt this Period  25.00   |
|          | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation SR DIR            | on<br>ACCT MGMT OPS   |   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼ 325.00   |   |
| С.<br>С. | Full Name (Last, First, Middle Initial)<br>BRENDA WRIGHT  |                              |   | Date of Receipt   |
|          | Mailing Address 1834 HUNTERS CREI   | EK DRIVE                     |   | 06 19 2010  |
|          | City<br><u>GERMANTOWN</u>   | State<br>TN                  | Zip Code<br>38138   | Transaction ID: INC.A.82936  Amount of Each Receipt this Period                             |
|          | FEC ID number of contributing federal political committee.  | C                            |   | 50.00   |
|          | Name of Employer<br>ACCREDO HEALTH GROUP  | Occupation VP QUA            | on<br>LITY INTEGRITY HEALTH   |   |
|          | Receipt For:  ☐ Primary ☐ General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼<br>650.00  |   |
|          | SUBTOTAL of Receipts This Page (optional)   | 1                            |   | 105.00  |
| Ì        | TOTAL This Period (last page this line number   |                              | <u> </u>  |   |

| Date of Receipt  Transaction ID: INC.A.82419  Amount of Each Receipt this Period |
|--|
| Date of Receipt    M   M   / D   D   Y   Y   Y   Y   Y   Y   Y   Y               |
| 0 6 1 9 2 0 1 0<br>Transaction ID: INC.A.82419                                   |
| 0 6 1 9 2 0 1 0  Transaction ID: INC.A.82419                                     |
|  |
| Amount of Each Receipt this Period   |
| 25.00  |
|  |
| .00  |
| Date of Receipt  |
| 0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Transaction ID: INC.A.82546  |
| Amount of Each Receipt this Period  25.00  |
|  |
| .00  |
| Date of Receipt  |
| 0 6 1 9 2 0 1 0  |
| Transaction ID: INC.A.82632  Amount of Each Receipt this Period                  |
| 50.00  |
| 3  |
| .00  |
| 100.00   |
| 0  |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                  | FOR LINE NUMBER: PAGE 380 / 409 (check only one)    X                  |
|--|--|--|
| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)                  | and Statements may not be sold or used by any persong the name and address of any political committee to | o solicit contributions from such committee.                           |
| Full Name (Last, First, Middle Initial)  MS JILL ZELMAN  Mailing Address 43604 EMERALD   | DUNES PL   | Date of Receipt  0 6 1 9 2 0 1 0                                       |
| City  LEESBURG  FEC ID number of contributing  | State Zip Code<br>VA 20176   | Transaction ID: INC.A.82694  Amount of Each Receipt this Period        |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary  Other (specify) ▼        | Occupation SR DIR CONSOLIDATION PLAN Aggregate Year-to-Date  325.00                                      | 25.00  |
| Full Name (Last, First, Middle Initial) ANATOLY ZHELEZNYAK Mailing Address 5 DENISE COUR | Т  | Date of Receipt  0 6 1 9 2 0 1 0                                       |
| City  MANALAPAN  FEC ID number of contributing federal political committee.              | State Zip Code NJ 07726  C   | Transaction ID: INC.A.82781  Amount of Each Receipt this Period  25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼ | Occupation TECHNICAL SPECIALIST  Aggregate Year-to-Date ▼  325.00  | 1  |
| Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW   | DRIVE  | Date of Receipt  |
| City   | State Zip Code   | 0 6 1 9 2 0 1 0 Transaction ID: INC.A.82514                            |
| LOVELAND FEC ID number of contributing federal political committee.                      | OH 45140   | Amount of Each Receipt this Period  25.00                              |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 650.00  |  |
| SUBTOTAL of Receipts This Page (option   | nal)   | 75.00  |

|    | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |                                  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 381 / 409 (check only one)    X                                       |
|----|--|----------------------------------|---|---|
| 4  | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements may<br>e name and add | not be sold or used by any persolress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.   | POLITICAL A                      | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| ۷. | Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO   |                                  |   | Date of Receipt   |
|    | Mailing Address 726 HIGH MOUNTAIN  | N ROAD                           |   | 06 19 2010  |
|    | City   | State                            | Zip Code  | Transaction ID: INC.A.82807   |
|    | FRANKLIN LAKES   | NJ                               | 07417   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C                                |   | 25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation<br>ASST CC            |   |   |
|    | Receipt For:   | Aggregate                        | Year-to-Date ▼  |   |
|    | Primary General Other (specify) ▼  | 0 0                              | 325.00  |   |
| _  | Full Name (Last, First, Middle Initial)<br>JOLENE R. BATES   |                                  |   | Date of Receipt   |
|    | Mailing Address 511 RANCH TRAIL, A   | APT. 119                         |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City   | State                            | Zip Code  | Transaction ID: INC.A.82302   |
|    | Irving   | TX                               | 75063   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C                                |   | 650.00  |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS,<br>INC   | Occupation DIRECTO               | n<br>DR, PROFESSIONAL PRAC  | CTICES  |
|    | Receipt For:  Primary  General   | Aggregate                        | Year-to-Date ▼  | _   |
|    | Primary General  Other (specify) ▼   |                                  | 650.00  |   |
|    | Full Name (Last, First, Middle Initial)<br>KIRK COTHAM   |                                  |   | Date of Receipt   |
|    | Mailing Address 10325 SHREWSBUR  | Y RUN W                          |   | 0 6 2 4 2 0 1 0   |
|    | City   | State                            | Zip Code  | Transaction ID: INC.A.82303   |
|    | COLLIERVILLE   | TN                               | 38017   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | C                                |   | 1300.00   |
|    | Name of Employer<br>ACCREDO HEALTH GROUP, INC.   | Occupation VICE PR               | n<br>ESIDENT, MARKETING AN  | ID BUSINESS   |
|    | Receipt For:   | Aggregate                        | Year-to-Date ▼  | _   |
|    | Primary General Other (specify) ▼  | 0 0                              | 1300.00   |   |
| Γ  |  |                                  |   | 1975.00   |

|                      | JLE A (FEC Form 3X<br>D RECEIPTS                      | <b>A)</b>                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 382 / 409   (check only one)  |
|----------------------|---|---|---|---|
| Any informati        | on copied from such Reports an                        | d Statements may                            | y not be sold or used by any person<br>dress of any political committee to    | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF              | F COMMITTEE (In Full)                                 |   | ACTION COMMITTEE (a.k.a   |   |
|                      | e (Last, First, Middle Initial)<br>ELE AGNEW          |   |   | Date of Receipt   |
|                      | ddress 2433 ANDERSON I                                | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
| City<br>HENDEI       | RSON  | State<br>NV                                 | Zip Code<br>89044   | Transaction ID: INC.A.83008  Amount of Each Receipt this Period                             |
| FEC ID no            | umber of contributing<br>litical committee.           | C   |   | 12.50   |
| Name of E<br>MEDCO I | Employer<br>HEALTH SOLUTIONS                          | Occupation DIR HR                           | n   |   |
| Receipt Form         |   |   | Year-to-Date ▼ 325.00   |   |
| Full Name            | e (Last, First, Middle Initial)<br>IEN BERG           |   |   | Date of Receipt   |
|                      | ddress POBOX 1373                                     |   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>MEDICA       | VI I VKE  | State<br>WA                                 | Zip Code<br>99022   | Transaction ID: INC.A.83365  Amount of Each Receipt this Period                             |
| FEC ID no            | umber of contributing litical committee.              | C   |   | 12.50   |
| Name of E<br>MEDCO I | Employer<br>HEALTH SOLUTIONS                          | Occupation DIR PHA                          | n<br>.RM PRACTICE   |   |
| Receipt Fe           |   |   | e Year-to-Date ▼ 325.00   |   |
|                      | e (Last, First, Middle Initial)                       |   |   | Date of Receipt   |
|                      | ddress 7728 GRACE DRIV                                | E   |   | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| City                 | DIOLII AND LIII                                       | State                                       | Zip Code  | Transaction ID: INC.A.83043   |
| FEC ID no            | RICHLAND HIL umber of contributing litical committee. | C   | 76182   | Amount of Each Receipt this Period  12.50   |
| Name of E<br>MEDCO I | Employer<br>HEALTH SOLUTIONS                          | Occupation BUSINES                          | n<br>SS PROCESS CHAMPION  |   |
| Receipt Fe           |   |   | Year-to-Date ▼ 325.00   |   |
|                      | of Receipts This Page (optiona                        |   |   | 37.50   |

|      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 383 / 409 (check only one)    X           |
|------|---|--------------------------------|---|---|
| A oi | ny information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any persodress of any political committee to   | on for the purpose of soliciting contributions                  |
|      | MEDCO HEALTH SOLUTIONS INC.   | POLITICAL /                    | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| ۱.   | Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO  |                                |   | Date of Receipt   |
|      | Mailing Address 26 DAYLILY DRIVE  |                                |   | 06 26 2010  |
|      | City<br>MOUNT LAUREL  | State<br>NJ                    | Zip Code<br>08054   | Transaction ID: INC.A.83512  Amount of Each Receipt this Period |
|      | FEC ID number of contributing federal political committee.  | C                              | 00004   | 15.00   |
|      | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP HR             | n   |   |
|      | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼ 390.00   |   |
| . –  | Full Name (Last, First, Middle Initial)<br>MR BARRY BOUDREAUX   |                                |   | Date of Receipt   |
|      | Mailing Address 6527 SHORBURGH [  | DRIVE                          |   | 0 6 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
|      | City  | State                          | Zip Code  | Transaction ID: INC.A.82989                                     |
|      | INDIANAPOLIS  | IN                             | 46278   | Amount of Each Receipt this Period                              |
|      | FEC ID number of contributing federal political committee.  | C                              |   | 25.00   |
|      | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR PHA             | n<br>ARM PRACTICE   |   |
|      | Receipt For: Primary General  | Aggregate                      | e Year-to-Date ▼  |   |
|      | Other (specify)   |                                | 650.00  |   |
|      | Full Name (Last, First, Middle Initial)<br>MS BARBARA CARIGAN   |                                |   | Date of Receipt   |
|      | Mailing Address 3898 ERVA ST.   |                                |   | 0 6 2 6 2 0 1 0   |
|      | City  | State<br>NV                    | Zip Code  | Transaction ID: INC.A.83503                                     |
|      | LAS VEGAS FEC ID number of contributing federal political committee.  | C                              | 89147   | Amount of Each Receipt this Period  25.00                       |
|      | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR HR            | n   |   |
|      | Receipt For:  Primary  General  Other (specify)   ▼   | Aggregate                      | e Year-to-Date ▼<br>650.00  |   |
|      | SUBTOTAL of Receipts This Page (optional) .   | 1                              |   | 65.00   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 384 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16              |
|----|---|----------------------|---|---|
| An | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad        | dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | MEDCO HEALTH SOLUTIONS INC.  Full Name (Last, First, Middle Initial)  MR MARVEN CHIN  Mailing Address 1604 SNOWBERRY  |                      | ACTION COMMITTEE (a.k.a   | Date of Receipt   |
|    | City WILLIAMSTOWN   | State<br>NJ          | Zip Code<br>08094   | Transaction ID: INC.A.83491  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                   | Occupatio<br>DIR QUA |   | 12.50   |
|    | Receipt For:  Primary General  Other (specify) ▼  |                      | e Year-to-Date ▼ 325.00   |   |
|    | Full Name (Last, First, Middle Initial) MRS MARLENE CLEMENT Mailing Address 42 MESQUITE VILLA                         | GE CIR               |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.83191   |
|    | HENDERSON FEC ID number of contributing federal political committee.  | C                    | 89012   | Amount of Each Receipt this Period  12.50   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>DIR CUS |   | 7   |
|    | Receipt For:  Primary General  Other (specify) ▼  |                      | e Year-to-Date ▼ 325.00   |   |
|    | Full Name (Last, First, Middle Initial) MR JASON COLE Mailing Address 14917 E BELLA VIST                              | Ā                    |   | Date of Receipt  0 6 2 6 2 0 1 0  |
|    | City  | State                | Zip Code  | Transaction ID: INC.A.83207   |
|    | VERADALE  FEC ID number of contributing federal political committee.  | C                    | 99037   | Amount of Each Receipt this Period  25.00   |
|    | Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupatio<br>VP/GM   | n   |   |
|    | Receipt For:  Primary General Other (specify) ▼   | - I                  | e Year-to-Date ▼ 650.00   |   |
| 9  | UBTOTAL of Receipts This Page (optional)  | 1                    |   | 50.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 385 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|----------------------------|---|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. P |                            |   |  |
| Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 4156 DUNMORE DRIV  |                            | 7in Code  | Date of Receipt  0 6 2 6 2 0 1 0   |
| City<br>LAKE WALES  | State<br>FL                | Zip Code  | Transaction ID: INC.A.83289  |
| FEC ID number of contributing federal political committee.  | C                          | 33859   | Amount of Each Receipt this Period  25.00                                      |
| Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼  | Occupation VP/GM Aggregate | e Year-to-Date ▼ 650.00   |  |
| Full Name (Last, First, Middle Initial) MR PATRICK DENNIS Mailing Address 2344 FRENCH ALPS A  | VE.                        |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| City  | State                      | Zip Code  | Transaction ID: INC.A.83120  |
| HENDERSON FEC ID number of contributing federal political committee.  | C                          | 89044   | Amount of Each Receipt this Period  12.50                                      |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation VP/GM           | n   |  |
| Receipt For:  Primary General  Other (specify)  | Aggregate                  | e Year-to-Date ▼ 325.00   |  |
| Full Name (Last, First, Middle Initial)<br>MS TAMARA DIDYK  |                            |   | Date of Receipt  |
| Mailing Address 136 BEAVER RUN RD   |                            |   | 0 6 2 6 2 0 1 0  |
| City  | State                      | Zip Code  | Transaction ID: INC.A.83267  |
| LAFAYETTE   | NJ                         | 07848   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C                          |   | 12.50  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS  | Occupation DIR ENT         | n<br>ERPRISE OPS  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                  | e Year-to-Date ▼<br>325.00  |  |
| SUBTOTAL of Receipts This Page (optional)   |                            |   | 50.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 386 / 409 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                                |
|--|---|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)   | and Statements may not be sold or used by any persong the name and address of any political committee to IC. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MRS KATHARINE FEDUSKA Mailing Address 2354 DOLPHIN CT  City HENDERSON  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General | State Zip Code NV 89074  C  Occupation DIR PHARM PRACTICE  Aggregate Year-to-Date ▼   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.83224  Amount of Each Receipt this Period  38.47 |
| Full Name (Last, First, Middle Initial)  MR JOHN FORD  Mailing Address 6 SILVER LAKE D  City  SHAMONG  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS                                       | 0 0 0 0 0 0 0 0   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  MR JOSEPH FRENDO  Mailing Address 9 GREEN HILL TF   | State Zip Code  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y   |
| TROPHY CLUB  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  □ Primary □ General □ Other (specify) ▼  | TX 76262  C  Occupation SVP NATIONAL SERVICE CENTER  Aggregate Year-to-Date ▼  1623.05  | Amount of Each Receipt this Period  96.15  |
| SUBTOTAL of Receipts This Page (option   | al)   | 149.62   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                               | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 387 / 409 (check only one)    X  |
|---|-------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC.  | ne name and add               | dress of any political committee to                                     | on for the purpose of soliciting contributions solicit contributions from such committee.                                |
| Full Name (Last, First, Middle Initial) MR ROBERT GIBBS Mailing Address 544 DENMOOR COU  City GALLOWAY  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: | State OH C Occupation DIR OPS |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y   |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MR JOHN HOLLINGER Mailing Address 784 CAPE HENRY C  City COLUMBUS  | OR<br>State<br>OH             | 325.00<br>Zip Code<br>43228   | Date of Receipt  M M / D D / Y Y Y Y Y  O 6 2 6 2 0 1 0  Transaction ID: INC.A.83279  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  □ Primary □ General □ Other (specify) ▼  |                               | n<br>SINESS PLANNING<br>• Year-to-Date ▼<br>260.00                      | 10.00  |
| Full Name (Last, First, Middle Initial) MR BERNARD HUKILL Mailing Address 17219 CLOVIS  City HELOTES  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:   |                               | RM OPS  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)   | 1 1                           | Year-to-Date 1300.00  | 72.50  |

|                 | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 388 / 409 (check only one)    X           |
|-----------------|--|----------------------|---|---|
| \<br>\<br>\     | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F | name and add         | dress of any political committee to   | o solicit contributions from such committee.                    |
| ∠<br><b>4</b> . | Full Name (Last, First, Middle Initial) MR RICHARD JONES   |                      | ,   | Date of Receipt   |
|                 | Mailing Address 12224 MONTCALM ST  |                      |   | 06 26 2010  |
|                 | City<br>CARMEL   | State<br>IN          | Zip Code<br>46032   | Transaction ID: INC.A.83356  Amount of Each Receipt this Period |
|                 | FEC ID number of contributing federal political committee.   | С                    |   | 25.00   |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP/GM   | n   |   |
|                 | Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>650.00  |   |
| -<br>3.         | Full Name (Last, First, Middle Initial) MR DENNIS KACKLEY Mailing Address 32 EAST RIVERGLEN  | Date of Receipt      |   |   |
|                 |  |                      |   | 06 26 2010  |
|                 | City<br>WORTHINGTON  | State<br>OH          | Zip Code<br>43085   | Transaction ID: INC.A.83282  Amount of Each Receipt this Period |
|                 | FEC ID number of contributing federal political committee.   | C                    |   | 12.50   |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR CUS |   |   |
|                 | Receipt For:  Primary  General  Other (specify)  | Aggregate            | e Year-to-Date ▼<br>325.00  |   |
| _               | Full Name (Last, First, Middle Initial) MR BRICE LOVE Mailing Address 2390 BRANDON RD  |                      |   | Date of Receipt   |
|                 | City   | State                | Zip Code  | 06 26 2010  |
|                 | COLUMBUS   | OH                   | 43221   | Transaction ID: INC.A.83212  Amount of Each Receipt this Period |
|                 | FEC ID number of contributing federal political committee.   | C                    |   | 12.50   |
|                 | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>SR DIR  |   |   |
|                 | Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼ 325.00   |   |
|                 | SUBTOTAL of Receipts This Page (optional)  |                      |   | 50.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 389 / 409 (check only one)  X 11a 11b 11c 12  13 14 15 16                                  |
|--|---|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full)   | nd Statements may not be sold or used by any pers<br>g the name and address of any political committee to<br>C. POLITICAL ACTION COMMITTEE (a.k.a | o solicit contributions from such committee.   |
| Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 1066 WEST GROV  City GIBSONIA  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)            | VE CT  State Zip Code PA 15044  C  Occupation VP/GM  Aggregate Year-to-Date ▼  780.00   | Date of Receipt    M M   |
| Full Name (Last, First, Middle Initial) MR EDWARD MCNEILEY Mailing Address 2623 KENCHESTE  City WESLEY CHAPEL  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State Zip Code FL 33543  C  Occupation DIR PHARM PRACTICE Aggregate Year-to-Date  325.00  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MR BRYAN OLENIK Mailing Address 653 E. DEVON DE  City GILBERT  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)         | State Zip Code AZ 85296  C  Occupation DIR PHARM PRACTICE  Aggregate Year-to-Date  287.50   | Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: INC.A.83373  Amount of Each Receipt this Period  12.50 |
| SUBTOTAL of Receipts This Page (option   | al)   | 55.00  |

|                | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 390 / 409 (check only one)    X                                       |
|----------------|--|----------------------|---|---|
| A              | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. F   | name and ad          | dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|                | Full Name (Last, First, Middle Initial) MR JUN PARK Mailing Address 2843 HONEYSUCKLE  City HILLIARD  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS | State OH C           |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
|                | Receipt For:  Primary General  Other (specify) ▼   | . '                  | SS PROCESS CHAMPION  Year-to-Date   325.00                                    |   |
|                | Full Name (Last, First, Middle Initial) MR PAVLOS PAVLIDIS Mailing Address 2780 FOLKSTONE RO   | Date of Receipt    M |   |   |
|                | City   | State                | Zip Code  | Transaction ID: INC.A.83073   |
|                | COLUMBUS   | ОН                   | 43220   | Amount of Each Receipt this Period  |
|                | FEC ID number of contributing federal political committee.   | C                    |   | 25.00   |
|                | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>VP/GM   | n   |   |
|                | Receipt For:  Primary General  Other (specify) ▼   |                      | e Year-to-Date ▼ 650.00   |   |
|                | Full Name (Last, First, Middle Initial) MR GILBERT RAINES  Mailing Address 800 SANDY TRAIL   |                      |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                |
|                | City   | State                | Zip Code  | Transaction ID: INC.A.83458   |
|                | KELLER FEC ID number of contributing federal political committee.  | C                    | 76248   | Amount of Each Receipt this Period 25.00  |
|                | Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupatio<br>DIR HR  | n   |   |
|                | Receipt For:  Primary General  Other (specify) ▼   | Aggregate            | e Year-to-Date ▼<br>650.00  |   |
| T <sub>s</sub> | SUBTOTAL of Receipts This Page (optional)  |                      |   | 62.50   |

| ITEMIZED RECEIPTS  | ζ)                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 391 / 409   (check only one)  |
|--|---------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may<br>the name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC                                   | C. POLITICAL A                        | ACTION COMMITTEE (a.k.a   | a. Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) MRS JENNIFER ROBERTS                             |                                       |   | Date of Receipt   |
| Mailing Address 1342 DALTON CT   |                                       |   | 06 26 27 2010   |
| City<br>FAIRFIELD  | State<br>OH                           | Zip Code<br>45014   | Transaction ID: INC.A.83118  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C                                     | 10017   | 12.50   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation DIR OPS                    |   |   |
| Receipt For:  Primary General  Other (specify)   | Aggregate                             | Year-to-Date ▼ 325.00   |   |
| Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III                          |                                       |   | Date of Receipt   |
| Mailing Address 1767 FAIRMOUNT   | STREET                                |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>CARMEL   | State<br>IN                           | Zip Code<br>46032   | Transaction ID: INC.A.83259   |
| FEC ID number of contributing federal political committee.                               | C                                     | 40032   | Amount of Each Receipt this Period  30.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP ONC                     | n<br>OLOGY TRC OPS  |   |
| Receipt For:  Primary General  Other (specify) ▼   | - <del></del>                         | Year-to-Date ▼<br>1410.00   |   |
| Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE                               |                                       |   | Date of Receipt   |
| Mailing Address 6108 HUNTER LAN  | NE                                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City<br>COLLEYVILLE  | State<br>TX                           | Zip Code<br>76034   | Transaction ID: INC.A.83285  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                               | C                                     |   | 25.00   |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS   | Occupation VP/GM                      | n   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                             | Year-to-Date ▼ 650.00   |   |
| SUBTOTAL of Receipts This Page (optiona  |                                       |   | 67.50   |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  | 3X)                          | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 392 / 409 (check only one)    X  |
|---|------------------------------|---|--|
| Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS II   | ng the name and add          | dress of any political committee to   | on for the purpose of soliciting contributions solicit contributions from such committee.                        |
| Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT Mailing Address 8362 GOLDEN Pl  City TAMPA FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)       | State FL  C  Occupatio VP/GM | Zip Code<br>33647<br>n<br>e Year-to-Date ▼<br>1300.00                         | Date of Receipt  M M / D D / Y Y Y Y Y Y  Transaction ID: INC.A.83142  Amount of Each Receipt this Period  50.00 |
| Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHA  City MOORESTOWN  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify) | State NJ C Occupatio VP/GM   | Zip Code<br>08057<br>n<br>• Year-to-Date ▼<br>1300.00                         | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW  City LOVELAND  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For: Primary General Other (specify)    | State OH C Occupatio VP/GM   | Zip Code<br>45140<br>n<br>e Year-to-Date ▼                                    | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| SUBTOTAL of Receipts This Page (option  | nal)                         |   | 125.00   |
| TOTAL This Period (last page this line nu   | mber only)                   | <b>)</b>  | 56887.10   |

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| 0             | PUEDIII E D /EEC Earm 2V  |                          | 1            |                    |           |           |        |     |
|---------------|---|--------------------------|--------------|--------------------|-----------|-----------|--------|-----|
| J             | CHEDULE B (FEC Form 3X)   | Use separate schedule(s) |              | NUMBER:            | PAGE      | 393 / 4   | 109    |     |
| IT            | EMIZED DISBURSEMENTS  | for each category of the | (check onl   | y one)             | _         |           |        |     |
| •             |   | Detailed Summary Page    | X 21b        | 22 23              | 24        | 25        | $\Box$ | 26  |
|               |   |                          | 27           | 28a 28b            | 28c       | 29        |        | 30b |
|               | y Information copied from such Reports and St for commercial purposes, other than using the |                          |              |                    |           |           |        |     |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                          |              |                    |           |           |        |     |
| $\rangle$     | MEDCO HEALTH SOLUTIONS INC. P   | DLITICAL ACTION COMMITT  | EE (a.k.a. I | Medco Health PAC)  |           |           |        |     |
|               | Full Name (Last, First, Middle Initial)   |                          |              | Transaction ID:    | =XP B 81  | 628       |        |     |
|               | AABET BUSINESS SYSTEMS  |                          |              | Date of Disburseme |           | 020       |        |     |
|               |   |                          |              | 06 08              | / Y Y     | 0 1 0     | Y      |     |
|               | Mailing Address 23 MARIPOSA LANE  |                          |              | 06 08              | 2         | 010       | _      |     |
|               | City  | State Zip Code           |              | Amount of Each Dis | sbursemen | t this Pe | erio   |     |
|               | NOVATO  | CA 94947                 |              |                    |           | -         | -      |     |
|               | Purpose of Disbursement   | Г                        | • •          |                    |           | 37.55     |        |     |
|               | BANK FEES   |                          | 001          |                    |           |           |        |     |
|               | Candidate Name  |                          | Category/    |                    |           |           |        |     |
|               |   |                          | Туре         |                    |           |           |        |     |
|               | Office Sought: House Disk   | ursement For:            |              |                    |           |           |        |     |
|               | Senate  | Primary General          |              |                    |           |           |        |     |
|               | President   | Other (specify)          |              |                    |           |           |        |     |
|               | State: District:  |                          |              |                    |           |           |        |     |

| SUBTOTAL of Disbursements This Page (optional)      | • | 37.55 |
|---|---|-------|
|   |   |       |
| TOTAL This Period (last page this line number only) | • | 37.55 |

|                         | ELUZED DICCUIDATION   | Use separate schedule(s                           | 5)                | FC<br>(ch         | eck onl   | y one)      |         |           | _            |       |                 | 409 |
|-------------------------|---|---|-------------------|-------------------|-----------|-------------|---------|-----------|--------------|-------|-----------------|-----|
|                         | EMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page |                   | À                 | 21b<br>27 | 22<br>28a   |         | 23<br>28b | 24<br>28     | С     | 25<br>29        | 26  |
|                         | y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POL | e and address of any politica                     | al com            | mitt              | ee to so  | olicit cont | ributio | ons fro   | m suc        |       |                 |     |
| <b>∠_</b><br><b>A</b> . | Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS  Mailing Address P.O. BOX 9336  |   |                   |                   |           | Date        |         | sburse    | EXF<br>ement |       | 594<br>2 0 1 0  | Y   |
|                         | City FARGO Purpose of Disbursement  | State Zip Code<br>ND 58106                        |                   |                   |           | Amou        | ınt of  | Each      | Disbur       |       | nt this F       |     |
|                         | Candidate Name<br>EARL POMEROY  |   | Ca                | 01<br>ateg<br>Typ | ory/      |             |         |           |              |       |                 |     |
|                         | Office Sought:  X House Senate President  State: ND Disburs   | ement For: 2010 Primary General Other (specify)   |                   |                   |           |             |         |           |              |       |                 |     |
| 3.                      | Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS  Mailing Address P.O. BOX 9336  |   |                   |                   |           | Date        |         | sburse    | EXF<br>ement | V ' \ | 2293<br>2 0 1 0 | Y   |
|                         | City FARGO Purpose of Disbursement  | State Zip Code<br>ND 58106                        |                   |                   |           | Amou        | ınt of  | Each      | Disbur       |       | nt this F       |     |
|                         | Candidate Name<br>EARL POMEROY  | Ca  | 01<br>ateg<br>Typ | ory/              |           |             |         |           |              |       |                 |     |
|                         | Office Sought:  X House Senate President State: ND District:  Disburs   | ement For: 2010 Primary X General Other (specify) |                   |                   |           |             |         |           |              |       |                 |     |
| ).                      | Full Name (Last, First, Middle Initial) EDDIE BERNICE JOHNSON FOR CONGRESS  |   |                   |                   |           |             |         | on ID:    | EXF<br>ement |       |                 | V   |
|                         | Mailing Address 3102 MAPLE AVENUE,  | SUITE 605   |                   |                   |           | 0 6         |         | 0         | 2            | 2     | 2 0 1 0         |     |
|                         | City<br>DALLAS  | State Zip Code TX 75201                           |                   |                   |           | Amou        | ınt of  | Each      | Disbur       |       | nt this F       | -   |
|                         | Purpose of Disbursement  Candidate Name   |   |                   | 01<br>ateg        | ory/      | L.          |         |           |              | 10    | 00.00           | •   |
|                         | EDDIE BERNICE JOHNSON  Office Sought: X House Senate President  State: TX District: 30  | ement For: 2010 Primary X General Other (specify) |                   | Тур               | <u>e</u>  |             |         |           |              |       |                 |     |
|                         | Ciac. 17. Biolifot. 00  |   |                   |                   |           |             |         |           |              |       |                 | •   |

|        |  | Use separate schedule(s)                          |                          |                     | eck only   | NUMBE<br>one) | ٠     |           |       | _ ' '     | IGE.    | 395 /        | 100      |
|--------|--|---|--------------------------|---------------------|------------|---------------|-------|-----------|-------|-----------|---------|--------------|----------|
| IT<br> | EMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | [                        |                     | 21b<br>27  | 22<br>28a     | X     | 23<br>28b |       | 24<br>28c | В       | 25<br>29     | 26<br>30 |
|        | y Information copied from such Reports and Stater<br>for commercial purposes, other than using the nam<br>NAME OF COMMITTEE (In Full)<br>MEDCO HEALTH SOLUTIONS INC. POL | e and address of any politica                     | comr                     | mitte               | ee to soli | cit contr     | ibuti | ons fr    | om s  |           |         |              |          |
|        | Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN  Mailing Address P.O. BOX 12567   |   |                          |                     |            | Trans Date    |       | sburs     | eme   |           |         | 596<br>0 1 0 | Y        |
|        | City COLUMBIA Purpose of Disbursement  | State Zip Code<br>SC 29211                        |                          |                     |            | Amou          | nt of | Each      | n Dis | burse     | -       | this P       |          |
|        | Candidate Name JIM CLYBURN   |   | Ca                       | 011<br>tege<br>Γуρе | ory/       |               | •     | •         |       |           | •       | •            |          |
|        |  | ment For: 2010 Primary General Other (specify)    |                          |                     |            |               |       |           |       |           |         |              |          |
| 3.     | Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE  Mailing Address 200 NORTH PHILLIPS A  | VENUE. SUITE L                                    |                          |                     |            | Trans Date    |       | sburs     |       |           | , · · v | 592<br>0 1 0 | Y        |
|        | City SIOUX FALLS Purpose of Disbursement  Candidate Name   | State Zip Code<br>SD 57104                        |                          | 011                 |            | Amou          | nt of | Each      | n Dis | burse     |         | this P       |          |
|        | JOHN THUNE  Office Sought: House Disburs   | ment For: 2010 Primary General Other (specify)    |                          | Гуре                | ory/       |               |       |           |       |           |         |              |          |
|        | Full Name (Last, First, Middle Initial) HASTINGS FOR CONGRESS  |   |                          |                     |            | Trans Date    |       | sburs     | eme   |           |         |              | Y        |
|        | Mailing Address PO BOX 100277  |   |                          |                     |            | 0 6           |       | (         | 2     | L         | 2       | 0 i 0        |          |
|        | City<br>FORT LAUDERDALE  | State Zip Code<br>FL 33310                        |                          |                     |            | Amou          | nt of | Each      | n Dis | burse     |         | this P       |          |
|        | Purpose of Disbursement  Candidate Name ALCEE HASTINGS   |   | 011<br>Category/<br>Type |                     |            |               |       | •         |       |           | 100     | 00.00        | 0        |
|        | 9 1  | ment For: 2010 Primary General Other (specify)    |                          | <u> </u>            |            |               |       |           |       |           |         |              |          |
| Г      | UBTOTAL of Disbursements This Page (optional)  |   |                          |                     |            |               | _     |           |       |           |         | 0.00         |          |

| SCHEDULE B (FEC FORM 3X)  | Use sepa                          | rate schedule(s)             | FOR LINE (check only     | NUMBER: PAGE 396 / 409 / one)  |
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| ITEMIZED DISBURSEMENTS  | Detailed S                        | category of the Summary Page | 21b 27                   | 22 X 23 24 25 2<br>28a 28b 28c 29 3  |
| Any Information copied from such Reports and State or for commercial purposes, other than using the nare NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POI | me and addres                     | s of any political           | committee to so          | licit contributions from such committee  |
| Full Name (Last, First, Middle Initial)  MEL WATT FOR CONGRESS COMMIT  Mailing Address P.O. BOX 36831   | ΓEE                               |                              |                          | Transaction ID: EXP.B.81593 Date of Disbursement  O 6 D D D D Z Z D 1 0  |
| City<br>CHARLOTTE   | State<br>NC                       | Zip Code<br>28236            |                          | Amount of Each Disbursement this Period  |
| Purpose of Disbursement  Candidate Name  MELVIN WATT  |                                   |                              | 011<br>Category/<br>Type | 1000.00  |
| Office Sought:  X House Senate President State: NC District: 12   | Primary Other (spec               | 2010  X General cify)        | ,,                       |  |
| Full Name (Last, First, Middle Initial) BRIDGEWATER FOR SENATE  |                                   |                              |                          | Transaction ID: EXP.B.81598 Date of Disbursement   |
| Mailing Address PO BOX 27762  |                                   |                              |                          | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & O & I & O \end{smallmatrix} \end{bmatrix}$ |
| City<br>SALT LAKE CITY  | State<br>UT                       | Zip Code<br>84127            |                          | Amount of Each Disbursement this Period  |
|   | sement For: X Primary Other (spec | 2010 General                 | 011<br>Category/<br>Type | 5000.00  |
| Full Name (Last, First, Middle Initial) BRIDGEWATER FOR SENATE  |                                   |                              |                          | <b>Transaction ID:</b> EXP.B.81599 Date of Disbursement  |
| Mailing Address PO BOX 27762  |                                   |                              |                          | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| City<br>SALT LAKE CITY  | State<br>UT                       | Zip Code<br>84127            |                          | Amount of Each Disbursement this Period  |
| Purpose of Disbursement  Candidate Name TIM BRIDGEWATER   |                                   |                              | 011<br>Category/<br>Type | 5000.00  |
| Office Sought:    House   Disburs     X Senate   President     State: UT District:  | Primary Other (spec               | 2010<br>X General<br>cify) ▼ |                          |  |
| SUBTOTAL of Disbursements This Page (optional   | )                                 |                              | <u>►</u>                 | 11000.00   |
| TOTAL This Period (last page this line number onle E6AN026  | y)                                |                              | <b>)</b>                 | FEC Schedule B ( Form 3X) (Revised   |

## SCHEDULE B (FEC Form 3X)

|               |  | Use separate schedule(s)                          |         |             | OR LINE I<br>Leck only |                  | H:      |         | L PA      | 1GE   | 397/         | 409      |
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| IT<br>_       | EMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page    |         |             | 21b<br>27              | 22<br>28a        | X 23    | 3<br>3b | 24<br>28c |       | 25<br>29     | 26<br>30 |
|               | ny Information copied from such Reports and Staten<br>for commercial purposes, other than using the nam<br>NAME OF COMMITTEE (In Full) | e and address of any politica                     | l com   | mitt        | ee to soli             | cit contri       | bution  | s from  | such o    |       |              |          |
| $\mathbb{Z}$  | MEDCO HEALTH SOLUTIONS INC. POLI   | TICAL ACTION COMMI                                | IIE     | <b>⊢</b> (a | a.k.a. M               | eaco H           | eaitn   | PAC)    |           |       |              |          |
| ۱.            | Full Name (Last, First, Middle Initial) BETTY SUTTON FOR CONGRESS  |   |         |             |                        | Date o           | f Disb  | ursemo  | ent       |       | 606<br>0 1 0 | Υ        |
|               | Mailing Address 1700 WEST MARKET S   | TREET, NO. 155                                    |         |             |                        |                  |         |         |           |       |              |          |
|               | City<br>AKRON  | State Zip Code OH 44313                           |         |             |                        | Amour            | nt of E | ach Di  | sburse    | -     |              | eriod    |
|               | Purpose of Disbursement  |   |         | 01          | 1                      |                  |         |         |           | 300   | 00.00        | _        |
|               | Candidate Name<br>BETTY S. SUTTON  |   | Ca      | ateg<br>Typ | ory/                   |                  |         |         |           |       |              |          |
|               | Senate President   | ement For: 2010 Primary X General Other (specify) |         |             |                        |                  |         |         |           |       |              |          |
| _             | State: OH District: 13  Full Name (Last, First, Middle Initial)  BRALEY FOR CONGRESS   |   |         |             |                        | Transa           |         |         |           | 3.816 | 607          |          |
|               |  |   |         |             |                        | M M M M M M      |         | ursem   |           | ( Y   | 0 1 0        | Υ        |
|               | Mailing Address PO BOX 390   |   |         |             |                        | 0 0              |         | 10      |           |       | 010          |          |
|               | City<br>Waterloo   | State Zip Code IA 50704                           |         |             |                        | Amour            | nt of E | ach Di  | sburse    |       |              | eriod    |
|               | Purpose of Disbursement  |   |         | 01          |                        | L.               |         |         |           | 100   | 00.00        |          |
|               | Candidate Name<br>BRUCE BRALEY   |   |         | ateg<br>Typ | ,                      |                  |         |         |           |       |              |          |
|               | Office Sought:    X   House   Disburse     Senate   President     State: IA   District: 01   | ement For: 2010 Primary X General Other (specify) |         |             |                        |                  |         |         |           |       |              |          |
|               | Full Name (Last, First, Middle Initial) CATHY MCMORRIS RODGERS FOR CO  | NGRESS  |         |             |                        | Transa<br>Date o | f Disb  | ursem   | ent       |       |              |          |
|               | Mailing Address P.O. BOX 137   |   |         |             |                        | 06               | M /     | 10      |           | ž     | 0 1 0        | Y        |
|               | City<br>SPOKANE  | State Zip Code<br>WA 99210                        |         |             |                        | Amour            | nt of E | ach Di  | sburse    | ment  | this P       | eriod    |
|               | Purpose of Disbursement  |   |         | 01          | i                      |                  |         |         |           | 100   | 00.00        |          |
|               | Candidate Name CATHY MCMORRIS RODGERS  |   |         | ateg<br>Typ | ory/                   |                  |         |         |           |       |              |          |
|               | 7  | ement For: 2010 Primary General Other (specify)   |         | -1          |                        |                  |         |         |           |       |              |          |
| $\overline{}$ | State: WA District: 05   |   |         |             |                        |                  |         |         |           |       |              |          |
| s             | SUBTOTAL of Disbursements This Page (optional)   |   | <u></u> |             | <u> </u>               |                  |         |         |           | 500   | 0.00         |          |
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# SCHEDULE B (FEC Form 3X)

|          |  |  | -              |                                    | arate schedule(s)                    |     |             | neck on    | : NUMBE<br>lv one) |       |                |          |           |                 | 409            |
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| ΙT       | EMIZED DI  | SBURSEMEN  | ī'S            |                                    | category of the<br>Summary Page      |     | , J         | 21b<br>27  | 22<br>28a          | Х     | 23<br>28b      | igsquare | 24<br>28c | 25<br>29        |                |
|          |  | ed from such Reports<br>rposes, other than using   |                |                                    |                                      |     |             | person     | for the pu         |       | se of s        | olicitin | g cont    | ributions       |                |
|          | NAME OF COMI                                     | MITTEE (In Full)<br>.TH SOLUTIONS I                | NC. POLI       | ΓICAL AC                           | CTION COMMI                          | TTE | Ε(          | a.k.a.     | Medco I            | leal  | th PA          | (C)      |           |                 |                |
| <u> </u> | •  | First, Middle Initial) GONZALEZ CONG P.O. BOX 1261 |                | IAL CAM                            | PAIGN                                |     |             |            | Date               |       | isburs         |          |           | 1609<br>Ž 0 Ť ( | ) <sup>Y</sup> |
|          | City<br>SAN ANTONIO                              | )  |                | State<br>CA                        | Zip Code<br>78212                    |     |             |            | Amou               | ınt o | f Each         | Disbu    | ırseme    | nt this I       | Period         |
|          | Purpose of Disbu                                 | irsement   |                |                                    |                                      |     | 01          | 1          | <u> L</u> .        |       |                |          | 1         | 00.00           | )              |
|          | Candidate Name                                   |  | l s            |                                    |                                      |     | atec<br>Typ | jory/<br>e | -                  |       |                |          |           |                 |                |
|          | Office Sought: State: TX                         | X House Senate President District: 20              | Disburser      | ment For: Primary Other (spe       | 2010<br>X General<br>ecify) ▼        |     |             |            |                    |       |                |          |           |                 |                |
|          |  | First, Middle Initial)                             |                |                                    |                                      |     |             |            | Date               | of D  | isburs         | ement    |           |                 |                |
|          | Mailing Address                                  | P.O. BOX 1776                                      | <b>)</b>       |                                    |                                      |     |             |            | 0 <sup>M</sup> 6   | М     | <sup>/</sup> 1 | <b>O</b> | Υ         | ž 0 i 0         | ) <sup>Y</sup> |
|          | City<br>FREEDOM                                  |  |                | State<br>PA                        | Zip Code<br>15042                    |     |             |            | Amou               | ınt o | f Each         | Disbu    |           | nt this f       |                |
|          | Purpose of Disbu<br>Candidate Name<br>JASON ALTM |  |                |                                    |                                      |     | 01<br>ateg  | jory/      |                    |       | •              |          |           | 500.00          | )              |
|          | Office Sought: State: PA                         | X House<br>Senate<br>President<br>District: 04     | Disburse       | ment For:<br>Primary<br>Other (spe | 2010<br>X General<br>ecify) <b>V</b> |     | ТУР         |            |                    |       |                |          |           |                 |                |
|          | Full Name (Last, COHEN FOR                       | First, Middle Initial)<br>CONGRESS                 | •              |                                    |                                      |     |             |            |                    | of D  | isburs         | ement    |           |                 |                |
|          | Mailing Address                                  | 349 KENILWO  | RTH PLAC       | E                                  |                                      |     |             |            | 0 6                | М     | <sup>/</sup> 1 | 0 /      | Ľ.        | ž 0 i (         | נ ט            |
|          | City<br>MEMPHIS                                  |  |                | State<br>TN                        | Zip Code<br>38112                    |     |             |            | Amou               | ınt o | f Each         | Disbu    | -         | nt this I       |                |
|          | Purpose of Disbu                                 | irsement   |                |                                    |                                      |     | 01          |            | L.                 |       | •              |          | 2         | 000.00          | )              |
|          | Candidate Name<br>STEVE I. COH                   |  |                |                                    |                                      |     | ateç<br>Typ | jory/<br>e |                    |       |                |          |           |                 |                |
|          | Office Sought:                                   | X House Senate President                           | Disbursei<br>X | ment For:<br>Primary<br>Other (spe | 2010<br>General<br>ecify) ▼          |     |             |            |                    |       |                |          |           |                 |                |
|          | State: TN  | District: 09                                       |                |                                    |                                      |     |             |            |                    |       |                |          |           |                 |                |

| TEMIZED DISBURSEMENTS    To seach categopy of the   Category of t |       | HEDULE B (            | •                    | ,          |          | arate schedule(s) |     |      |           | : NUMBE<br>v one) | _11.     |       | Ľ       | PAGE  | 3337   | 409  |
|---|-------|-----------------------|----------------------|------------|----------|-------------------|-----|------|-----------|-------------------|----------|-------|---------|-------|--------|------|
| NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME (Last, First, Middle Initial)  COMMITTEE TO ELECT CHRIS MURPHY  Office Sought:   X   House   Disbursement For:   2010   |       |                       |                      |            | Detailed | Summary Page      |     |      | 21b<br>27 | 22<br>28a         |          | 28b   | 280     |       | 29     |      |
| MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY  Mailing Address PO BOX 127  City State Zip Code CHESHIRE CT 06410  Purpose of Disbursement  Candidate Name CHRISTOPHER MURPHY  Office Sought: X House Senate President State: CT District: 05  Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS  Mailing Address 438 LEWIS AVE.  City State Zip Code Date of Disbursement this Perior Office Sought: X Primary General President State: NY District: 10  Full Name (Last, First, Middle Initial) Condidate Name EDOLPHUS TOWNS  Office Sought: X House President State: NY District: 10  Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS  Mailing Address 438 LEWIS AVE.  City District: 10  Full Name (Last, First, Middle Initial) Condidate Name EDOLPHUS TOWNS  Office Sought: X House President State: NY District: 10  Full Name (Last, First, Middle Initial) COYLE FOR CONGRESS COMMITTEE  Mailing Address 205 HAWTHORNE COURT  City PittsBurgh Pa 15221  Purpose of Disbursement  Office Sought: X House Pa 15221  Purpose of Disbursement  Office Sought: X House Pa 15221  Purpose of Disbursement  Office Sought: X House Pa 15221  Purpose of Disbursement  Office Sought: X House Pa 15221  Office Sought: X House Pa 15221  Office Sought: X House Pa 15221  Office Sought: X House President Pa 15221  Office Sought: X House Pa 15221  Office Sought: X House President Pa 15221  Office Sought: X House President Pa 15221  Office Sought: X House President Pa 15221  Office Sought: X House President Pa 15221  Office Sought: X House President Pa 15221  Office Sought: X House President Pa 15221  Office Sought: X House President Pa 15221  Office Sought: X House President Pa 15221  Office Sought: X House President Pa 15221  Office Sought: X House President President Pa 15221  Office Sought: X House President President President President President President President President President President President President Presid | or fo | or commercial purpos  | ses, other than usir |            |          |                   |     |      |           |                   |          |       |         |       |        |      |
| COMMITTEE TO ELECT CHRIS MURPHY  Mailing Address PO BOX 127  City State Zip Code CHESHIRE CT 06410  Purpose of Disbursement  Candidate Name CHRISTOPHER MURPHY  Office Sought: X House President State: CT Disbursement For: 2010  Senate President Other (specify) ▼  Type  Transaction ID: EXP.B.81626  Date of Disbursement III of Spring State CT Disbursement (Transaction ID: EXP.B.81626)  Amount of Each Disbursement III 1000,00  Transaction ID: EXP.B.81626  Date of Disbursement III of Spring State CT Disbursement (Transaction ID: EXP.B.81626)  Transaction ID: EXP.B.81626  Date of Disbursement III of Spring State CT Disbursement (Transaction ID: EXP.B.81626)  Transaction ID: EXP.B.81626  Date of Disbursement III of Spring State CT Disbursement (Transaction ID: EXP.B.81626)  Transaction ID: EXP.B.81626  Date of Disbursement III of Spring State CT Disbursement (Transaction ID: EXP.B.81626)  Transaction ID: EXP.B.81626  Date of Disbursement III of Spring State CT Disbursement (Transaction ID: EXP.B.81626)  Transaction ID: EXP.B.81612  Date of Disbursement III of Spring State CT Disbursement (Transaction ID: EXP.B.81612)  Doyle FOR CONGRESS COMMITTEE  Mailing Address 205 HAWTHORNE COURT  City State CT Disbursement (Transaction ID: EXP.B.81612)  Doyle FOR CONGRESS COMMITTEE  Mailing Address 205 HAWTHORNE COURT  City State CT Disbursement (Transaction ID: EXP.B.81612)  Doyle FOR CONGRESS COMMITTEE  Amount of Each Disbursement (Transaction ID: EXP.B.81612)  Date of Disbursement (Transaction ID: EXP.B.81612)  Date of Disbursement (Transaction ID: EXP.B.81612)  Date of Disbursement (Transaction ID: EXP.B.81612)  Date of Disbursement (Transaction ID: EXP.B.81612)  Date of Disbursement (Transaction ID: EXP.B.81612)  Date of Disbursement (Transaction ID: EXP.B.81612)  Date of Disbursement (Transaction ID: EXP.B.81612)  Date of Disbursement (Transaction ID: EXP.B.81612)  Date of Disbursement (Transaction ID: EXP.B.81612)  Date of Disbursement (Transaction ID: EXP.B.81612)  Date of Disbursement (Transaction ID: EXP.B.81612)  Date  | \     |                       | , ,                  | NC. POLITI | CAL AC   | CTION COMMI       | TTE | E (a | .k.a. I   | Medco I           | Health   | ı PA  | C)      |       |        |      |
| City CHESHIRE CT 06410  Purpose of Disbursement  Candidate Name CHRISTOPHER MURPHY  Office Sought: X House Senate President State: CT District: 05  Full Name (Last, First, Middle Initial) Candidate Name CHORNES COMMITTEE  City State Zip Code BCOCKLYN NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House Senate President State: NY District: 10  Full Name (Last, First, Middle Initial) Committee To Re-ELECT ED TOWNS  Office Sought: X Primary General Senate Disbursement For: 2010  X Primary General Senate Disbursement To: 2000.00  Transaction ID: EXP.B.81626 Date of Disbursement  Office Sought: X Primary General Senate Disbursement For: 2010  X Primary General District: 10  Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE  Mailing Address 205 HAWTHORNE COURT  City State Zip Code PA 15221  Purpose of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Perio  Transaction ID: EXP.B.81612 Date of Disbursement  Office Sought: X House Disbursement For: 2010  Candidate Name MIKE DOYLE  Office Sought: X House Disbursement For: 2010  Candidate Name MIKE DOYLE  Office Sought: X House Disbursement For: 2010  Primary X General P |       | ,                     | •                    | MURPHY     |          |                   |     |      |           | Date              | of Dis   | burse | ment    |       |        | V    |
| CHESHIRE  CT 06410  Purpose of Disbursement  Candidate Name CHRISTOPHER MURPHY  Office Sought:  Senate President State: CT District: 05  Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS  Mailing Address  As LEWIS AVE.  City BROKLYN Purpose of Disbursement Candidate Name EDOLPHUS TOWNS  Office Sought:  X House NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought:  X House President State: NY District: 10  Full Name (Last, First, Middle Initial) Condidate Name EDOLPHUS TOWNS  Office Sought:  X House President State: NY District: 10  Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE  Mailing Address  205 HAWTHORNE COURT  City Primary State  X Primary Ceneral Disbursement  Other (specify)  Amount of Each Disbursement  Transaction ID: EXP.B.81612 Date of Disbursement  Date of Disbursement  Office Sought:  Amount of Each Disbursement  Office Sought:  Amount of Each Disbursement  Transaction ID: EXP.B.81612 Date of Disbursement  Office Sought:  Amount of Each Disbursement this Peric  Transaction ID: EXP.B.81612 Date of Disbursement  Office Sought:  X Primary Category/ Type  Office Sought:  X House Disbursement For:  2010  Amount of Each Disbursement this Peric  Amount of Each Disbursement  Office Sought:  X Primary X General Primary X General Primary X General Primary X General Primary X General President President Other (specify)  Other (specify)  Other (specify)   | Ī     | Mailing Address       | PO BOX 127           |            |          |                   |     |      |           | 0 6               |          | 1     | ŎŰ      | 2     | 010    | Ĺ    |
| Candidate Name CHRISTOPHER MURPHY  Office Sought:   |       |                       |                      |            |          |                   |     |      |           | Amou              | unt of I | Each  | Disburs |       |        | -    |
| CHRISTOPHER MURPHY  Office Sought:  | Ī     | Purpose of Disburse   | ment                 |            |          |                   |     | 011  |           |                   | •        |       |         | 10    | 00.00  | 0    |
| Senate President State: CT District: 05  Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS  Mailing Address 438 LEWIS AVE.  City State Zip Code BROOKLYN NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House President State: NY District: 10  Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE  Mailing Address 205 HAWTHORNE COURT  City State Zip Code PA 15221  Purpose of Disbursement For: 2010  Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE  Mailing Address 205 HAWTHORNE COURT  City State Zip Code PA 15221  Purpose of Disbursement For: 2010  Candidate Name MiKE DOYLE  Office Sought: X House Primary General Category' Type  Office Sought: X House Primary General Category' Type  Disbursement For: 2010  Candidate Name MiKE DOYLE  Office Sought: X House Primary General Category' Type  Other (specify) ▼   |       |                       | MURPHY               |            |          |                   |     | _    | •         |                   |          |       |         |       |        |      |
| Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS  Mailing Address 438 LEWIS AVE.  City State Zip Code BROOKLYN NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House President State: NY District: 10  Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE  Mailing Address 205 HAWTHORNE COURT  City State Zip Code PITTSBURGH PA 15221  Purpose of Disbursement  Candidate Name MIKE DOYLE  Office Sought: X House PA 15221  Purpose of Disbursement  Other (specify) Type  Transaction ID: EXP.B.81612  Amount of Each Disbursement this Perior  Transaction ID: EXP.B.81612  Date of Disbursement  Other (specify) Amount of Each Disbursement this Perior  Amount of Each Disbursement Transaction ID: EXP.B.81612  Date of Disbursement  Other (specify) General  Other (specify) Type  | (     | Office Sought:        | Senate               | X P        | Primary  | General           |     |      |           |                   |          |       |         |       |        |      |
| Mailing Address 438 LEWIS AVE.  City State Zip Code BROOKLYN NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House President Senate NY District: 10  Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE  Mailing Address 205 HAWTHORNE COURT  City PITTSBURGH PA 15221  Purpose of Disbursement  Candidate Name MilkE DOYLE  Office Sought: X House Senate PA 15221  Purpose of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Perior 2010  Transaction ID: EXP.B.81612  Date of Disbursement this Perior 2010  Transaction ID: EXP.B.81612  Date of Disbursement this Perior 2010  Amount of Each Disbursement Disbursement To 2010  Amount of Each Disbursement To 2010  Amount of Each Disbursement To 2010  Amount of Each Disbursement To 2010  Category/ Type  Office Sought: X House Senate Primary Ageneral Other (specify) ▼  Office Sought: X House Senate Primary Ageneral Other (specify) ▼   |       |                       |                      |            |          |                   |     |      |           |                   |          |       |         |       |        |      |
| City State Zip Code BROCKLYN NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House President State: NY District: 10  Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE  Mailing Address 205 HAWTHORNE COURT  City State Zip Code PITTSBURGH PA 15221  Purpose of Disbursement  Candidate Name Name Name Name Name Name Name Nam   |       | •                     |                      | TOWNS      |          |                   |     |      |           | Date              | of Dis   | burse | ment    | .B.81 | 626    |      |
| BROOKLYN Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought:   | Ī     | Mailing Address       | 438 LEWIS AV         | E.         |          |                   |     |      |           |                   | M /      | 1     | 0 /     | ž     | 0 Í 0  | Y    |
| Candidate Name EDOLPHUS TOWNS  Office Sought:   |       |                       |                      |            |          |                   |     |      |           | Amou              | unt of I | Each  | Disburs | semen | this P | erio |
| Disbursement For: 2010 Senate President State: NY District: 10  Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE  Mailing Address 205 HAWTHORNE COURT  City PITTSBURGH PA 15221  Purpose of Disbursement  Candidate Name MIKE DOYLE  Office Sought:  X   Primary  | Ī     | Purpose of Disburse   | ment                 |            |          |                   |     | 011  |           | <u> </u>          |          |       |         | 20    | 00.00  | 0    |
| Senate President Other (specify) ▼  State: NY District: 10  Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE  Mailing Address 205 HAWTHORNE COURT  City State Zip Code PITTSBURGH PA 15221  Purpose of Disbursement  Candidate Name MIKE DOYLE  Office Sought: X House Senate President  Senate President  X Primary General Other (specify) ▼  Transaction ID: EXP.B.81612 Date of Disbursement  Amount of Each Disbursement this Perior Category/Type  Total Category/Type  Other (specify) ▼  Other (specify) ▼  Transaction ID: EXP.B.81612 Date of Disbursement  Date of Disbursement  Office Sought Senate Primary Ageneral Other (specify) ▼   |       |                       | VNS                  |            |          |                   |     | _    | •         |                   |          |       |         |       |        |      |
| Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE  Mailing Address  205 HAWTHORNE COURT  City PITTSBURGH Purpose of Disbursement  Candidate Name MIKE DOYLE  Office Sought:  X House Senate President  Transaction ID: EXP.B.81612 Date of Disbursement  M M M M / D 1 D / Y 2 0 1 0 Y  3 0 1 0 Y  4 0 6 M / D 1 D / Y 2 0 1 0 Y  2 0 1 0 Y  2 0 1 0 Y  3 0 1 0 Y  4 0 1 D / Y 2 0 1 0 Y  4 0 1 D / Y 2 0 1 0 Y  2 0 1 0 Y  3 0 1 D / Y 2 0 1 0 Y  4 0 1 D / Y 2 0 1 0 Y  4 0 1 D / Y 2 0 1 0 Y  4 0 1 D / Y 2 0 1 0 Y  5 0 1 D / Y 2 0 1 D Y  5 0 1 D / Y 2 0 1 D Y  5 0 1 D / Y 2 0 1 D Y  5 0 1 D / Y 2 0 1 D Y  5 0 1 D / Y 2 0 1 D Y  5 0 1 D / Y 2 0 1 D Y  5 0 1 D / Y 2 0 1 D Y  5  |       |                       | Senate<br>President  | X P        | Primary  | General           |     |      |           |                   |          |       |         |       |        |      |
| DOYLE FOR CONGRESS COMMITTEE  Mailing Address  205 HAWTHORNE COURT  City PITTSBURGH Purpose of Disbursement  Candidate Name MIKE DOYLE  Office Sought:  X House Primary  Conder Primary  Condidate Name NIKE DOYLE  Office Sought:  Date of Disbursement  Office Sough  Amount of Each Disbursement this Perion  1000.00  Amount of Each Disbursement this Perion  1000.00  | ı     | Full Name (Last, Firs | st, Middle Initial)  |            |          |                   |     |      |           | Trans             | sactio   | n ID: | EXP     | .B.81 | 612    |      |
| City State Zip Code PITTSBURGH PA 15221  Purpose of Disbursement  Candidate Name MIKE DOYLE  Office Sought: X House Senate President  Disbursement For: 2010  Senate Primary X General Other (specify) ▼  |       |                       | NGRESS COMM          | MITTEE     |          |                   |     |      |           | Date<br>M         | of Dis   | burse | ment    |       |        | Υ    |
| PITTSBURGH Purpose of Disbursement  Candidate Name MIKE DOYLE  Office Sought:  X House Senate President  Disbursement For: Senate Primary Other (specify)  Other (specify)  Type  | _     |                       | 205 HAWTHOF          |            |          |                   |     |      |           |                   |          |       |         | _     |        |      |
| Candidate Name MIKE DOYLE  Office Sought:  X House Senate Primary President  O11  Category/ Type  Other (specify)  Other (specify)  |       |                       |                      |            |          |                   |     |      |           | Amou              | unt of I | Each  | Disburs |       |        |      |
| MIKE DOYLE  Office Sought:  X House Senate President  Disbursement For: 2010 Primary X General Other (specify)  Other (specify)   | I     | Purpose of Disburse   | ment                 |            |          |                   |     | 011  |           | L.                | -        | -     | -       | 10    | JO.00  |      |
| Senate Primary X General President Other (specify) ▼  |       |                       |                      |            |          |                   |     |      |           |                   |          |       |         |       |        |      |
| State: PA District: 14  | (     |                       | Senate<br>President  | P          | Primary  | X General         |     |      |           |                   |          |       |         |       |        |      |
|   |       |                       | istrict: 14          | I          |          |                   |     |      |           |                   |          |       |         |       |        |      |

## SCHEDULE B (FEC Form 3X)

|       |  | Use separate schedule                             |        |                   | )K LINE<br>neck only |                  |       |           |       |           |      |              | 409   |
|-------|--|---|--------|-------------------|----------------------|------------------|-------|-----------|-------|-----------|------|--------------|-------|
|       | EMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | 9      | È                 | 21b 27               | 22<br>28a        | X     | 23<br>28b |       | 24<br>28c |      | 25<br>29     | 26    |
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| ۱.    | Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (EF Mailing Address 25 EAST MAIN STRE  |   |        |                   |                      | Trans Date       |       | sburs     | eme   |           |      | 604<br>0 1 0 | Y     |
|       | City RICHMOND Purpose of Disbursement  | State Zip Code<br>VA 23219                        |        |                   |                      | Amou             | nt of | Each      | n Dis | burse     | -    | this F       |       |
|       | Candidate Name<br>LEADERSHIP PAC   |   |        | 01<br>ateg<br>Typ | ory/                 |                  | •     | •         | •     |           |      |              | •     |
|       | Office Sought: House Disbution Senate President State: District:   | rrsement For: Primary Genera Other (specify) ▼    | l      |                   |                      |                  |       |           |       |           |      |              |       |
| 3.    | Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY Mailing Address 151 LINDEN ROAD  |   |        |                   |                      | Trans Date       |       | sburs     |       |           |      | 614<br>0 1 0 | Y     |
|       | City MINEOLA Purpose of Disbursement Candidate Name  | State Zip Code<br>NY 11501                        |        | 01                |                      | Amou             | nt of | Each      | n Dis | burse     |      | t this F     |       |
|       | CAROLYN MCCARTHY   | x Primary General Other (specify)                 |        | Тур               | ,                    |                  |       |           |       |           |      |              |       |
|       | Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD   |   |        |                   |                      | Trans Date       | of Di | sburs     | eme   |           |      |              |       |
|       | Mailing Address PO BOX 812   |   |        |                   |                      | 0 <sup>M</sup> 6 | M     | D .       | 1 0   | / L       | ž    | 0 Ť 0        | Y     |
|       | City<br>BISMARK  | State Zip Code<br>ND 58502                        |        |                   |                      | Amou             | nt of | Each      | n Dis | burse     | ment | this F       | eriod |
|       | Purpose of Disbursement  Candidate Name KENT CONRAD  |   |        |                   | ory/                 | L.               |       |           | •     |           | 250  | 00.00        |       |
|       |  | x Primary General Other (specify) ▼               |        | Тур               | -                    |                  |       |           |       |           |      |              |       |
|       | State: ND District:  |   |        |                   | 1                    |                  |       |           |       |           |      |              |       |

|           | CHEDULE B (FI                               |   | ·            |                                   | arate schedule(s)               |               | OR LINI       |           |        | 1:                  |       | PA        | GE 401    | / 40           | 9        |
|-----------|---|---|--------------|-----------------------------------|---------------------------------|---------------|---------------|-----------|--------|---------------------|-------|-----------|-----------|----------------|----------|
| 11        | EMIZED DISBU                                | RSEMEN                                  | IS           |                                   | category of the<br>Summary Page |               | 21b<br>27     | 22 28     | · [    | X 23<br>28b         |       | 24<br>28c | 25<br>29  | F              | 26<br>30 |
|           | y Information copied from                   |   |              |                                   |                                 |               |               |           |        |                     |       |           |           |                |          |
| or        | for commercial purposes                     |   | g the name a | and addres                        | ss of any political             | comm          | littee to s   | Olicit co | ontrib | outions fr          | om    | such c    | ommittee  | •              |          |
| $\rangle$ | NAME OF COMMITTE MEDCO HEALTH S             | , ,                                     | IC. POLIT    | ICAL AC                           | CTION COMMI                     | TTEE          | (a.k.a.       | Medc      | о Не   | ealth PA            | AC)   |           |           |                |          |
|           | Full Name (Last, First, M<br>FRIENDS OF SAM |   |              |                                   |                                 |               |               |           | te of  | ction ID<br>Disburs | eme   |           |           |                |          |
|           | Mailing Address PC                          | BOX 860096                              | 6            |                                   |                                 |               |               |           | 6 M    | / D                 | 1 0   | / Y       | ž 0 1     | 0              |          |
|           | City  |   |              | ate                               | Zip Code                        |               |               | An        | noun   | t of Each           | n Dis | burser    | ment this | Peri           | od       |
|           | PLANO                                       |   | ı            | X                                 | 75086                           |               |               | -         |        |                     |       |           | 2000.0    | 0              |          |
|           | Purpose of Disburseme                       | nt                                      |              |                                   |                                 | 0             | 11            |           | •      |                     | 0     |           | 2000.0    | ,              |          |
|           | Candidate Name<br>SAM JOHNSON               |   |              |                                   |                                 |               | egory/<br>ype |           |        |                     |       |           |           |                |          |
|           | F   | House<br>Senate<br>President            |              | ent For:<br>Primary<br>Other (spe | 2010<br>X General<br>ecify) ▼   |               |               |           |        |                     |       |           |           |                |          |
| _         |   | rict: 03                                |              |                                   |                                 |               |               |           |        |                     |       |           |           |                |          |
|           | Full Name (Last, First, M<br>GINGREY FOR CO | ,                                       |              |                                   |                                 |               |               | Da        | te of  | ction ID<br>Disburs | eme   |           |           |                |          |
|           | Mailing Address PC                          | BOX U                                   |              |                                   |                                 |               |               |           | 6 M    | / D                 | 1 0   | / L       | ž o ť     | 0 1            |          |
|           | City<br>MARIETTA                            |   |              | ate<br>A                          | Zip Code<br>30060               |               |               | An        | noun   | t of Each           | n Dis | burser    | ment this | Peri           | bd       |
|           | Purpose of Disburseme                       | nt                                      |              |                                   | 00000                           |               | -             | † L       |        |                     |       |           | 1000.0    | 0              |          |
|           | Candidate Name PHILLIP J. GINGRE            | V                                       |              |                                   |                                 | Cate          | 11<br>egory/  |           |        |                     |       |           |           |                |          |
|           | Office Sought: X F                          | House<br>Senate<br>President<br>ict: 11 |              | ent For:<br>Primary<br>Other (spe | 2010<br>General                 |               | уре           |           |        |                     |       |           |           |                |          |
|           | Full Name (Last, First, MHOOSIERS FOR HI    | ,                                       |              |                                   |                                 |               |               |           |        | ction ID<br>Disburs |       |           | .81618    |                |          |
|           | Mailing Address P.                          | O. BOX 1071                             |              |                                   |                                 |               |               | ď         | 6 M    | / D                 | 1 0   | / Y       | ž 0 1     | 0 <sup>Y</sup> |          |
|           | City<br>SEYMOUR                             |   | Si<br>II     | ate                               | Zip Code<br>47274               |               |               | An        | noun   | t of Each           | n Dis | burser    | ment this | Peri           | od       |
|           | Purpose of Disburseme                       | nt                                      |              | •                                 | 4/2/4                           |               | 11            |           |        |                     |       |           | 1000.0    | 0              |          |
|           | Candidate Name<br>BARON P. HILL             |   |              |                                   | Cate                            | egory/<br>ype |               |           |        |                     |       |           |           |                |          |
|           | F   | House<br>Senate<br>President<br>ict: 09 |              | ent For:<br>Primary<br>Other (spe | 2010  X General ecify)          |               | ··            |           |        |                     |       |           |           |                |          |
| -<br>S    | UBTOTAL of Disbursem                        |   | (optional)   |                                   |                                 |               | . •           |           | •      |                     |       |           | 4000.0    | 0              |          |
|           | OTAL This Period (last p                    | _                                       |              |                                   |                                 |               |               | Ē         | -      | •                   | 1     |           |           | 1              |          |
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| TEMIZED DISB                             | FEC Form 3<br>URSEMENT       | for eac                             | eparate schedule(s) th category of the td Summary Page | FOR LINE (check only | -                | PAGE 402 / 409          |
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| NAME OF COMMITT MEDCO HEALTH             | , ,                          | IC. POLITICAL A                     | ACTION COMMI   | TTEE (a.k.a. N       | Medco Health PA  | C)                      |
| Full Name (Last, First<br>HOYER FOR CON  |                              |                                     |  |                      | Date of Disburse |                         |
| Mailing Address (                        | 607 14TH STRE                | ET, NW, SUITE                       | 800  |                      | 0 6 1            | 0 7 2010                |
| City<br>WASHINGTON                       |                              | State<br>DC                         | Zip Code<br>20005                                      |                      | Amount of Each   | Disbursement this Perio |
| Purpose of Disbursen                     | nent                         |                                     |  | 011                  |                  | 5000.00                 |
| Candidate Name<br>STENY HAMILTO          | N HOYER                      |                                     |  | Category/<br>Type    |                  |                         |
| Office Sought: X                         | House<br>Senate<br>President | Disbursement For X Primary Other (s |  |                      |                  |                         |
|  | strict: 05                   |                                     | · · · · · ·  |                      |                  |                         |
| Full Name (Last, First<br>INSLEE FOR CON | •                            |                                     |  |                      | Date of Disburse |                         |
| Mailing Address                          | PO BOX 33027                 |                                     |  |                      | 06 1             | 0 7 2010                |
| City<br>SEATTLE                          |                              | State<br>WA                         | Zip Code<br>98133                                      |                      | Amount of Each   | Disbursement this Perio |
| Purpose of Disbursen                     | nent                         |                                     |  | 011                  |                  | 1000.00                 |
| Candidate Name<br>JAY R. INSLEE          |                              |                                     |  | Category/<br>Type    |                  |                         |
| Office Sought: X                         | House<br>Senate<br>President | Disbursement For X Primary Other (s | : 2010<br>General<br>pecify) <b>V</b>                  |                      |                  |                         |
| State: WA Dis                            | strict: 01                   |                                     |  |                      |                  |                         |
| PALLONE FOR C                            |                              |                                     |  |                      | Date of Disburse |                         |
| Mailing Address                          | PO BOX 3176                  |                                     |  |                      | 06 1             | 0 7 2010                |
| City<br>LONG BRANCH                      |                              | State<br>NJ                         | Zip Code<br>07740                                      |                      | Amount of Each   | Disbursement this Perio |
| Purpose of Disbursen                     | nent                         |                                     |  | 011                  |                  | 2500.00                 |
| Candidate Name<br>FRANK PALLONE          | , JR                         |                                     |  | Category/<br>Type    |                  |                         |
| Office Sought: X                         | House<br>Senate<br>President | Disbursement For Primary Other (s   | : 2010<br>X General<br>pecify) ▼                       |                      |                  |                         |
| State: NJ Dis                            | strict: 06                   |                                     | . <i>,</i> •   |                      |                  |                         |
|  |                              |                                     |  |                      |                  |                         |

| CHEDULE B (FEC FOIII 3X)  | Use separate schedule(s                             | ) FOR LINE (check only | NUMBER: PAGE 403 / 409 vone)   |
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| TEMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page      | 21b 27                 | 22 X 23 24 25 28a 28b 28c 29   |
| ny Information copied from such Reports and Stater<br>for commercial purposes, other than using the nam |   |                        |  |
| NAME OF COMMITTEE (In Full)   | le and address of any pointies                      | di committee to so     | micit contributions from such confinitee   |
| MEDCO HEALTH SOLUTIONS INC. POL   | ITICAL ACTION COMM                                  | ITTEE (a.k.a. N        | Medco Health PAC)  |
| Full Name (Last, First, Middle Initial) PROSPERITY PAC  |   |                        | Transaction ID: EXP.B.81623 Date of Disbursement   |
| Mailing Address 1006 PENDLETON ST.  |   |                        | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$     |
| City<br>ALEXANDRIA  | State Zip Code VA 22314                             |                        | Amount of Each Disbursement this Period  |
| Purpose of Disbursement   |   | 011                    | 2000.00  |
| Candidate Name<br>LEADERSHIP PAC  |   | Category/<br>Type      |  |
| Senate<br>President   | ement For: Primary General Other (specify)          |                        |  |
| State: District:  Full Name (Last, First, Middle Initial)  RICHARD E. NEAL FOR CONGRESS CO              | )<br>DMMITTEE                                       |                        | Transaction ID: EXP.B.81624 Date of Disbursement   |
| Mailing Address 76 MAGNOLIA TERRAC  | DE  |                        | 06 10 / 2010   |
| City<br>SPRINGFIELD   | State Zip Code<br>MA 01108                          |                        | Amount of Each Disbursement this Period  |
| Purpose of Disbursement   |   | 011                    | 5000.00  |
| Candidate Name<br>RICHARD E. NEAL   |   | Category/<br>Type      |  |
| X   | ement For: 2010 Primary General Other (specify)     |                        |  |
| Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS   |   |                        | Transaction ID: EXP.B.81621 Date of Disbursement   |
| Mailing Address P.O. BOX 24551  |   |                        | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| City<br>PITTSBURGH  | State Zip Code<br>PA 15234                          |                        | Amount of Each Disbursement this Perio   |
| Purpose of Disbursement   |   | 011                    | 1000.00  |
| Candidate Name<br>TIM MURPHY  |   | Category/<br>Type      |  |
| Senate President  | ement For: 2010 Primary X General Other (specify) ▼ |                        |  |
| State: PA District: 18  |   |                        |  |
|   |   |                        | 8000.00  |

|          | CHEDULE B (FEC FOIII 3X)  | Use separate schedule(s)                               |        | (check onl          | E NUMBER: PAGE 404 / 40   |  |  |  |  |
|----------|---|--|--------|---------------------|---|--|--|--|--|
|          | EMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page      | e      | 21b<br>27           | 22 X 23 24 25 28a 28b 28c 29  |  |  |  |  |
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|          | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI                                       | LITICAL ACTION COM                                     | ИІТТЕЕ | E (a.k.a. I         | Medco Health PAC)   |  |  |  |  |
| <u> </u> | Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS                                   |  |        |                     | Transaction ID: EXP.B.81627 Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |  |  |
|          | Mailing Address 10537 SAINT PAUL ST   | REET   |        |                     | 06 10 2010  |  |  |  |  |
|          | City<br>KENSINGTON  | State Zip Code<br>MD 20895                             |        |                     | Amount of Each Disbursement this Period   |  |  |  |  |
|          | Purpose of Disbursement  Candidate Name   |  |        | 011<br>tegory/      | 1000.00   |  |  |  |  |
|          | CHRIS VAN HOLLEN  |  |        | уре                 |   |  |  |  |  |
|          | Senate President  | sement For: 2010  X Primary General  Other (specify) ▼ | al     |                     |   |  |  |  |  |
|          | State: MD District: 08  Full Name (Last, First, Middle Initial)                                   |  |        |                     | T ID EVD D 04005  |  |  |  |  |
|          | WASHINGTON STATE DEMOCRATIC C   | CENTRAL COMMITTEE                                      |        |                     | Transaction ID: EXP.B.81605  Date of Disbursement   |  |  |  |  |
|          | Mailing Address PO BOX 4027   |  |        |                     | $\begin{array}{c c} \begin{array}{c c} M & M \\ \hline 0 & 6 & M \end{array} \end{array} \begin{array}{c} \begin{array}{c c} D & D \\ \hline 0 & 1 & 0 \end{array} \end{array} \begin{array}{c} \begin{array}{c c} Y & Y & Y & Y \\ \hline 2 & 0 & 1 & 0 \end{array} \end{array}$ |  |  |  |  |
|          | City<br>SEATTLE   | State Zip Code<br>WA 98194                             |        |                     | Amount of Each Disbursement this Period   |  |  |  |  |
|          | Purpose of Disbursement   |  |        | 011                 | 5000.00   |  |  |  |  |
|          | Candidate Name WASHINGTON STATE DEMOCRATIC C  | ENTRAL COMMITTEE                                       |        | tegory/<br>ype      |   |  |  |  |  |
|          | Office Sought: House Disbury Senate President State: District:                                    | sement For: Primary General Other (specify)            | al     |                     |   |  |  |  |  |
|          | Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMM                              | ITTEE  |        |                     | Transaction ID: EXP.B.81622 Date of Disbursement  |  |  |  |  |
|          | Mailing Address 726 SIXTEENTH STRE  | ET, NE   |        |                     | 06 / 10 / 2010  |  |  |  |  |
|          | City<br>MASSILLON   | State Zip Code<br>OH 44646                             |        |                     | Amount of Each Disbursement this Period   |  |  |  |  |
|          | Purpose of Disbursement   |  |        | 011                 | 1000.00   |  |  |  |  |
|          | Candidate Name<br>ZACHARY T. SPACE  |  |        | tegory/<br>-<br>ype |   |  |  |  |  |
|          | Senate  | sement For: 2010 Primary X General Other (specify)     | ıl     |                     |   |  |  |  |  |
|          | State: OH District: 18  | Other (specify)  |        |                     |   |  |  |  |  |

|      |                              | 3 (FEC Form                                  | -          | Use sepa                          | arate schedule(s)             | FOR LIN           | NE NUMBER: PAGE 405 / 409   |
|------|------------------------------|--|------------|-----------------------------------|-------------------------------|-------------------|---|
| ITEI | MIZED DI                     | SBURSEMEN                                    |            |                                   | category of the Summary Page  | 21b               | 22 X 23 24 25 28a 28b 28c 29  |
|      |                              |  |            |                                   |                               |                   | n for the purpose of soliciting contributions solicit contributions from such committee   |
| \ N  | IAME OF COMI                 | MITTEE (In Full)                             |            |                                   |                               |                   | . Medco Health PAC)   |
|      | ,                            | First, Middle Initial) CALIFORNIA INC        |            |                                   |                               |                   | Transaction ID: EXP.B.82301 Date of Disbursement  |
| M    | Mailing Address              | 455 CAPITOL                                  | MALL, SUIT | E 801                             |                               |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$   |
|      | City<br>SACRAMENTO           | )  | Sta<br>Ca  | ate<br>A                          | Zip Code<br>95814             |                   | Amount of Each Disbursement this Period   |
| _    | Purpose of Disbu             | ırsement                                     |            |                                   |                               | 011               | 5000.00   |
| C    | Candidate Name               |  | I se i     |                                   | 0040                          | Category/<br>Type |   |
|      | Office Sought:               | House X Senate President                     | 1          | ent For:<br>Primary<br>Other (spe | 2010<br>X General<br>ecify) ▼ |                   |   |
| Fı   | ,                            | District: First, Middle Initial) OR CONGRESS |            |                                   |                               |                   | Transaction ID: EXP.B.82300 Date of Disbursement  |
| _    | Mailing Address              | 180 EAST MAI                                 | N STREET   |                                   |                               |                   | 0 6 Description 1 Description |
|      | City<br>SMITHTOWN            |  | Sta<br>N'  |                                   | Zip Code<br>11787             |                   | Amount of Each Disbursement this Period   |
| Pı   | urpose of Disbu              | ırsement                                     |            |                                   |                               | 011               | 500.00  |
|      | Candidate Name<br>CHRISTOPHE | R N. COX                                     |            |                                   |                               | Category/<br>Type |   |
|      | Office Sought:               | X House Senate President District: 01        |            | ent For:<br>rimary<br>Other (spe  | 2010 General ecify)           |                   |   |
| Fu   |                              | First, Middle Initial)                       |            |                                   |                               |                   | Transaction ID: EXP.B.82299 Date of Disbursement  |
| M    | Mailing Address              | P.O. BOX 1096                                | 6          |                                   |                               |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$   |
|      | City<br>BANGOR               |  | Sta<br>M   |                                   | Zip Code<br>04402             |                   | Amount of Each Disbursement this Perio  |
| Pı   | urpose of Disbu              | ırsement                                     |            |                                   |                               | 011               | 2000.00   |
|      | Candidate Name<br>SUSAN COLL | INS  |            |                                   |                               | Category/<br>Type |   |
| _    | M: C                         | House  | Disburseme |                                   | 2014                          |                   |   |
| Ō    | Office Sought:               | X Senate President                           |            | rimary<br>Other (spe              | General                       |                   |   |

## SCHEDIII E B (FEC Form 3Y)

|   | CHEDULE B (FEC FOIII 3X)   | Use separate schedule(s                           | ) FOR LIN         | IE NUMBER: PAGE 406 / 409   |
|---|--|---|-------------------|---|
|   | EMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page    | 21b<br>27         | 22 X 23 24 25 26<br>28a 28b 28c 29 30   |
|   | ny Information copied from such Reports and Stater for commercial purposes, other than using the nam |   |                   |   |
|   | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL  | ITICAL ACTION COMMI                               | ITTEE (a.k.a.     | Medco Health PAC)   |
|   | Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS   |   |                   | Transaction ID: EXP.B.82298 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|   | Mailing Address 84-56 GRAND AVE.   |   |                   | 00 24 2010  |
|   | City<br>ELMHURST   | State Zip Code<br>NY 11373                        |                   | Amount of Each Disbursement this Period   |
|   | Purpose of Disbursement  |   | 011               | 1000.00   |
|   | Candidate Name<br>JOSEPH CROWLEY   |   | Category/<br>Type |   |
|   |  | ement For: 2010 Primary General Other (specify)   |                   |   |
| _ | Full Name (Last, First, Middle Initial)  |   |                   | Transaction ID: EXP.B.82297   |
| • | DAVIS FOR CONGRESS/FRIENDS OF D  | AVIS  |                   | Date of Disbursement  |
|   | Mailing Address 5956 WEST RACE AVE   | NUE   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$   |
|   | City<br>CHICAGO  | State Zip Code IL 60644                           | _                 | Amount of Each Disbursement this Period   |
|   | Purpose of Disbursement  |   | 011               | 2000.00   |
|   | Candidate Name<br>DANNY K. DAVIS   |   | Category/<br>Type |   |
|   | Office Sought:  X House Senate President State: IL District: 07                                      | ement For: 2010 Primary X General Other (specify) |                   |   |
|   | Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT                                     |   |                   | Transaction ID: EXP.B.82296 Date of Disbursement  |
|   | Mailing Address PO BOX 53322   |   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$   |
|   | City<br>BELLEVUE   | State Zip Code<br>WA 98105                        |                   | Amount of Each Disbursement this Period   |
|   | Purpose of Disbursement  |   | 011               | 1000.00   |
|   | Candidate Name<br>DAVE REICHERT  |   | Category/<br>Type |   |
|   | Senate X President   | ement For: 2010 Primary General Other (specify)   |                   |   |
| Г | State: WA District: 08   |   |                   |   |
| 8 | SUBTOTAL of Disbursements This Page (optional)   |   | <b>&gt;</b>       | 4000.00   |
| 1 | OTAL This Period (last page this line number only  | ·   | <b>&gt;</b>       |   |
| L |  |   |                   |   |

| SCHEDULE B (FEC Form 3X)   | Llas capareta cabadula(a)   | FOR LINE NUMBER:                        | PAGE 407 / 409                       |
|--|---|---|--------------------------------------|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one)  21b 22 X 23 27 28a 28 |                                      |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name  |   |   |                                      |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITIONS  | FICAL ACTION COMMITTEE  | E (a.k.a. Medco Health                  | PAC)                                 |
| Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE  Mailing Address 8331 LITTLE HARBOR D | RIVE  | Date of Disbu                           | ID: EXP.B.82304 ursement  D 2 9      |
| 7  | State Zip Code<br>OH 45244  | Amount of Ea                            | ach Disbursement this Period 5000.00 |
| Candidate Name<br>ROB PORTMAN  |   | tegory/<br>Type                         |                                      |
| X Senate President   | ment For: 2010 Primary X General Other (specify)                        |   |                                      |
| State: OH District:  |   |   |                                      |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 5000.00  |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <u> </u> | 90500.00 |

|           | CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  21b 22 23 24 25 26 27 28a 28b 28c X 29 30c                                    |
|-----------|---|---|--|
|           |   | •   | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee |
| $\rangle$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO                                      | LITICAL ACTION COMMIT   | TTEE (a.k.a. Medco Health PAC)   |
|           | Full Name (Last, First, Middle Initial)  COMITE AMIGOS LORNNA SOTO  Mailing Address PO BOX 1403 |   | Transaction ID: EXP.B.81603 Date of Disbursement  M 6 M / D 0 B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y            |
|           | City CANOVANAS Purpose of Disbursement  | State Zip Code<br>PR 00729  | Amount of Each Disbursement this Period 500.00   |
|           | Candidate Name<br>NON-FEDERAL CONTRIBUTION  |   | Category/<br>Type  |
|           | Office Sought: House Disbut Senate President State: District:                                   | sement For: 2012  Primary X General  Other (specify) ▼                  |  |

| SUBTOTAL of Disbursements This Page (optional)      |          | 500.00 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | <b>—</b> | 500.00 |

### SCHEDULE D (FEC Form 3X)

**DEBTS AND OBLIGATIONS** 

(Use separate schedule(s) for each numbered line)

PAGE 409 / 409 FOR LINE NUMBER: (check only one) 9

**Excluding Loans** X 10 NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):

LEGAL & ACCOUNTING SERVICES NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP Mailing Address 1415 L STREET, STE. 1200 City State ZIP Code **SACRAMENTO** 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAY:D:80926 286.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 286.50

286.50 1) SUBTOTALS This Period This Page (optional)..... 286.50 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 286.50 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)