12/20/2007 15:04

Image# 27931702368

FEC FORM 3X

Only

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) 591 REDWOOD HWY., #4000 ADDRESS (number and street) Check if different than previously MILL VALLEY CA 94941 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE A CITY A IS THIS **AMENDED** NEW C00384362 Х 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: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) 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) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2007 30 2007 1 1 11 Covering Period through 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 12 20 2007 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. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) D " D 0 1 2007 3 0 2007 1.1 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2007 197543.58 January 1 (b) Cash on Hand at 274913.42 Begining of Reporting Period 70257.29 504461.41 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 345170.71 702004.99 6(a) and 6(c) for Column B) 37854.90 394689.18 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 307315.81 307315.81 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 2026.50 Schedule C and/or Schedule D) 07 2006 CA This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

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

| Report Covering the Period: From: | 01 2007 | To: 11 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|---|-------------------------------|--|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| Than Political Committees (i) Itemized (use Schedule A) | 67378.62 | 432763.15 |
| (ii) Unitemized | 2780.18 | 70807.97 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 70158.80 | 503571.12 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 |
| 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 70158.80 | 503571.12 |
| 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.) | 98.49 | 890.29 |
| 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)) | 70257.29 | 504461.41 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 70257.29 | 504461.41 |

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|-------------------------------|---|
| | Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating Expenditures | 104.90 | 1789.18 |
| | (c) Total Operating Expenditures | 101.00 | 4700 40 |
| 2 | (add 21(a)(i), (a)(ii) and (b)) | 104.90 | 1789.18 |
| | Committees | 0.00 | 0.00 |
| | Contributions to Federal Candidates/Committees and Other Political Committees | 13500.00 | 285500.00 |
| | and Other Political Committees Independent Expenditure | 13300.00 | 265500.00 |
| | (use Schedule E) | 0.00 | 0.00 |
| J. | Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 6. | Loan Repayments Made | 0.00 | 0.00 |
| | Loans Made | 0.00 | 0.00 |
| 8. | Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| | | 0.00 | 0.00 |
| | (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 |
| | (such as PACs) | 0.00 | 0.00 |
| | (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| | (add Lines 20(a), (b), and (c)) | | *************************************** |
| 29. | Other Disbursements | 24250.00 | 107400.00 |
| 30. | Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity | | |
| | (from Schedule H6) | 0.00 | 0.00 |
| | (i) Federal Share | | |
| | (ii) "Levin" Share | 0.00 | 0.00 |
| | (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| | (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 1. | Total Disbursements (add Lines 21(c), 22, | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 37854.90 | 394689.18 |
| 2. | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 37854.90 | 394689.18 |
| | 110HL LINE 311 | 3/034.90 | 394009.10 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 70158.80 | 503571.12 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 70158.80 | 503571.12 |
| 66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 104.90 | 1789.18 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 88. Net Operating Expenditures (subtract Line 37 from Line 36) | 104.90 | 1789.18 |

| SCHEDULE A (FEC Form 3X) | | | Llas apparets ashadula(a) | FOR LINE NUMBER: PAGE 6 / 306 |
|--------------------------|---|------------------------------|---|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| ••• | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | . Medco Health PAC) |
| \mathbb{Z} | | | | , |
| Α. | Full Name (Last, First, Middle Initial) | | | Data of Bassist |
| Α. | MR KENNETH BODMER Mailing Address 3127 DEVONSHIRE W. | A \ / | | Date of Receipt |
| | Walling Address 3127 DEVONSHINE W. | A I | | 11 02 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.40512 |
| | GERMANTOWN | TN | 38139 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 200.00 |
| | federal political committee. | C | | 200.00 |
| | Name of Employer | Occupation | 1 | \dashv |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | VP, FINANCE | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 1 1 | 2200.00 | |
| | Other (specify) ▼ | | 3200.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) RUSS M. BOURNE | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTI | ER PKWY. | | M M / D D / Y Y Y Y |
| | | | | 11 02 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.40513 |
| | MEMPHIS | <u>TN</u> | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | rederal political committee. | | | |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | | |
| | | VP SALE | | _ |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | ' ' | 450.00 | |
| | and (openly) V | | 0 0 0 0 0 0 0 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | STEVEN BROWN | | | Date of Receipt |
| | Mailing Address 1620 CENTURY CENTI | ER PARKW | /AY | 1 1 0 2 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.40515 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 25.00 |
| | federal political committee. | С | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | n | 1 |
| | ACCREDO HEALTH GROUP, INC. | 1 ' | OR - PRODUCT LINE | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | - | 275.00 | |
| | Other (specify) | 0 0 | 210.00 | |
| | | | | |
| ٩ | UBTOTAL of Receipts This Page (optional) | | | 275.00 |
| \vdash | | | | |

| SC | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | INE NUMBER: | PAGE 7/306 |
|---|---|--------------------------|---|----------------------|-------------------------|---------------------------------------|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 1 | only one) 1a | 11c 12 15 16 17 |
| Angor f | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and ado | not be sold or used by any perso lress of any political committee to | n for the solicit co | purpose of solici | ting contributions such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | | | | | |
| ۹. | Full Name (Last, First, Middle Initial) AMANDA J. BUNDY Mailing Address 1640 CENTURY CENTER | R PKWY. | | M | te of Receipt | / Y " Y " Y " Y |
| | City | State | Zip Code | Trai | 1 02 nsaction ID: IN | 2 0 0 7 C A 40516 |
| | MEMPHIS | TN | 38134 | | | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | BURSEMENT | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 | | | |
| 3. | Full Name (Last, First, Middle Initial) BRIAN A. BURFORD Mailing Address 1640 CENTURY CENTER | R PKWY. | | М | te of Receipt | 2007 |
| | City | State | Zip Code | _ | nsaction ID: IN | |
| | MEMPHIS | TN | 38134 | | | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | INESS DEVELOPMENT | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | |
| | Full Name (Last, First, Middle Initial) NICHOLAS CLIFTON | | | Dat | te of Receipt | |
| Mailing Address 1640 CENTURY CENTER PKWY. | | | 7.0.1 | 1 | | 2007 |
| | City MEMPHIS | State TN | Zip Code 38134 | | nsaction ID: IN | C.A.40519 ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | odit of Edoli ite | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation AVP SAL | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | . | | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 | | | |
| SI | JBTOTAL of Receipts This Page (optional) | | ····· | | | 100.00 |
| | | | | | • • • • | |

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 8 / 306 |
|--------------------------|---|---|-----------------------------------|---|
| | EMIZED RECEIPTS | or each category of the '- | | (check only one) |
| II EIVIIZED NECEIP 13 | | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , , | 13 14 15 16 17 |
| An | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any person | n for the purpose of soliciting contributions |
| <u>Ö.</u> | NAME OF COMMITTEE (In Full) | Solicit Contributions from Scott Committee. | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| | WEDGO HEALTH GOLOTIONO INC. 1 | JEITIONE 7 | to non committee (a.n.a. | Wedo Health 1710) |
| _ | Full Name (Last, First, Middle Initial) | | | |
| Α. | JEFFREY A. COOLE | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | ER PKWY. | | 11 02 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.40520 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 1 1 1 1 1 1 | |
| | federal political committee. | C | | 50.00 |
| | Name of Francisco | | | _ |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation VP TAY | 1 & REGULATORY REPORTIN | |
| | Receipt For: | | Year-to-Date ▼ | <u> </u> |
| | Primary General | 7.99.094.0 | 1 1 1 1 1 1 1 1 1 | |
| | Other (specify) ▼ | 1 | 400.00 | |
| | | | | |
| | Full Name (Last, First, Middle Initial) | | | D (D |
| В. | MICHELLE R. DERRYBERRY | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | 11 02 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.40522 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | 1 | - |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | MBURSEMENT | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 050.00 | |
| | Other (specify) ▼ | | 250.00 | |
| | | | | |
| C. | Full Name (Last, First, Middle Initial) ANDREW DOEDYNS | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | R PKWY. | | M M / D D / Y Y Y Y |
| | | | | 11 02 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.40523 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 25.00 |
| | federal political committee. | | | |
| | ACCREDO HEALTH GROUP, INC. | | า | 7 |
| | | | IICAL OPERATIONS | |
| | | | e Year-to-Date ▼ | |
| | Primary General Other (specify) | | 225.00 | |
| | United (Specify) | | | |
| | | | | |
| 5 | UBTOTAL of Receipts This Page (optional) | | | 100.00 |
| \vdash | 22. 2.7. S. Frood, p.o. Friio Fago (optional) | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 306 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|--------------------------|---|---|
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso lress of any political committee to | n for the purpose of soliciting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) REBECCA R. DYER | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTER | R PKWY. | | 11 02 7 2007 |
| | City MEMPHIS | State TN | Zip Code 38134 | Transaction ID: INC.A.40524 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 30134 | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | JECT MANAGEMENT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 225.00 | |
| 3. | Full Name (Last, First, Middle Initial) RICHARD FARIS | | | Date of Receipt |
| | Mailing Address 2020 HEATHER COVE | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | | Zip Code 38119 | Transaction ID: INC.A.40525 |
| | MEMPHIS FEC ID number of contributing federal political committee. | TN | 30119 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation VP - HEA | NLTH OUTCOME SOLUTION | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 450.00 | |
|). | Full Name (Last, First, Middle Initial) CHAD FOREMAN | | | Date of Receipt |
| Mailing Address 1640 CENTURY CENTER PKW | | R PKWY. | | 1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City MEMPHIS | State TN | Zip Code 38134 | Transaction ID: INC.A.40526 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation DIR FINA | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 225.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 100.00 |
| | | | | |

| SCHEDULE A (FEC Form 3X) | | | Llac concrete cobodulo(a) | FOR LINE NUMBER: PAGE 10 / 306 |
|--------------------------|---|-----------------------------|---|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| • • • | EIVIIZED NECEIP I 3 | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | itements may ame and ado | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| \angle | | | | , |
| | Full Name (Last, First, Middle Initial) | | | Data of Bassist |
| A. | MR KEVIN FRANCO Mailing Address 140 BELLAIR RD | | | Date of Receipt |
| | UNIT Q | | | 11 02 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.40527 |
| | RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 50.00 |
| | federal political committee. | C | | 30.00 |
| | Name of Employer | Occupation | 1 | ┪ |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | VP FINAI | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | 7 |
| | Primary General | | 600.00 | |
| | Other (specify) ▼ | | 600.00 | |
| _ | F. III Novo (Look First Middle Letter) | | | |
| В. | Full Name (Last, First, Middle Initial) ROBERT FURTH | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | R PKWY. | | M M / D D / Y Y Y Y |
| | | | | 11 02 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.40528 |
| | MEMPHIS | <u>TN</u> | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | <u> </u> | | | |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | | |
| | | 1 | L MANAGER | 4 |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 225.00 | |
| | | | | ' |
| _ | Full Name (Last, First, Middle Initial) | | | 5. (5 |
| C. | SHARON D. HARRIS Mailing Address 186 N WHITE STATION | U DD | | Date of Receipt |
| | Mailing Address 186 N. WHITE STATION | N RD. | | 11 02 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.40529 |
| | MEMPHIS | TN | 38117 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 25.00 |
| | federal political committee. | | | 25.50 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | <u> </u> | 7 |
| | ACCREDO HEALTH GROUP, INC. | DIRECTO | OR - HR | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 300.00 | |
| | Other (specify) ▼ | | 000.00 | |
| Г | | | | |
| ٩ | JBTOTAL of Receipts This Page (optional) | | | 100.00 |
| \vdash | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 11 / 306 (check only one) |
|--------------------------|--|-----------------------------|-------------------------------------|---|
| IT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | 13 14 15 16 17 |
| | | | | |
| or | ny information copied from such Reports and Stat for commercial purposes, other than using the na | ame and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) DAN HAYES | | | Date of Receipt |
| | Mailing Address 4679 AYRON TERRACE | | | 11 02 7 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.40530 |
| | PALM HARBOR | FL | 34685 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation VP - OPI | n ERATIONS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | | |
| | Other (specify) | 0 0 | 600.00 | |
| В. | Full Name (Last, First, Middle Initial) LYNN HOSTMYER | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTER | | | 1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | Transaction ID: INC.A.40532 | | |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation GENERA | n AL MANAGER | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | | |
| | Other (specify) | 0 0 | 250.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) RICHARD KLUSOVSKY | | | Date of Receipt |
| | Mailing Address 1016 FAIRWOOD 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.40533 |
| | ACWORTH | GA | 30101 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation DIRCTO | n R - MANAGED CARE | |
| | Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 300.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 100.00 |
| _ | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 12/306 |
|-----------------|---|---------------------|-------------------------------------|-------------------------------|--------------------------|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | |
| •• | LIMIZED REGEII 13 | | Detailed Summary Page | | 11c 12 15 16 17 |
| Ar | ny information copied from such Reports and Sta | atements may | not be sold or used by any perso | | |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from su | ch committee. |
| Λ | NAME OF COMMITTEE (In Full) | | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | |
| ^ | Full Name (Last, First, Middle Initial) JAMES P. LANGLEY | | | Date of Receipt | |
| Α. | Mailing Address 1640 CENTURY CENTI | ER PKWV | | M M / D D / | YYYY |
| | | | | 11 02 | 2007 |
| | City | State | Zip Code | Transaction ID: INC. | A.40534 |
| | MEMPHIS | TN | 38134 | Amount of Each Rece | ipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation VP REIM | n IBURSEMENT | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | ' ' | 500.00 | | |
| | Other (specify) ▼ | | 300.00 | | |
| В. | Full Name (Last, First, Middle Initial) PATRICIA LETCHWORTH | | | Date of Receipt | |
| | Mailing Address 1640 CENTURY CENTI | ER PKWY. | | 1 1 0 2 | 2007 |
| | City State | | Zip Code | Transaction ID: INC.A.40535 | |
| | MEMPHIS | <u>TN</u> | 38134 | Amount of Each Rece | ipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation DIR REIM | n MBURSEMENT | 1 | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | | 250.00 | | |
| | Other (specify) ▼ | 0 0 | | | |
| _ | Full Name (Last, First, Middle Initial) THOMAS O. MARTIN | | | Date of Decision | |
| C. | Mailing Address 1640 CENTURY CENTI | | | Date of Receipt | YYYY |
| | Walling Address 1040 CENTON I CENTI | LU LIXANI. | | 11 02 | 2007 |
| | City State MEMPHIS TN | | Zip Code | Transaction ID: INC. | A.40537 |
| | | | 38134 | Amount of Each Rece | ipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation VP COR | n P STRAT BUS DEVELOPME | :NT | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| Primary General | | | 500.00 | | |
| | Other (specify) | | 333.33 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 125.00 |
| | | | · | | |
| T | OTAL This Period (last page this line number o | nly) | > | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 306 (check only one) X 11a 11b 11c 12 |
|--|---|------------------------------------|--|--|
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | 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. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) THOMAS S. MCCANN Mailing Address 1640 CENTURY CENTE City | R PKWY. | 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 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. Receipt For: Primary General Other (specify) ▼ | Occupation VP SALE Aggregate | | |
| Full Name (Last, First, Middle Initial) DANETTE MEREDITH Mailing Address 1640 CENTURY CENTER PKWY. | | | | Date of Receipt M |
| | City | Transaction ID: INC.A.40539 | | |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | AL MANAGER - MULTI BRAN | и¢н |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) 2. SUZANNE RICHARDS | | | | Date of Receipt |
| Mailing Address 21357 WEST 115TH TERRACE | | | | 11 02 7 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.40540 |
| | ORATHE FEC ID number of contributing federal political committee. | C | 66061 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation SR MGR | n - BUSINESS DEVELOPMEI | − <u>√</u> |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 300.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 100.00 |
| т. | OTAL This Period (last page this line number on | lv) | • | |

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 14 / 306 |
|--------------------------|--|--------------|---|---|
| | | | Use separate schedule(s) or each category of the | (check only one) |
| Ш | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | z otalioù zalililar y i ago | 13 14 15 16 17 |
| Ar | y information copied from such Reports and St | atements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) | | | |
| Α. | BARRY SOUTHERN | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENT | ER PKWY. | | 1 1 0 2 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.40541 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | n AL MANAGER | |
| | Receipt For: | | Year-to-Date V | _ |
| | Primary General | Aggregate | r rear-to-Date ▼ | 1 |
| | Other (specify) | | 250.00 | |
| | cc. (cpcc)/ • | 0 0 | 0 0 0 0 0 0 0 | |
| R | Full Name (Last, First, Middle Initial) PETER A. STARK | | | Date of Receipt |
| ٠. | Mailing Address 1670 CENTURY CENT | FR PARKW | ΙΔΥ | M M / D D / Y Y Y Y |
| | That is a second of the second | | 771 | 11 02 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.40542 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 50.00 |
| | Name of Caralana | 10 | | _ |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | । VICE-PRESIDENT - CORPC | DRATE EINAN |
| | Receipt For: | | Year-to-Date V | - INAN |
| | Primary General | Aggregate | real to Bate ¥ | |
| | Other (specify) ▼ | | 550.00 | |
| | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) CHANTAL D. VEEVAETE | | | Date of Receipt |
| Ο. | Mailing Address 7292 OAKVILLE DR. | | | M M / D D / Y Y Y Y |
| | Walling Address 7292 OAKVILLE DR. | | | 11 02 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.40543 |
| | GERMANTOWN | TN | 38138 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 50.00 |
| | federal political committee. | C | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | | 7 |
| | | | ESIDENT, HUMAN RESOUI | RCES |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 500.00 | |
| | Other (specify) | | 300.00 | |
| _ | | | | |
| | | | | 125.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ······································ | 123.00 |
| | | | | |

| SC | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 15/306 |
|-------------------|--|---|---|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | | Detailed Summary Page | 13 14 15 16 17 |
| Any or f | r information copied from such Reports and Stator commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso 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. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| _ | Full Name (Last, First, Middle Initial) MR MARK WEGRYN | | | Date of Receipt |
| | Mailing Address 867 STANDISH 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.40544 |
| | MOUNTAINSIDE | NJ | 07092 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| • | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation AVP QA | 1 & PRODUCT INTEGRITY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 300.00 | |
| _ | Full Name (Last, First, Middle Initial) BRENDA WRIGHT | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | 1 1 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.40545 |
| • | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation VP QUAL | n LITY INTEGRITY HEALTH | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 400.00 | |
| | Full Name (Last, First, Middle Initial) MS MARIA ANDERSON | | | Date of Receipt |
| | Mailing Address 4605 W SUNSET 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.41317 |
| • | TAMPA | FL | 33629 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 5.00 |
| • | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CUS | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 235.00 | |
| SL | JBTOTAL of Receipts This Page (optional) | | _ | 80.00 |
| | | | • | |
| TC | OTAL This Period (last page this line number on | ly) | > | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 16/306 | | |
|--|--|--|--|---|--|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | | |
| ••• | LIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| _ | | | | 13 14 15 16 17 | | |
| or | y information copied from such Reports and St for commercial purposes, other than using the | atements may name and add | r not be sold or used by any persol dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MR DAVID BAUGH | | | Date of Receipt | | |
| | Mailing Address 1813 ADONIS 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.41404 | | |
| | HENDERSON | NV | 89074 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 23.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MGR BE | n NEFIT DELIVERY SYSTEM | s | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | ''' | 927.00 | 1 | | |
| | Other (specify) ▼ | 0 0 | | | | |
| В. | Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO | | | Date of Receipt | | |
| | Mailing Address 26 DAYLILY 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.41448 | | |
| | MOUNT LAUREL | NJ | 08054 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | 1 1 1 1 1 1 | | | |
| | federal political committee. | C | | 10.00 | | |
| | Name of Employer | Occupation | 1 | + | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | | | | | | |
| | | DIR HR | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | |
| | Receipt For: Primary General | | | 1 | | |
| | Receipt For: | | Year-to-Date ▼ 480.00 | | | |
| | Receipt For: Primary General | | | Date of Receipt | | |
| C. | Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | Aggregate | | M M / D D / Y Y Y Y | | |
| C. | Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK | Aggregate | 480.00 | 1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| C. | Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK City | Aggregate | 480.00 Zip Code | Transaction ID: INC.A.41065 | | |
| C. | Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK City LAS VEGAS | Aggregate STREET State NV | 480.00 | Transaction ID: INC.A.41065 Amount of Each Receipt this Period | | |
| C. | Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK City | Aggregate STREET State | 480.00 Zip Code | Transaction ID: INC.A.41065 | | |
| C. | Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK City LAS VEGAS FEC ID number of contributing | Aggregate STREET State NV C | Zip Code 89141 | Transaction ID: INC.A.41065 Amount of Each Receipt this Period | | |
| C. | Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK City LAS VEGAS FEC ID number of contributing federal political committee. | Aggregate STREET State NV C Occupation DIR PHA | Zip Code 89141 | Transaction ID: INC.A.41065 Amount of Each Receipt this Period | | |
| C. | Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | Aggregate STREET State NV C Occupation DIR PHA | Zip Code 89141 RM PRACTICE Year-to-Date | Transaction ID: INC.A.41065 Amount of Each Receipt this Period | | |
| c. | Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Aggregate STREET State NV C Occupation DIR PHA | Zip Code 89141 | Transaction ID: INC.A.41065 Amount of Each Receipt this Period | | |
| | Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Aggregate STREET State NV C Occupation DIR PHA Aggregate | Zip Code 89141 RM PRACTICE Year-to-Date 1175.00 | Transaction ID: INC.A.41065 Amount of Each Receipt this Period 25.00 | | |
| | Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | Aggregate STREET State NV C Occupation DIR PHA Aggregate | Zip Code 89141 RM PRACTICE Year-to-Date 1175.00 | Transaction ID: INC.A.41065 Amount of Each Receipt this Period | | |

S

| SCHEDULE A (FEC Form 3X) | | | | | FOR LINE NUMBER: PAGE 17/306 | | | | | | |
|--------------------------|---|--|---|------------------|---|----------------|-------------------|----------------|--------------------|--------------------|----|
| | ` | Use separate schedule(s) or each category of the | | | (check only one) | | | | | | |
| ш | EMIZED RECEIPTS | | 2 | 11a | | 11b | \vdash | 11c | 12 | _ | |
| | | | | \coprod | 13 | Ш | 14 | | 15 | 16 | 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ime and add | not be sold or used by any perso dress of any political committee to | on for solic | the pur it contri | pose butior | of sol ns fror | icitin n su | g contri ch com | butions mittee. | 3 |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Me | dco H | ealth | PAC | ;) | | | |
| Α. | Full Name (Last, First, Middle Initial) MR JASON COLE | | | | Date o | f Rec | eipt | | | | |
| | Mailing Address 14917 E BELLA VISTA | | | | м м 1 1 | / | 0 | | | 200 | |
| | City | State | Zip Code | | Transa | ctior | ı ID: | INC. | A.412 | 15 | |
| | VERADALE | WA | 99037 | | Amour | nt of E | Each F | Rece | ipt this | Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | 10.0 | 00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n RM PRACTICE | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) ▼ | | 350.00 | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS | | | | Date o | f Rec | eipt | | | | |
| | Mailing Address 2903 CHUKKAR COURT | RT | | | M M / D D / Y Y Y Y Y Y 1 1 1 0 3 2 0 0 7 | | | | | | |
| | City State Zip Code | | | | | ction | ı ID: | INC. | A.412 | 77 | |
| | PLANT CITY | FL | 33567 | _ | Amour | nt of E | Each F | Rece | ipt this | Period | |
| | FEC ID number of contributing federal political committee. | C | | | | | | | | 25.0 | 00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | ı | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1175.00 | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS ROBBIN DICESARE | | | | Date o | f Rec | eipt | | | | |
| | Mailing Address 1003T HIGH STREET | | | | м м 1 1 | / | 0 | | | 2 0 0 | |
| | City | State | Zip Code | | Transa | ction | ı ID: | INC. | A.413 | 15 | |
| | BURLINGTON TOWNSHI | NJ | 08016 | _ | Amour | nt of E | Each F | Rece | ipt this | Period | |
| | FEC ID number of contributing federal political committee. | | | | | | | | 9.2 | 28 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR MGR | TECHNOLOGY | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 408.32 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | - - | | • | | _ | | 44.2 | 28 |

| 9 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: | PAGE 18/306 |
|----|---|---------------------|---|------------------------------|--------------------|
| • | | | Use separate schedule(s) or each category of the | (check only one) | |
| II | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b | 11c 12 |
| | | | | 13 14 | 15 16 17 |
| Ar | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may | not be sold or used by any perso | on for the purpose of solici | ting contributions |
| 01 | <u> </u> | ine and add | diess of any political committee to | Solicit Continuations from | Such committee. |
| / | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL | ACTION COMMITTEE (a.k.a. | Madaa Haalth DAC\ | |
| / | MEDICO REALTH SOLUTIONS INC. PO | LITICAL | ACTION COMMITTEE (a.K.a | . ivieddo neaith PAC) | |
| | Full Name (Last, First, Middle Initial) | | | | |
| ٩. | MR WILLIS DINGLE | | | Date of Receipt | |
| | Mailing Address 17826 ARBOR GREENE | DR | | 1 1 0 3 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | TAMPA | FL | 33647 | Amount of Each Re | |
| | | | 000+7 | Amount of Lacritie | · · · · · · |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR H | | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| | Primary General | 1 99. 19 | | 1 | |
| | Other (specify) ▼ | | 1175.00 | | |
| | | | | | |
| 2 | Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN | | | Date of Receipt | |
| ٥. | Mailing Address 908 EDGEMEER LANE | | | M M / D D | / Y Y Y Y Y |
| | Walling Address 908 EDGEWILER LAINE | | | 11 03 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41386 |
| | SOUTHLAKE | TX | 76092 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing | C | | | 34.45 |
| | federal political committee. | | | | 01.10 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | | |
| | MEDCO HEALTH SOLUTIONS | VP/GM | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | | 1619.15 | 1 | |
| | Other (specify) | 0 0 | 1010.10 | | |
| | Full Name (Last, First, Middle Initial) | | | | |
| Э. | MR JOSEPH FRENDO | | | Date of Receipt | |
| | Mailing Address 9 GREEN HILL TRAIL | | | M M / D D | / Y Y Y Y Y |
| | 011 | 01-1- | 7'. 0.4. | 11 03 | 2007 |
| | City TROPHY CLUB | State TX | Zip Code | Transaction ID: IN | |
| | | 1/ | 76262 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | | |
| | Receipt For: | | e Year-to-Date ▼ | \dashv | |
| | Primary General | , iggi ogalo | | 1 | |
| | Other (specify) ▼ | l | 2350.00 | | |
| | | | | | |
| | | | | | 100 45 |
| S | UBTOTAL of Receipts This Page (optional) | ······ | ······ | | 109.45 |
| _ | | | | | |
| Т | OTAL This Period (last page this line number on | y) | > | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 19/306 |
|--|--------------------|---|--|
| TEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
| Any information copied from such Reports and St or for commercial purposes, other than using the | atements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | | | |
| MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR ROBERT GIBBS | | | Date of Receipt |
| Mailing Address 544 DENMOOR COUR | | | 111 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City GALLOWAY | State OH | Zip Code 43119 | Transaction ID: INC.A.41102 |
| FEC ID number of contributing federal political committee. | C | 43119 | Amount of Each Receipt this Period 12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n IRM PRACTICE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 587.50 | |
| Full Name (Last, First, Middle Initial) MR RICHARD JONES | | | Date of Receipt |
| Mailing Address 12 WADE HAMPTON 1 | rail | | 11 03 2007 |
| City | State | Zip Code | Transaction ID: INC.A.41339 |
| HENDERSON | NV | 89052 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 15.08 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| Other (specify) | | 738.52 | |
| Full Name (Last, First, Middle Initial) MR ROSS LUCE | | | Date of Receipt |
| Mailing Address 1066 WEST GROVE C | Т | | 1 1 0 3 2 0 0 7 |
| City | State | Zip Code | Transaction ID: INC.A.41151 |
| GIBSONIA | PA | 15044 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 705.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 42.58 |
| TOTAL This Period (last nage this line number of | nnly) | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 20/306 | |
|--|---|-------------------|--|----------------------------|--------------------------|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | | |
| TI EIMIEED TIEGEII 10 | | | Detailed Summary Page | X 11a 11b | 11c 12 15 16 17 | |
| ۸۰ | winformation assign from such Benerte and Stat | omonto mov | r not be cold or used by any perce | 13 14 | | |
| or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ame and add | rnot be sold of used by any perso Iress of any political committee to | solicit contributions from | such committee. | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | |
| | Full Name (Last, First, Middle Initial) | | | | | |
| A. | MR GILBERT RAINES | | | Date of Receipt | | |
| | Mailing Address 800 SANDY TRAIL | | | 1 1 0 3 | | |
| | City | State | Zip Code | Transaction ID: IN | | |
| | KELLER | TX | 76248 | Amount of Each Re | | |
| | FEC ID number of contributing | | 1 1 1 1 1 1 | 7 tillodilit or Edoli i te | | |
| | federal political committee. | C | | | 10.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR HR | 1 | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | | 485.00 | 1 | | |
| | Other (specify) ▼ | | 400.00 | | | |
| | | | | | | |
| В. | Full Name (Last, First, Middle Initial) MRS MONICA REED | | | Date of Receipt | | |
| | Mailing Address 8475 DUNHAM STATION | N DRIVE | | M M / D D | / Y | |
| | | 11 03 | | | | |
| | City | Zip Code | Transaction ID: INC.A.41229 | | | |
| | TAMPA | <u>FL</u> | 33647 | Amount of Each Re | eceipt this Period | |
| | FEC ID number of contributing federal political committee. | С | | | 25.00 | |
| | Name of Franksia | 0 | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | RM PRACTICE | | | |
| | Receipt For: | | Year-to-Date ▼ | - | | |
| | Primary General | 199.191 | | 1 | | |
| | Other (specify) ▼ | | 1175.00 | | | |
| | | | | | | |
| C. | Full Name (Last, First, Middle Initial) MR FRANK SCHULTE | | | Date of Receipt | | |
| | Mailing Address 2121 AMERICA'S CUP C | CIR | | M M / D D | | |
| | Cit. | Ctata | Zin Oada | 11 03 | | |
| | City LAS VEGAS | State NV | Zip Code 89117 | Transaction ID: | | |
| | | INV | 09117 | Amount of Each Re | eceipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | | Occupation | 1 | - | | |
| | MEDCO HEALTH SOLUTIONS | REGION | AL VP PHARMACIES | | | |
| | | | Year-to-Date ▼ | | | |
| | | | 1175.00 | | | |
| | | | | | | |
| Г | | | · · · · · · · · · · · · · · · · · · · | | | |
| ۹ | UBTOTAL of Receipts This Page (optional) | | 60.00 | | | |
| \vdash | ODI OTAL OF HOOGIPES THIS I age (optional) | | | | | |
| _T | OTAL This Period (last page this line number on | ly) | > | | | |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: | PAGE 21/306 |
|-------------------|---|---------------------------|---|---|--------------------------------------|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) | |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b | 11c 12 |
| | | | , , | 13 14 | 15 16 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | n for the purpose of solicit solicit contributions from s | ing contributions such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| ۹. | Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III | | | Date of Receipt | |
| | Mailing Address 266 BRUSHY CREEK A | VΕ | | 11 03 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41244 |
| | LAS VEGAS | NV | 89148 | Amount of Each Red | ceipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 45.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR OPS | | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| | Primary General | | | 1 | |
| | Other (specify) | 0 0 | 1840.45 | | |
| 3. | Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE | | | Date of Receipt | |
| | Mailing Address 21625 E. MERIWETHER | 11 03 | 2007 | | |
| | City | State | Zip Code | Transaction ID: IN | C.A.41271 |
| | LIBERTY LAKE | WA | 99019 | Amount of Each Red | ceipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 612.50 | | |
|). | Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT | | | Date of Receipt | |
| | Mailing Address 8362 GOLDEN PRAIRIE | DRIVE | | 1 1 0 3 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41174 |
| | TAMPA | FL | 33647 | Amount of Each Red | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | ı | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 2350.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 107.50 |
| | , | | | | |
| T | OTAL This Period (last page this line number on | ly) |) | | |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 22 / 306 (check only one) |
|-------------------|--|-------------------------|---|--|
| | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the nar | ments may me and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR LARRY THOMAS | | | Date of Receipt |
| | Mailing Address 3915 SILKWOOD TRAIL | | | 11 03 7 2007 |
| | City ARLINGTON | State TX | Zip Code 76016 | Transaction ID: INC.A.41310 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 1 | 4.41 |
| | MEDCO HEALTH SOLUTIONS | | NG PHARMACIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 207.27 | |
| 3. | Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD | | | Date of Receipt |
| | Mailing Address 7974 FLAMETREE CT | | | 1 1 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.41238 |
| | LAS VEGAS FEC ID number of contributing federal political committee. | C | 89123 | Amount of Each Receipt this Period 25.00 |
| | MEDOO HE'ALTH SOLLITIONS | Occupation VP/GM | ו | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 937.50 | |
| <u>.</u> Э. | Full Name (Last, First, Middle Initial) MR HECTOR TORRES | | | Date of Receipt |
| | Mailing Address 6023 HOMESTEAD COU | RT | | 11 03 7 9 9 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41273 |
| | HILLIARD FEC ID number of contributing | OH | 43026 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 4.28 |
| | MEDOO HE'NI TH COLLITIONS | Occupation SUPV IN | TOTAL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 201.16 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 33.69 |
| T | OTAL This Period (last page this line number only | <i></i> | | |

| 9 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 23 / 306 | | |
|----------|--|--------------------|--|--|--|--|
| • | | | Use separate schedule(s) | (check only one) | | |
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 | | |
| | | | Detailed Suffilliary Fage | 13 14 15 16 17 | | |
| Ar | y information copied from such Reports and Sta | tements may | not be sold or used by any pers | on for the purpose of soliciting contributions | | |
| or | for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | i. Medco Health PAC) | | |
| A. | Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE | | | Date of Receipt | | |
| | Mailing Address 5 APPLE ORCHARD RI |) | | 1 1 0 3 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41256 | | |
| | MOORESTOWN | NJ | 08057 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 12.50 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | 7 | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | | 662.50 | 7 | | |
| | Other (specify) | 0 0 | 002.30 | 1 | | |
| — В. | Full Name (Last, First, Middle Initial) SANDRA TAFURI | | | Date of Receipt | | |
| | Mailing Address 803 ALBEMARLE ST. | | | M M / D D / Y Y Y Y | | |
| | 011 | | 7: 0 1 | 11 06 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.40509 | | |
| | WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 300.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n NT COUNSEL | 7 | | |
| | Receipt For: | | Year-to-Date ▼ | | | |
| | Primary General | | | 7 | | |
| | Other (specify) | | 300.00 | | | |
| — С. | Full Name (Last, First, Middle Initial) MS LESLIE ACHTER | | | Date of Receipt | | |
| | Mailing Address 821 ALBEMARLE STRE | ET | | M M / D D / Y Y Y Y | | |
| | Cit. | 04-4- | Zin Ondo | 11 10 2007 | | |
| | City | State NJ | Zip Code 07481 | Transaction ID: INC.A.41150 | | |
| | WYCKOFF | INJ | 07481 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DI | n R ANALYTICAL SVCS | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | | 600.00 | 1 | | |
| | Other (specify) | | 000.00 | 1 | | |
| | | | | | | |
| | LIPTOTAL of Possints This Page (anticare) | | - | 337.50 | | |
| \vdash | UBTOTAL of Receipts This Page (optional) | | | | | |

| | | | _ | |
|-------------|---|--------------------------|--|--|
| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 24 / 306 (check only one) |
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any persor dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK | | | Date of Receipt |
| | Mailing Address 1021 SUNSET RIDGE | | | M M / D D / Y Y Y Y |
| | 011 | 0 | 7: 0 1 | 11 10 2007 |
| | City BRIDGEWATER | State NJ | Zip Code 08807 | Transaction ID: INC.A.41083 Amount of Each Receipt this Period |
| | | | 00007 | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PHAF | n RM CONTRACT & CONSULT | - 'ING |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | - | 1200.00 | |
| | Other (specify) | 0 0 | 12000 | |
| — В. | Full Name (Last, First, Middle Initial) DIANE ADAMS | | | Date of Receipt |
| | Mailing Address 34 THOMAS ST. | | | M M / D D / Y Y Y Y |
| | City. | Ctoto | 7in Codo | 11 10 2007 |
| | City | State NJ | Zip Code 07006 | Transaction ID: INC.A.41444 |
| | FEC ID number of contributing | | 07000 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | Receipt For: | | BUSINESS REQUIREMENTS • Year-to-Date ▼ | <u> </u> |
| | Primary General | riggregate | | |
| | Other (specify) ▼ | | 275.00 | |
| | Full Name (Last, First, Middle Initial) | | | |
| C. | MR STEPHEN ADLER | | | Date of Receipt |
| | Mailing Address 139 BELLVALE LAKES F | RD | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41149 |
| | WARWICK | NY | 10990 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | † |
| | MEDCO HEALTH SOLUTIONS | VP INFO | TECHNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| | Suici (Specify) • | 0 0 | | |
| | | | | 125.00 |
| s | UBTOTAL of Receipts This Page (optional) | | | 125.00 |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 25 / 306 (check only one) |
|----------------------|---|--------------------------|--|--|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a |
| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any persordress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR JEFFREY ALEXANDER | | | Date of Receipt |
| | Mailing Address 4 DEERPOND CT | | | 11 10 2007 |
| | City FLEMINGTON | State NJ | Zip Code 08822 | Transaction ID: INC.A.41168 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | -COM STRAT & DELI | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 360.00 | |
| 3. | Full Name (Last, First, Middle Initial) DR JODY ALLEN | | | Date of Receipt |
| | Mailing Address 3031 MOUNT HILL DR | | | 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: INC.A.41148 |
| | MIDLOTHIAN TEC ID results of a cartella disc. | 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 | Occupation VP CLINI | 1 ICAL SVCS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 1200.00 | |
|). | Full Name (Last, First, Middle Initial) MARENE ALLISON | | | Date of Receipt |
| | Mailing Address 4405 WISMER ROAD | | | M M / D D / Y Y Y Y Y 1 1 1 1 1 1 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41440 |
| | DOYLESTOWN | PA | 18901 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SECU | ո JRITY & ASSET PROTECTIO | ON . |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | |) | 115.00 |
| T | OTAL This Period (last page this line number on | v) | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 26 / 306 |
|--------------------------|--|--------------------------|---|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| ••• | LIMIZED RECEIF 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and ado | r not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | 71 | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| | | | (4 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| Α. | MR JAMES ALLOCCO | | | Date of Receipt |
| | Mailing Address 19 ROSS ROAD | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41208 |
| | SCARSDALE | NY | 10583 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 50.00 |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 TECHNOLOGY | |
| | Receipt For: | | Year-to-Date V | |
| | Primary General | Aggregate | Teal to Bate V | 1 |
| | Other (specify) ▼ | l | 1200.00 | |
| | | | | · |
| | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 10 WHIPPOORWILL LAI | KE ROAD | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41415 |
| | CHAPPAQUA | NY | 10514 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 50.00 |
| | Name of Francisco | 0 | | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INFO | TECHNOLOGY | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 199.194.11 | | 1 |
| | Other (specify) ▼ | | 1200.00 | |
| | | | | |
| C. | Full Name (Last, First, Middle Initial) MS MARIA ANDERSON | | | Date of Receipt |
| C. | Mailing Address 4605 W SUNSET BLVD | | | M M / D D / Y Y Y Y |
| | 4005 W SUNSET BLVD | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41318 |
| | TAMPA | FL | 33629 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 5.00 |
| | federal political committee. | | | 3.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | |
| | MEDCO HEALTH SOLUTIONS | DIR CUS | | |
| | Receipt For: | | Year-to-Date V | |
| | Primary General | | 235.00 | 1 |
| Other (specify) ▼ | | | 255.00 | 1 |
| | | | | |
| _ | LIPTOTAL of Populate This Popul (antique) | | _ | 105.00 |
| \vdash | UBTOTAL of Receipts This Page (optional) | | | |
| _ | OTAL This Period (last page this line number on | v) | ı | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 27 / 306 |
|--------------------------|--|---|--------------------------|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| ••• | EIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the na | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PC | LITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) DR ROGER ANDERSON | | | Date of Receipt |
| | Mailing Address 833 OXFORD COURT | | | 11 1 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41436 |
| | LEWISVILLE | TX | 75056 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & CI | n HIEF PHARMACIST | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | , , | 4615.20 | |
| | Other (specify) ▼ | | | 1 |
| В. | Full Name (Last, First, Middle Initial) MS JAYME ANTONOPLOS | | | Date of Receipt |
| | Mailing Address 48 WITTE 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.41276 |
| | HEWITT | NJ | 07421 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 0.12 | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | - |
| | | DIR EXE | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | ' ' | 600.00 | 1 |
| | Other (specify) | 1 1 | 0 0 0 0 0 0 0 | |
| C. | Full Name (Last, First, Middle Initial) MR DAVID ARCISZEWSKI | | | Date of Receipt |
| | Mailing Address 20 CHADWELL PLACE | | | M M / D D / Y Y Y Y Y Y 1 Y 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41223 |
| | MORRISTOWN | NJ | 07960 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 25.00 |
| | federal political committee. | C | | 23.00 |
| | | | DUNSEL | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General | | | 600.00 | 1 |
| | Other (specify) ▼ | | 1 | |
| | | | | 040.00 |
| s | UBTOTAL of Receipts This Page (optional) | | <u>)</u> | 242.30 |
| T | OTAL This Period (last page this line number or | nly) | | |

| S | CHEDULE A (FEC Form 3X) | | Llan appareta aphadula(a) | FOR LINE NUMBER: PAGE 28 / 306 |
|-----------------------------------|--|------------------------------|--|--|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) |
| TI LIVIIZED NECEIF 13 | | | Detailed Summary Page | X 11a 11b 11c 12 |
| | information and the second December and Ot | | | 13 14 15 16 17 |
| or | y information copied from such Reports and State for commercial purposes, other than using the r | itements may lame and add | not be sold or used by any persol dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| \mathbb{Z} | | | , | , , , , , , , , , , , , , , , , , , , |
| Δ | Full Name (Last, First, Middle Initial) ERIK BAGIN | | | Date of Receipt |
| Α. | Mailing Address 73 HIGHLAND AVENUI | = | | M M / D D / Y Y Y Y |
| | | <u>-</u> | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41443 |
| | GLEN RIDGE | NJ | 07028 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 50.00 |
| | federal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | า | 7 |
| | | | VP FINANCE | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| | Office (Specify) | 1 1 | 0 0 0 0 0 0 0 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 80 N. WOODLAND STI | REET | | M M / D D / Y Y Y Y Y 1 1 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | |
| | ENGLEWOOD | NJ | 07631 | Transaction ID: INC.A.41354 Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 07001 | |
| | federal political committee. | C | | 35.00 |
| | Nome of Employer | Occupation | 2 | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | POSAL UNIT | |
| | Receipt For: | | Year-to-Date ▼ | - |
| | Primary General | | | |
| | Other (specify) ▼ | | 840.00 | |
| | | | | |
| C. | 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 |
| | | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41286 |
| | 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 MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | TECHNOLOGY | - |
| Receipt For: Aggr Primary General | | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 1200.00 | |
| | · · · · · · · | | | |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ······ | 135.00 |
| \vdash | | | <u>_</u> | |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 29 / 306 (check only one) |
|-------------------|---|---|---|--|
| | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MRS BRENDA BASSETT | | | Date of Receipt |
| | Mailing Address 1752 BLACKSTONE DRI | | | 11 10 2007 |
| | City CARROLLTON | State TX | Zip Code 75007 | Transaction ID: INC.A.41352 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 1 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP NATL | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1200.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR DAVID BAUGH | | | Date of Receipt |
| | Mailing Address 1813 ADONIS AVE | 1 1 1 0 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.41405 |
| | HENDERSON FEC ID number of contributing federal political committee. | C | 89074 | Amount of Each Receipt this Period 23.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | NEFIT DELIVERY SYSTEM | 8 |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 927.00 | |
|) . | Full Name (Last, First, Middle Initial) MR PETER BEGANS | | | Date of Receipt |
| | Mailing Address 1605 CHARNITA CT | | | 1 1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City VIENNA | State VA | Zip Code 22182 | Transaction ID: INC.A.41250 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 22102 | 100.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP GOVI | n ERNMENT AFFAIRS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2400.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 173.00 |
| Т | OTAL This Period (last page this line number onl | v) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 30 / 306 | | | |
|--|--|-------|-------------------------------------|--|--|--|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | | | |
| ••• | LIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 | | | |
| Δι | ny information copied from such Reports and Statements | ma | y not be sold or used by any perso | | | | |
| or | for commercial purposes, other than using the name and | d add | dress of any political committee to | solicit contributions from such committee. | | | |
| abla | NAME OF COMMITTEE (In Full) | | | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. POLITICA | AL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) | | | |
| \angle | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) MR STEPHEN BELL | | | Date of Receipt | | | |
| Λ. | Mailing Address 24 GLENWOOD ROAD | | | M M / D D / Y Y Y Y | | | |
| | Maining / Noorlood 24 GLEINWOOD HOAD | | | 11 10 2007 | | | |
| | City State | е | Zip Code | Transaction ID: INC.A.41418 | | | |
| | UPPER SADDLE RIVER NJ | | 07458 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee | - | | 50.00 | | | |
| | federal political committee. | | | 30.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS VD 5 | oatio | n | 7 | | | |
| | MEDCO HEALTH SOLUTIONS VP F | INA | NCE | | | | |
| | Receipt For: Aggre | egate | e Year-to-Date ▼ | | | | |
| | Primary General | | 1200.00 | | | | |
| | Other (specify) ▼ | 0 | 1200.00 | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | |
| В. | MS EILEEN BIDELL | | | Date of Receipt | | | |
| | Mailing Address 71 WASHINGTON CT. | | | M M / D D / Y Y Y | | | |
| | | | | 11 10 2007 | | | |
| | City State | е | Zip Code | Transaction ID: INC.A.41282 | | | |
| | TOWACO NJ | | 07082 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | | | 25.00 | | | |
| | rederal political committee. | _ | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS OCCUP MEDCO HEALTH SOLUTIONS | | | | | | |
| | | | PHARM OPS | | | | |
| | Receipt For: Aggree Primary General | egate | e Year-to-Date ▼ | | | | |
| | Other (specify) | | 600.00 | | | | |
| | (4) | 0 | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | |
| C. | MR FLOYD BILLINGS | | | Date of Receipt | | | |
| | Mailing Address 4273 BROGDAN FARM COUP | RT | | 11 10 2007 | | | |
| | City State | | Zip Code | Transaction ID: INC.A.41296 | | | |
| | BUFORD GA | | 30518 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing | _ | | | | | |
| | federal political committee. | | | 25.00 | | | |
| | Name of Employer Occup | natio | <u> </u> | \dashv | | | |
| | MEDCO HE'ALTH SOLLITIONS | | CAL SPECIALIST | | | | |
| | | | e Year-to-Date ▼ | 1 | | | |
| | Primary General | | 000.00 | | | | |
| | Other (specify) ▼ | | 600.00 | | | | |
| _ | | | | | | | |
| SUPTOTAL of Descripto This Descripto This Descriptorally | | | | | | | |
| \vdash^{s} | UBTOTAL of Receipts This Page (optional) | | <u> </u> | | | | |
| + | OTAL This Period (last page this line number only) | | | | | | |
| | | | ······ | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 31 / 306 |
|-------------------|---|---|---|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| ••• | EWIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | or not be sold or used by any person dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | 7, | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DITICAL A | ACTION COMMITTEE (a k a | Medco Health PAC) |
| | MESOS HEREIN SOLOTIONS INS. I S |) | 1011011 001111111 122 (4.114 | · Modeo Fiedali F 7(0) |
| _ | Full Name (Last, First, Middle Initial) | | | |
| Α. | BRYAN BIRCH | | | Date of Receipt |
| | Mailing Address 4 WINDRUSH LANE | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41414 |
| | WESTPORT | CT | 06880 | |
| | | 01 | 00000 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | PRES, EMPLOYER GROUP | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | ' ' | 4608.00 | |
| | Cirici (Specify) | 0 0 | 1 1 1 1 1 1 1 | |
| | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 26 DAYLILY DRIVE | M M / D D / Y Y Y Y | | |
| | 011 | 01-1- | 7'- 0-4- | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41449 |
| | MOUNT LAUREL | NJ | 08054 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | |
| | | DIR HR | · · · · · | 4 |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | ' ' | 480.00 | |
| | | | | ' |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MS SUZANNE BLACKBURN | | | Date of Receipt |
| | Mailing Address 4520 LINWOOD LANE | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41403 |
| | DEEPHAVEN | MN | 55331 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 00001 | |
| | federal political committee. | C | | 50.00 |
| | Name of Employer | 100000000000000000000000000000000000000 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 ENT & MKT STRATEGIC DE | |
| | Receipt For: | 1 | Year-to-Date V | - <u>v</u> |
| | Primary General | 7.99.094.0 | Total to Buto V | 1 |
| Other (specify) | | | 1200.00 | |
| _ | · | | | <u> </u> |
| Г | <u> </u> | | | 272.22 |
| s | UBTOTAL of Receipts This Page (optional) | | | 252.00 |
| Г | | | | |
| Ιт | OTAL This Period (last page this line number or | nlv) |) | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 32/306 | | |
|---|---|--|----------------------------------|---|--|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | | |
| •• | | | Detailed Summary Page | X 11a 11b 11c 12 17 17 17 17 17 17 17 | | |
| ۸۰ | y information copied from such Reports and Stater | monto mov | not be cold or used by any perce | 13 14 15 16 17 | | |
| or | for commercial purposes, other than using the nam | solicit contributions from such committee. | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. POL | ITICAL A | CTION COMMITTEE (a.k.a | . Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MR MARK BLAKE | | | Date of Receipt | | |
| | Mailing Address 129 NORWOOD AVENUE | | | 11 1 10 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41452 | | |
| | MONTCLAIR | NJ | 07043 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 50.00 | | |
| | MEDOO HE'ALTH SOLLITIONS | Occupation /P BUSIN | NESS DEV | | | |
| | | Aggregate | Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | 1 1 | 650.00 | | | |
| | Other (specify) | 0 0 | 1 1 1 1 1 1 1 | J | | |
| В. | Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN | | | Date of Receipt | | |
| | Mailing Address 50 NEW ENGLAND DR | M M / D D / Y Y Y Y | | | | |
| | C'h. | 11 10 2007 | | | | |
| | City RAMSEY | State NJ | Zip Code 07446 | Transaction ID: INC.A.41242 | | |
| | | INU | 07446 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 50.00 | | |
| | MEDCO LEXITLI SOLLITIONS | Occupation /P MKTII | NG & PRODUCT DEV | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | 1 1 | 1200.00 | 1 | | |
| | Other (specify) ▼ | 0 0 | | | | |
| C. | Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA | | | Date of Receipt | | |
| | Mailing Address 80 LEONA CT | | | M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 0 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41407 | | |
| | LEVITTOWN | NY | 11756 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | | | |
| | federal political committee. | С | | 25.00 | | |
| | MEDCO HEALTH SOLUTIONS | Occupation OIR TECH | I HNOLOGY | | | |
| | | Aggregate | Year-to-Date ▼ | | | |
| Primary General | | | 600.00 | | | |
| | Other (specify) ▼ | 0 0 | 1 1 1 1 1 1 1 1 | 1 | | |
| Г | L | | | 125.00 | | |
| S | UBTOTAL of Receipts This Page (optional) | | | 125.00 | | |
| TOTAL This Period (last page this line number only) | | | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER | : PAGE 33/306 |
|-----------------------------------|---|-------------|---|-------------------------------------|-----------------------|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | |
| ••• | LIMIZED REGEN 13 | | Detailed Summary Page | X 11a 11b | 11c 12 |
| Λ | winformation conind from such Departs and Cta | tomanta mai | , not be cold or used by one norse | 13 14 14 n for the purpose of cells | 15 16 17 |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | ame and add | frict be sold of used by any perso dress of any political committee to | solicit contributions fron | n such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC |) |
| \angle | | | , | | , |
| | Full Name (Last, First, Middle Initial) | | | 5 | |
| Α. | MR DUANE BOSCH | | | Date of Receipt | |
| | Mailing Address 3935 BALSAM LA | | | M M / D E | |
| | City | State | Zip Code | Transaction ID: | |
| | PLYMOUTH | MN | 55441 | Amount of Each F | |
| | FEC ID number of contributing | | | 1 | |
| | federal political committee. | C | | | 10.00 |
| | V (5.1 | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | ı IICAL SVCS | | |
| | Receipt For: | | Year-to-Date ▼ | _ | |
| | Primary General | Aggregate | Teal-to-Date V | 1 | |
| | Other (specify) | | 240.00 | | |
| | | 0 0 | | 1 | |
| | Full Name (Last, First, Middle Initial) | | | | |
| В. | MR JOSEPH BOTTA | | | Date of Receipt | |
| | Mailing Address 109 ARBOR PL | | | M M / D C | |
| | City | State | Zip Code | | |
| | BRYN MAWR | PA | 19010 | Transaction ID: | |
| | | FA | 19010 | Amount of Each F | receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | |
| | | VP SALE | | _ | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) | ' ' | 600.00 | | |
| | cure. (openly) \ | 0 0 | 1 1 1 1 1 1 1 | ' | |
| | Full Name (Last, First, Middle Initial) | | | | |
| C. | MR BARRY BOUDREAUX | | | Date of Receipt | |
| | Mailing Address 3380 SADDLEBROOK S | STREET | | M M / D C | |
| | City | State | Zip Code | Transaction ID: | |
| | LAS VEGAS | NV | 89141 | Amount of Each F | |
| | | | 00141 | Amount of Lacif P | receipt triis r eriod |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | · | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | |
| | | | RM PRACTICE | 4 | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | | | 1175.00 | | |
| | | 0 0 | | 1 | |
| Г | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | 60.00 | | |
| \vdash | , | | | | |
| T | OTAL This Period (last page this line number or | nly) | > | | |

| S | CHEDULE A (FEC Form 3X) | | Llan appareta aphadula(a) | FOR LINE NUMBER: PAGE 34 / 306 | | |
|-------------------|---|------------------------------|--|--|--|--|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) | | |
| ••• | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| _ | | | | 13 14 15 16 17 | | |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any persol dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN | | | Date of Receipt | | |
| | Mailing Address 5259 FISHERCREST LI | V | | 11 1 10 / Y Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: INC.A.41359 | | |
| | RICHMOND | VA | 23231 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 200.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FORM | n MULARY CONSULTING | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | | 4800.00 | | | |
| | Ottler (specify) | 1 1 | 0 0 0 0 0 0 | | | |
| В. | Full Name (Last, First, Middle Initial) MS HEIDI BOWMAN | | | Date of Receipt | | |
| | Mailing Address 15 DAWN LANE | | | 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: INC.A.41400 | | |
| | RINGWOOD | NJ | 07456 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR H | n HLTH MGMT | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary ☐ General Other (specify) ▼ | 0 0 | 720.00 | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR CHRISTOPHER BRADBURY | | | Date of Receipt | | |
| | Mailing Address 3 DEER HORN TRAIL | | | 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.41127 | | |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 10.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ENHANCING SOLUTIONS | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary ☐ General Other (specify) ▼ | | 240.00 | | | |
| | <u> </u> | | | 240.00 | | |
| | UBTOTAL of Receipts This Page (optional) | | ······ | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 / 306 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17 |
|----------------------|--|--------------------------|--|---|
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the nar | ements may me and add | not be sold or used by any persor | for the purpose of soliciting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | LITICAL A | CTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM | | | Date of Receipt |
| | Mailing Address PO BOX 708 | | | 11 10 2007 |
| | City COATESVILLE | State PA | Zip Code 19320 | Transaction ID: INC.A.41347 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 13320 | 75.00 |
| | MEDCO HEALTH SOLUTIONS | | & PROCESS ENGINEERING | <u>-</u> <u>3</u> |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1800.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR DAVID BREEN | | | Date of Receipt |
| | Mailing Address 27 SEALS DR | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City MONROE | State NY | Zip Code 10950 | Transaction ID: INC.A.41328 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 | 25.00 |
| | MEDCO LEVITU SOLLITIONS | Occupation DIR ANA | LYTICAL SVCS |] |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | |
|). | Full Name (Last, First, Middle Initial) MR JOHN BRENNAN | | | Date of Receipt |
| | Mailing Address 2 CARMEN LANE | | | 1 1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City FLEMINGTON | State NJ | Zip Code 08822 | Transaction ID: INC.A.41433 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 10.00 |
| | MEDCO DEALTH COLLITIONS | Occupation VP AUDI | |] |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 240.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 110.00 |
| | | | ` _ | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBE | R: PAGE 36/306 |
|-----------------------------------|--|------------------------------|---|---|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | |
| THE MIZE OF THE OFFI | | | Detailed Summary Page | X 11a 11b | \vdash |
| _ | ., ., ., ., ., ., ., ., ., ., ., ., ., . | | | 13 14 | 15 16 17 |
| Ar | y information copied from such Reports and St for commercial purposes, other than using the | atements may name and add | / not be sold or used by any perso dress of any political committee to | on for the purpose of so solicit contributions fro | oliciting contributions om such committee. |
| | NAME OF COMMITTEE (In Full) | | , | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a k a | Medeo Health PA | C) |
| | MEDGG HEALTH GGEG HONG ING. 1 | OLITIONE 7 | to flore ociviivii i fee (a.ia | . Weddo Health 17 | |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| A. | MR PAUL BRISSON | | | Date of Receipt | |
| | Mailing Address 469 MANOR LANE | | | | 10 2007 |
| | Cit. | 01-1- | 7:- Oada | | |
| | City PELHAM MANOR | State | Zip Code | Transaction ID: | |
| | | NY | 10803 | Amount of Each | Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 15.00 |
| | rederal political committee. | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n | | |
| | | DIR PRO | DUCT DEVELOPMENT | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | | 370.00 | | |
| | Other (specify) | | 0.000 | | |
| | Full Name (Last, First, Middle Initial) | | | | |
| В. | MR RICHARD BROOKLER | | | Date of Receipt | |
| | Mailing Address 9 ROMARY COURT | | | - · | D / Y Y Y Y |
| | | | | | 10 2007 |
| | City | State | Zip Code | Transaction ID: | INC.A.41099 |
| | GLEN ROCK | NJ | 07452 | Amount of Each | Receipt this Period |
| | FEC ID number of contributing | C | | | 25.00 |
| | federal political committee. | | | | 20.00 |
| | Name of Employer | Occupation | 1 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | SR DIR F | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | | 050.00 | 1 | |
| | Other (specify) ▼ | | 350.00 | | |
| | | | <u> </u> | | |
| C. | Full Name (Last, First, Middle Initial) MR KENNETH BROWN | | | Date of Receipt | |
| Ο. | Mailing Address 540 GIORDANO DRIVI | | | <u> </u> | D / Y Y Y Y |
| | Maining / Idan 355 340 CHOTTE ATTO DITTO | <u> </u> | | | 2007 |
| | City | State | Zip Code | Transaction ID: | INC.A.41121 |
| | YORKTOWN HEIGHTS | NY | 10598 | Amount of Each | Receipt this Period |
| | FEC ID number of contributing | | | | 50.00 |
| | federal political committee. | C | | | 50.00 |
| | Name of Employer | Occupation | <u> </u> | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | TECHNOLOGY | | |
| | Receipt For: | | e Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | | | | 1 | |
| | | | 1200.00 | | |
| | | | • | | |
| | | | | | 00.00 |
| s | UBTOTAL of Receipts This Page (optional) | | 90.00 | | |
| | | | | | |
| T | OTAL This Period (last page this line number of | only) |) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 37/306 |
|-----|---|-------------|-------------------------------------|--|--------------------------|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | 44- 🗆 40 |
| • • | | | Detailed Summary Page | X 11a 11b 14 | 11c 12 15 16 17 |
| Ar | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | not be sold or used by any person | | |
| or | | me and add | dress of any political committee to | solicit contributions from su | uch committee. |
| \ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a k a | Medco Health PAC | |
| _ | | | | | |
| Δ. | Full Name (Last, First, Middle Initial) MS VIVIAN BULGER | | | Date of Receipt | |
| • | Mailing Address 120 EAST MAIN ST | | | M M / D D / | / Y Y Y Y |
| | City | Stata | 7in Codo | 11 10 | 2007 |
| | City WASHINGTONVILLE | State NY | Zip Code 10992 | Transaction ID: INC Amount of Each Rece | |
| | FEC ID number of contributing | | | Tanada di Zadii iloo | 20.00 |
| | federal political committee. | C | | | ∠0.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | 1 | |
| | | SR DIR F | | _ | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) ▼ | | 480.00 | | |
| | Full Name (Lost First Middle Litter) | | | | |
| 3. | Full Name (Last, First, Middle Initial) MS MARY BURKE | | | Date of Receipt | |
| | Mailing Address 638 LENOX AVE | | | M M / D D / | 2007 |
| | City | State | Zip Code | Transaction ID: INC | |
| | WESTFIELD | NJ | 07090 | Amount of Each Rece | |
| | FEC ID number of contributing | С | | | 10.00 |
| | federal political committee. | | | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | |]. | |
| | | | R MEDICARE CLIENT PROI | DN - | |
| | Receipt For: Primary General | Aygregate | Year-to-Date ▼ | | |
| | Other (specify) ▼ | | 240.00 | | |
| | Full Name (Last, First, Middle Initial) | | | | |
| Э. | MR KEVIN BURON | | | Date of Receipt | |
| | Mailing Address 25 TIMBERLAND | | | 1 1 1 0 D | 2007 |
| | City | State | Zip Code | Transaction ID: INC | |
| | ALISO VIEJO | CA | 92656 | Amount of Each Rece | |
| | FEC ID number of contributing | С | | | 50.00 |
| | federal political committee. | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n JL MGR GROUP | | |
| | Receipt For: | | Year-to-Date V | - | |
| | Primary General | 33 13111 | | | |
| | Other (specify) ▼ | | 650.00 | | |
| | | | | | • • • • • • |
| s | UBTOTAL of Receipts This Page (optional) | | | | 80.00 |
| | | | · | | |
| T | OTAL This Period (last page this line number onl | ly) | > | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 38/306 |
|-----|---|--------------|---|------------------------------|--------------------------|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | l 445 |
| • • | | | Detailed Summary Page | X 11a 11b 13 14 | 11c 12 15 16 17 |
| An | y information copied from such Reports and State for commercial purposes, other than using the na | tements may | γ not be sold or used by any perso | | |
| or | | ame and add | dress of any political committee to | solicit contributions from s | uch committee. |
| | NAME OF COMMITTEE (In Full) | | OTION OCCUPATION | | |
| / | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a. | . Medco Health PAC) | |
| • | Full Name (Last, First, Middle Initial) | | | | |
| ۹. | MRS PEGEEN BUTTERFIELD | | | Date of Receipt | |
| | Mailing Address 23 NUTTING PLACE | | | M M / D D D 1 1 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: INC | |
| | WEST CALDWELL | NJ | 07006 | Amount of Each Rec | |
| | FEC ID number of contributing | С | | | 25.00 |
| | federal political committee. | | | | _5.55 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | 7 | |
| | | | BUSINESS DEVELOPMENT | _ | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) | | 600.00 | | |
| | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Descript | |
| 3. | MRS DOREEN CALDER Mailing Address 441 S ELM STREET | | | Date of Receipt | / Y Y Y Y Y |
| | | | | 11 10 | 2007 |
| | City | State | Zip Code | Transaction ID: INC | C.A.41063 |
| | MAYWOOD | NJ | 07607 | Amount of Each Rec | eipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 40.00 |
| | · | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | |
| | Receipt For: | | INESS REQUIREMENTS Year-to-Date ▼ | \dashv | |
| | Primary General | , iggi egale | | ı | |
| | Other (specify) ▼ | | 960.00 | | |
| | | | | - | |
| Э. | Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI | | | Date of Receipt | |
| _ • | Mailing Address 119 WASHINGTON AVE | ENUE | | M M / D D | / Y Y Y Y |
| | | | | 11 10 | 2007 |
| | CHATHAM | State NJ | Zip Code | Transaction ID: INC | |
| | | | 07928 | Amount of Each Rec | |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer | Occupation | | - | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | VP FINAL | | | |
| | Receipt For: | | Year-to-Date ▼ | 1 | |
| | Primary General | | 700.00 | | |
| | Other (specify) ▼ | 0 0 | 700.00 | | |
| | | | | | |
| S | UBTOTAL of Receipts This Page (optional) | | | | 115.00 |
| | | | • | | |
| T | OTAL This Period (last page this line number or | nly) | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 39/306 |
|---|----------------------------|---|--|
| TEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | Detailed Summary Page | 13 14 15 16 17 |
| Any information copied from such Reports and Sta or for commercial purposes, other than using the n | tements may ame 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. PC | DLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle Initial) A. MR GERALD CARDONE | | | Date of Receipt |
| Mailing Address 3 MEADOW LANE | | | 11 1 10 2007 |
| City | State | Zip Code | Transaction ID: INC.A.41374 |
| ANNANDALE | NJ | 08801 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FAC | n ILITY PLANNING & DESIGN | 1 |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 240.00 | |
| Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI | | | Date of Receipt |
| Mailing Address 24 SHERI DRIVE | | | 11 1 10 / 2007 |
| City | State | Zip Code | Transaction ID: INC.A.41320 |
| ALLENDALE | NJ | 07401 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 52.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | n AL MGR GROUP | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 1260.00 | |
| Full Name (Last, First, Middle Initial) C. MS CATHERINE CASALE | | | Date of Receipt |
| Mailing Address 16345 HEATHROW DR | IVE | | 1 1 1 1 0 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.41370 |
| TAMPA | FL | 33647 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 13.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | n CCT EXEC | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 312.00 | |
| SUBTOTAL of Receipts This Page (optional) | | ····· | 75.50 |
| TOTAL This Period (last nage this line number or | alv) | | |

| 9 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 40 / 306 |
|-------------------|---|---|-------------------------------------|--|
| , | | Use separate schedule(s) | | (check only one) |
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | | X 11a 11b 11c 12 |
| | | | Detailed Summary Fage | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta | atements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the r | name and add | lress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS MARY CASALE | | | Date of Receipt |
| | Mailing Address 822 CEDAR AVE | | | 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: INC.A.41232 |
| | HADDENFIELD | NJ | 08033 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | 1 | S STRATEGY & MARKETIN | NG |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | ' ' | 600.00 | |
| | Other (specify) | 0 0 | | |
| — В. | Full Name (Last, First, Middle Initial) MS KAREN CATHCART RUSSELL | | | Date of Receipt |
| | Mailing Address 148 CLUBHOUSE DR | | | M M / D D / Y Y Y Y |
| | | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41088 |
| | WEST COLUMBIA | SC | 29172 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR C | DLINICAL SVCS | |
| | Receipt For: | Aggregate | Year-to-Date | |
| | Primary General | | 600.00 | 1 |
| | Other (specify) ▼ | | 000.00 | |
| _ | Full Name (Last, First, Middle Initial) MR JASON COLE | | | Date of Receipt |
| ٠. | Mailing Address 14917 E BELLA VISTA | | | M M / D D / Y Y Y Y |
| | 14017 E BELEN VIOTA | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41216 |
| | VERADALE | WA | 99037 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | RM PRACTICE | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 350.00 | 1 |
| | Other (specify) | | 330.00 | |
| _ | | | | |
| | | | | 20.00 |
| s | UBTOTAL of Receipts This Page (optional) | |) | 60.00 |
| \vdash | | | <u> </u> | - |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 41/306 |
|-------------------|--|-------------|--|------------------------------|--------------------------|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | 44. 🗆 40 |
| • • | | | Detailed Summary Page | X 11a 11b 14 | 11c 12 15 16 17 |
| Ar | ry information copied from such Reports and State | ements may | not be sold or used by any person | | |
| or | ny information copied from such Reports and Stat for commercial purposes, other than using the na | me and add | dress of any political committee to | solicit contributions from s | uch committee. |
| \ | NAME OF COMMITTEE (In Full) | | | | |
| / | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | |
| | Full Name (Last, First, Middle Initial) | | | | |
| ١. | MR FRANK COLIANO | | | Date of Receipt | |
| | Mailing Address 5176 BALDWIN TERRAC | CE | | 1 1 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: INC | |
| | MARIETTA | GA | 30068 | Amount of Each Rec | |
| | FEC ID number of contributing | С | | | 15.00 |
| | federal political committee. | | | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | 7 | |
| | | | CCT EXEC | 4 | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | |
| | Other (specify) | | 360.00 | | |
| | | | | | |
| , | Full Name (Last, First, Middle Initial) | | | Date of Decided | |
| 3. | WILLIAM CONSIDINE Mailing Address 130 WEST 67TH STREE | T #/I | | Date of Receipt | / Y Y Y Y Y |
| | | 11 10 | 2007 | | |
| | City | State | Zip Code | Transaction ID: INC | C.A.41426 |
| | NEW YORK | NY | 10023 | Amount of Each Rec | eipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 25.00 |
| | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | |
| | Receipt For: | | BUSINESS PLANNING & DE e Year-to-Date ▼ | V | |
| | Primary General | , iggregate | | | |
| | Other (specify) ▼ | | 600.00 | | |
| | | | | | |
| Э. | Full Name (Last, First, Middle Initial) MR ROBERT COOK | | | Date of Receipt | |
| | Mailing Address 270 S FRANKLIN TURNI | PIKE | | M M / D D | / Y Y Y Y Y |
| | 01 | 01-1 | 7'- 0-1- | 11 10 | 2007 |
| | City RAMSEY | State NJ | Zip Code 07446 | Transaction ID: INC | |
| | FEC ID number of contributing | | 07440 | Amount of Each Rec | |
| | federal political committee. | C | | | 25.00 |
| | Name of Employer | Occupation | n | - | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | '' H CARE OPS-TECHNOLOG | M | |
| | Receipt For: | | e Year-to-Date ▼ | 7 | |
| | Primary General | | 600.00 | | |
| | Other (specify) ▼ | 0 0 | 000.00 | | |
| | L | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 65.00 |
| | , | | | | |
| T | OTAL This Period (last page this line number on | ly) | > | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 42/306 | | |
|----|---|--------------------|-------------------------------------|------------------------------|--------------------------|--|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | 144. 🗆 40 | | |
| • | | | Detailed Summary Page | X 11a 11b 13 14 | 11c 12 15 16 17 | | |
| Ar | ny information copied from such Reports and St | atements may | y not be sold or used by any perso | on for the purpose of solici | tina contributions | | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from | such committee. | | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | Modes Health BAC | | | |
| | WIEDGO FIEAETH SOLUTIONS INC. F | OLITICAL A | ACTION COMMITTEE (a.K.a | i. Wedco Health FAC) | | | |
| _ | Full Name (Last, First, Middle Initial) | | | 5. (5.). | | | |
| Α. | ANTONIO CORREIA Mailing Address 30 EAST 81ST STREE | T #0D | | Date of Receipt | / Y Y Y Y | | |
| | Walling Address 30 EAST 81ST STREE | 1,#90 | | 11 10 | 2007 | | |
| | City | State | Zip Code | Transaction ID: IN | C.A.41454 | | |
| | NEW YORK | NY | 10028 | Amount of Each Re | ceipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BUSI | n NESS DEV | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General | | 700.00 | 1 | | | |
| | Other (specify) ▼ | 0 0 | | 1 | | | |
| В. | Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN | | | Date of Receipt | | | |
| | Mailing Address 25 FAIRWAY TRAIL | 1 1 1 0 | 2007 | | | | |
| | City State | | Zip Code | Transaction ID: IN | C.A.41209 | | |
| | SPARTA | NJ | 07871 | Amount of Each Re | ceipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | | 50.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PHAR | n RMACY NETWORK MGMT | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | | 1200.00 | 11 | | | |
| | canon (openiny) • | 0 0 | | 1 | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | |
| C. | MR ROBERT CRAIG Mailing Address 7979 E SANTA CATAL | INIA DD | | Date of Receipt | / Y Y Y Y | | |
| | 7979 E SANTA CATAL | INA Dh | | 11 10 | 2007 | | |
| | City | State | Zip Code | Transaction ID: IN | C.A.41198 | | |
| | SCOTTSDALE | AZ | 85255 | Amount of Each Re | ceipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | | 60.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | R PRODUCT | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | . | | | |
| | Primary General Other (specify) ▼ | | 720.00 | | | | |
| | | | 0 0 0 0 0 0 0 | 1 | | | |
| s | SUBTOTAL of Receipts This Page (optional) | | | | | | |
| | OTAL This Desired floor | -1.3 | | | | | |
| ΙT | OTAL This Period (last page this line number of | niy) | | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 43/306 | |
|-------------------|---|--------------------|-------------------------------------|-----------------------------|--------------------------|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | 1 — | |
| •• | LIMIZED REGEN TO | | Detailed Summary Page | X 11a 11b | 11c 12 15 16 17 | |
| ۸۰ | y information conicd from auch Departs and St | atomonto mo | ret he cold or wood by any norse | n for the purpose of colici | | |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from | such committee. | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | |
| | Full Name (Last, First, Middle Initial) | | | | | |
| A. | MR ANGELO CUOZZO | | | Date of Receipt | | |
| | Mailing Address 19 IDA COURT | | | M M / D D D 1 1 0 | 2007 | |
| | City | State | Zip Code | Transaction ID: IN | | |
| | STATEN ISLAND | NY | 10312 | Amount of Each Re | | |
| | FEC ID number of contributing | | 1 1 1 1 1 1 | 7 mount of Euch Ho | · · · · · · | |
| | federal political committee. | C | | | 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | n HNOLOGY | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General | | 600.00 | | | |
| | Other (specify) ▼ | 0 0 | 000.00 | | | |
| — В | Full Name (Last, First, Middle Initial) MS ROSELIN DANIEL | | | Date of Receipt | | |
| ٥. | Mailing Address 17 DEVONSHIRE DRIV | M M / D D | / Y 'Y 'Y 'Y | | | |
| | Mainig Address 17 DE VOI WITE DITTY | 11 10 | 2007 | | | |
| | City State | | Zip Code | Transaction ID: INC.A.41301 | | |
| | RANDOLPH | NJ | 07869 | Amount of Each Re | ceipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | - | | |
| | MEDCO HEALTH SOLUTIONS | SR DIR E | BENEFIT DELIVERY SYS | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General | | 600.00 | | | |
| | Other (specify) | | 000.00 | | | |
| C. | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS | | | Date of Receipt | | |
| | Mailing Address 2903 CHUKKAR COUR | T | | M M / D D D 1 1 1 0 | 2007 | |
| | City | State | Zip Code | Transaction ID: IN | | |
| | PLANT CITY | FL | 33567 | Amount of Each Re | | |
| | FEC ID number of contributing | | | Timodini di Eddini ila | | |
| | federal political committee. | C | | | 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | | | |
| | | | Year-to-Date ▼ | | | |
| | Primary General | | 1175.00 | 1 | | |
| | Other (specify) ▼ | 0 0 | 1175.00 | | | |
| | | | | | 75.00 | |
| S | UBTOTAL of Receipts This Page (optional) | | | | 75.00 | |
| T | OTAL This Period (last page this line number o | nly) | > | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 44 / 306 |
|-------------|---|--------------------|---|---|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a |
| Ar | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | 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. |
| \setminus | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS MARY DASCHNER | | | Date of Receipt |
| | Mailing Address 2926 EWING AVE S | | | 11 1 10 7 2007 |
| | City MINNEAPOLIS | State MN | Zip Code 55416 | Transaction ID: INC.A.41185 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & G | n ENERAL MGR MEDICARE | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4615.20 | |
| В. | Full Name (Last, First, Middle Initial) DR AMITA DASMAHAPATRA Mailing Address 24 CHARLOTTE HILL DI | R | | Date of Receipt |
| | City | 11 10 2007 | | |
| | BERNARDSVILLE | State NJ | Zip Code 07924 | Transaction ID: INC.A.41110 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 0.021 | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | MEDICAL POLICY & PROG | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 240.00 | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) MR ANDREW DAVIS | | | Date of Receipt |
| | Mailing Address 5616 BROOK DRIVE | | | 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City EDINA | State MN | Zip Code 55439 | Transaction ID: INC.A.41196 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP MEDI | n CARE CLIENT & SALES SU | JP |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 252.30 |
| T | OTAL This Period (last page this line number on | lv) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER | R: PAGE 45/306 | |
|-------------------|--|-----------------|---|---|---|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | | |
| ••• | LIMIZED HEOLII 13 | | Detailed Summary Page | X 11a 11b | 11c 12 | |
| Δ. | winformation assign from such Departs and Ct | otomonto mo | , not be cold or used by one norse | 13 14 | 15 16 17 | |
| or | y information copied from such Reports and St for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions fror | n such committee. | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC | 2) | |
| | | | (| | , | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| Α. | MR DANIEL DAVISON | | | Date of Receipt | | |
| | Mailing Address 402 HIGHLAND AVE | | | M M / D 1 | | |
| | City | State | Zip Code | Transaction ID: | | |
| | RIDGEWOOD | NJ | 07450 | | Receipt this Period | |
| | FEC ID number of contributing | | 0.100 | 7 tillodilt of Edolf I | | |
| | federal political committee. | C | | | 50.00 | |
| | | 1- | | _ | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | |
| | Receipt For: | VP PRIC | Year-to-Date V | _ | | |
| | Primary General | Aggregate | rtear-to-Date V | , | | |
| | Other (specify) | | 1200.00 | | | |
| | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | |
| В. | MR LUCA DEFLORENTIIS | | | Date of Receipt | | |
| | Mailing Address W62 N1032 FAIRHAVE | M M / D 1 1 1 | 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| | City | Zip Code | | | | |
| | City State | | • | Transaction ID: INC.A.41251 Amount of Each Receipt this Period | | |
| | CEDARBURG | WI | 53012 | Amount of Each F | Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 | |
| | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | |
| | | | ACCT MGMT | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | |
| | Other (specify) | | 600.00 | | | |
| | Carior (opcony) 🔻 | | 1 1 1 1 1 1 1 1 | | | |
| | Full Name (Last, First, Middle Initial) | | | | | |
| C. | MS BARBARA DELLEDONNA | | | Date of Receipt | | |
| | Mailing Address 199 SANFORD AVE | | | M M / D 1 | 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | City | State | Zip Code | Transaction ID: | | |
| | EMERSON | NJ | 07630 | | Receipt this Period | |
| | | | 07000 | Amount of Laciff | neceipt this renou | |
| | FEC ID number of contributing federal political committee. | C | | | 10.00 | |
| | | | | _ | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | |
| | | | E-COM BUSINESS OPS | | | |
| | Receipt For: Primary General | | e Year-to-Date ▼ | , [| | |
| | Other (specify) | | 240.00 | | | |
| | | 0 0 0 0 0 0 0 | 1 | | | |
| Г | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | . L | 85.00 | |
| \vdash | | | • | - | | |
| T | OTAL This Period (last page this line number of | only) | > | | | |

S

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | FOR LINE NUMBER: PAGE 46 / 306 | | |
|--------------------------|---|----------------------------|---|---|--|--|
| ITEMIZED RECEIPTS | | or each category of the | | (check only one) X 11a 11b 11c 12 | | |
| | | | Detailed Summary Page | 13 14 15 16 17 | | |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | not be sold or used by any persolress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | |
| \angle | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | |
| A. | Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO | | | Date of Receipt | | |
| | Mailing Address 80 HILLSIDE AVENUE | | | 11 10 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41225 | | |
| | GLEN RIDGE | NJ | 07028 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CC | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | 1 | | |
| | Other (specify) ▼ | 0 0 | 600.00 | | | |
| В. | Full Name (Last, First, Middle Initial) MS TONI DEMANSS | | | Date of Receipt | | |
| | Mailing Address 32 RED BARN LANE | | 1 1 1 0 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.41432 | | |
| | WEST MILFORD | NJ | 07480 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | 0 0 | 350.00 | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS MAUREEN DEMPSEY | | | Date of Receipt | | |
| | Mailing Address 17 RICHWOOD 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.41445 | | |
| | DENVILLE | NJ | 07834 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR MED | n NICARE COMPLIANCE | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 | | | |
| <u>s</u> | UBTOTAL of Receipts This Page (optional) | | | 75.00 | | |
| \vdash | COLORE OF FLOORING THIS Flage (optional) | | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 47/306 |
|----------|--|---|-------------------------------------|--|
| ıт | EMIZED RECEIPTS | | or each category of the | (check only one) |
| •• | LIMIZED RESENTS | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar | y information copied from such Reports and State | ments may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the nar | me and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | 171041 | | M |
| | MEDCO HEALTH SOLUTIONS INC. POL | ITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Bassist |
| Α. | MR JOHN DERRICO Mailing Address 195 HACKENSACK AVEN | WI IE | | Date of Receipt |
| | | NOL | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41411 |
| | HARRINGTON PARK | NJ | 07640 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | MEDCO LEVITU SOLLITIONS | Occupation | n MARKETING | |
| | Receipt For: | | e Year-to-Date ▼ | 7 |
| | Primary General | | 050.00 | 1 |
| | Other (specify) ▼ | | 350.00 | |
| В. | Full Name (Last, First, Middle Initial) MS KAREN DEZEARN | | | Date of Receipt |
| | Mailing Address 3625 PATTERSTONE DF | 1 1 1 0 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.41090 |
| | ALPHARETTA | GA | 30022 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | MEDOO HE'NI THEONE I | Occupation SR NATL | n LACCT EXEC | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | ' ' | 600.00 | |
| | Other (specify) ▼ | | 000.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR WILLIS DINGLE | | | Date of Receipt |
| | Mailing Address 17826 ARBOR GREENE | 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.41157 |
| | TAMPA | FL | 33647 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | MEDCO HEALTH SOLLITIONS | Occupation SR DIR I | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1175.00 | |
| | Other (specify) ▼ | | 1170.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 75.00 |
| | | , | | |
| ΙT | OTAL This Period (last page this line number only | /) | . | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 48 / 306 (check only one) |
|--|---|---------------------|---|---|
| | | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | | | | Date of Receipt |
| | Mailing Address 9 CRANE AVENUE | | | 11 1 10 / 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.41302 |
| | WEST CALDWELL | NJ | 07006 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BEN | n EFIT DELIVERY SYSTEMS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| В. | Full Name (Last, First, Middle Initial) MS MERIDITH DORNER | | | Date of Receipt |
| | Mailing Address 4448 CREEK ROAD | | 1 1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | City | Zip Code | Transaction ID: INC.A.41105 | |
| | ALLENTOWN | PA | 18104 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR A | n ACCT MGMT | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR H.RONALD DRIZIN | | | Date of Receipt |
| | Mailing Address 17 DAYBREAK | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41360 |
| | IRVINE | CA | 92614 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CON | TRACT ADMINISTRATOR | |
| | Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 100.00 |
| \vdash | | | <u> </u> | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 49 / 306 (check only one) | | | | | | | | | |
|--|--------------|-------------------------------------|---|--|--|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS | | or each category of the | | | | | | | | | | |
| II LIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | | | | | |
| | | | 13 14 15 16 17 | | | | | | | | | |
| Any information copied from such Reports and St | atements may | not be sold or used by any perso | n for the purpose of soliciting contributions | | | | | | | | | |
| or for commercial purposes, other than using the | 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 | . Medco Health PAC) | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. MR DANA DUNCAN | | | Date of Receipt | | | | | | | | | |
| Mailing Address 72 HALLEY DR | | | M M / D D / Y Y Y Y | | | | | | | | | |
| | | | 11 10 2007 | | | | | | | | | |
| City | State | Zip Code | Transaction ID: INC.A.41235 | | | | | | | | | |
| POMONA | NY | 10970 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing | С | | 25.00 | | | | | | | | | |
| federal political committee. | | | 25.00 | | | | | | | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | 7 | | | | | | | | | |
| | | rechnology | | | | | | | | | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | | | |
| Primary General | | 600.00 | | | | | | | | | | |
| Other (specify) | 1 1 | 1 1 1 1 1 1 1 | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | + | | | | | | | | | |
| B. MR PETER DUNLEAVY | | | Date of Receipt | | | | | | | | | |
| Mailing Address 2 DECKER TERRACE | | | M M / D D / Y Y Y Y | | | | | | | | | |
| City | State | Zin Codo | 11 10 2007 | | | | | | | | | |
| • | | Zip Code | Transaction ID: INC.A.41128 | | | | | | | | | |
| KINNELON | NJ | 07405 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | | | | | | | | |
| | DIR FINA | | _ | | | | | | | | | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | | | | | | | | | |
| Other (specify) | | 550.00 | | | | | | | | | | |
| Culci (oposity) V | 0 0 | 1 1 1 1 1 1 1 | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | B. (B.) | | | | | | | | | |
| C. MR STEPHEN DUNLEAVY | | | Date of Receipt | | | | | | | | | |
| Mailing Address 14026 KNOX STREET | | | 1 1 1 0 2 0 0 7 | | | | | | | | | |
| City | State | Zip Code | Transaction ID: INC.A.41153 | | | | | | | | | |
| OVERLAND PARK | KS | 66221 | Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contributing | С | | 50.00 | | | | | | | | | |
| federal political committee. | | | 30.00 | | | | | | | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | 7 | | | | | | | | | |
| | | S SEGMENT LEADER | _ | | | | | | | | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | | | |
| Primary General | | 1200.00 | | | | | | | | | | |
| Other (specify) | | 1200.00 | | | | | | | | | | |
| | | | | | | | | | | | | |
| CURTOTAL of Descints This Description is | | | 100.00 | | | | | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | <u> </u> | | | | | | | | | | |

S П

| _ | | | | | | | | | |
|--|---|----------------------------|---|--|--|--|--|--|--|
| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 50 / 306 | | | | | |
| IT | EMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 | | | | | |
| | - | | Detailed Summary Page | 13 14 15 16 17 | | | | | |
| Ar or | y information copied from such Reports and Stat for commercial purposes, other than using the na | tements may ame and ado | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | | | |
| <u></u> | Full Name (Last, First, Middle Initial) | | | | | | | | |
| A. | MR MARK DUNN | | | Date of Receipt | | | | | |
| | Mailing Address 2 OLD MILL ROAD | | | 1 1 1 0 2 0 0 7 | | | | | |
| | City | State | Zip Code | 1 1 1 0 2 0 0 7 Transaction ID: INC.A.41131 | | | | | |
| | SANDY HOOK | CT | 06482 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing | | 1 1 1 1 1 1 | | | | | | |
| | federal political committee. | C | | 25.00 | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | TECHNOLOGY | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| | Primary General | | 350.00 | | | | | | |
| | Other (specify) | | 000.00 | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | |
| В. | MR YAACOV DUSHEK | | | Date of Receipt | | | | | |
| | Mailing Address 312 MEGAN CT | | | 1 1 1 0 2 0 0 7 | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41291 | | | | | |
| | WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing | | | 25.00 | | | | | |
| | federal political committee. | C | | 25.00 | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 | | | | | |
| | MEDCO HEALTH SOLUTIONS | | BENEFIT DELIVERY SYS | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| | Primary General Other (specify) ▼ | | 600.00 | | | | | | |
| | case (epoon), • | 0 0 | 0 0 0 0 0 0 0 | 1 | | | | | |
| <u>с.</u> | Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN | | | Date of Receipt | | | | | |
| | Mailing Address 908 EDGEMEER LANE | | | 1 1 1 0 / 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.41387 | | | | | |
| SOUTHLAKE TX FEC ID number of contributing federal political committee. | | TX | 76092 | Amount of Each Receipt this Period | | | | | |
| | | С | | 34.45 | | | | | |
| | <u> </u> | | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | | | | | | |
| | Receipt For: | | e Year-to-Date ▼ | \dashv | | | | | |
| | Primary General | 99. 09410 | | 1 | | | | | |
| | Other (specify) ▼ | | 1619.15 | | | | | | |
| _ | | | | | | | | | |
| 6 | JBTOTAL of Receipts This Page (optional) | | | 84.45 | | | | | |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X) Use separate sch | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 51 / 306 | | | | | | |
|---|---|--------------------|--|--|-----|--|--|--|--|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | | | | | | |
| •• | LIMIZED REGEN 13 | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 | 4-7 | | | | | |
| ۸۰ | y information against from augh Departs and Sta | tomonto mov | , not be cold or used by any parce | | 17 | | | | | |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | ame and add | rnot be sold of used by any perso dress of any political committee to | solicit contributions from such committee. | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | | | | | |
| \angle | | | | 1 | | | | | | |
| A. | Full Name (Last, First, Middle Initial) MR MICHAEL EDWARDS | | | Date of Receipt | | | | | | |
| | Mailing Address 109 KAREN PLACE | | | M M / D D / Y Y Y Y | | | | | | |
| | <u></u> | | | 11 10 2007 | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41120 | | | | | | |
| | WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period | _ | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General | | 650.00 | | | | | | | |
| | Other (specify) | | 030.00 | | | | | | | |
| — В. | Full Name (Last, First, Middle Initial) DR WOODY EISENBERG, MD | | | Date of Receipt | | | | | | |
| | Mailing Address 128 SUMMIT AVENUE | | | M M / D D / Y Y Y Y | | | | | | |
| | | | | 11 10 2007 | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41435 | | | | | | |
| | UPPER MONTCLAIR | NJ | 07043 | Amount of Each Receipt this Period | _ | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 50.00 | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | 1 | | | | | | |
| | | ļ | RE CHIEF MEDICAL OFFICI | ≣ R | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | ' ' | 1200.00 | | | | | | | |
| | Callet (openity) V | | | | | | | | | |
| <u>с.</u> | Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON | | | Date of Receipt | | | | | | |
| | Mailing Address 106 GRAHAM TERRAC | E | | M M / D D / Y Y Y | | | | | | |
| | 0" | | 7' 0 1 | 11 10 2007 | | | | | | |
| | City SADDLE BROOK | State NJ | Zip Code | Transaction ID: INC.A.41292 | | | | | | |
| | | INJ | 07663 | Amount of Each Receipt this Period | - | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNIC | n CAL SPECIALIST | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General | | 600.00 | | | | | | | |
| | Other (specify) ▼ | | | | | | | | | |
| | | | | 125.00 | 7 | | | | | |
| S | UBTOTAL of Receipts This Page (optional) | | ······ | 125.00 | 7 | | | | | |
| T | OTAL This Period (last page this line number or | nly) | > | | | | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 52/306 | | | | | |
|--------------------------|--|-------------------------|-------------------------------------|---|--------------------------|--|--|--|--|--|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) | 1 🗖 | | | | | | |
| •• | LIMIZED RECEIL 10 | | Detailed Summary Page | X 11a 11b 1 | 11c 12 15 16 17 | | | | | |
| Ar | ny information copied from such Reports and Sta | atements may | not be sold or used by any person | n for the purpose of solicit | tina contributions | | | | | |
| or | for commercial purposes, other than using the n | name and add | dress of any political committee to | solicit contributions from | such committee. | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) MR SCOTT ENOS | | | Date of Receipt | | | | | | |
| ۸. | Mailing Address 22 BARNARD RD | | | M M / D D | / Y 'Y 'Y 'Y | | | | | |
| | | | | 11 10 | 2007 | | | | | |
| | City | State | Zip Code | Transaction ID: IN | | | | | | |
| | WARWICK | RI | 02886 | Amount of Each Re | ceipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | 10.00 | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIN | n NICAL SVCS | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 240.00 | | | | | | | |
| | Cirici (Specify) | 0 0 | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN | | | Date of Receipt | | | | | | |
| | Mailing Address 359 LONG HILL ROAD | EAST | | 1 1 1 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | |
| | City | State | Zip Code | Transaction ID: IN | C.A.41438 | | | | | |
| | BRIARCLIFF MANOR | NY | 10510 | Amount of Each Re | ceipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP COR | n P COMMUNICATIONS | 1 | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | ' ' | 1200.00 | | | | | | | |
| | Other (specify) | 0 0 | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN | | | Date of Receipt | | | | | | |
| Ο. | Mailing Address 75 TWEED BLVD | | | - | / Y Y Y Y Y | | | | | |
| | | | | 11 10 | 2007 | | | | | |
| | City | State | Zip Code | Transaction ID: IN | | | | | | |
| | UPPER GRANDVIEW | NY | 10960 | Amount of Each Re | ceipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | 192.31 | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation CMO SV | n P MEDICAL&ANLYTC AFFR | S | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | ''' | 4615.44 | | | | | | | |
| Other (specify) | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 252.31 | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| T | OTAL This Period (last page this line number or | | | | | | | | | |

| S | CHEDULE A (FEC Form 3X) | | 11 | FOR LINE NUMBER: PAGE 53 / 306 |
|----|---|--------------|---|---|
| | | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , , | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any person | n for the purpose of soliciting contributions |
| 01 | | iame and add | diess of any political committee to | Solicit Contributions from Such Committee. |
| | NAME OF COMMITTEE (In Full) | SLITICAL / | ACTION COMMITTEE (a.k.a. | Madaa Haalib DAC) |
| / | MEDCO HEALTH SOLUTIONS INC. PO | JLITICAL F | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | MR SCOTT ERHARDT | | | Date of Receipt |
| | Mailing Address 11540 39TH AVE N | | | M M / D D / Y Y Y Y |
| | 0" | | 7' 0 1 | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41201 |
| | PLYMOUTH | MN | 55441 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 15.00 |
| | federal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | า | 7 |
| | MEDCO HEALTH SOLUTIONS | SR DIR A | ACCT MGMT | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 360.00 | |
| | Other (specify) ▼ | 0 0 | 300.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS | | | Date of Receipt |
| | Mailing Address 800 PALISADE AVE | | | M M / D D / Y Y Y Y |
| | APT 706 | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41390 |
| | FORT LEE | NJ | 07024 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 25.00 |
| | federal political committee. | <u> </u> | | 23.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 |
| | MEDCO HEALTH SOLUTIONS | | BENEFIT DELIVERY SYS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 000.00 | |
| | Other (specify) | | 600.00 | |
| | | | | |
| C. | Full Name (Last, First, Middle Initial) MR STEVEN FANDETTI | | | Date of Receipt |
| • | Mailing Address 15804 SORAWATER D | R | | M M / D D / Y Y Y Y |
| | | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41138 |
| | LITHIA | <u>FL</u> | 33547 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 15.00 |
| | federal political committee. | | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 |
| | MEDCO HEALTH SOLUTIONS | | CCT EXEC | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | 7 |
| | Primary General | | 200.00 | |
| | Other (specify) ▼ | | 360.00 | |
| _ | | | | |
| | | | | 55.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ····· | 33.00 |
| 1 | | | | |

| 91 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 54/306 | | | | | | | |
|-------------------|---|--|-------------------------------------|--|--|--|--|--|--|--|--|
| , | | Use separate schedule(s) or each category of the | | (check only one) | | | | | | | |
| ITEMIZED RECEIPTS | | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | | | |
| | | | Detailed Guillinary Fage | 13 14 15 16 17 | | | | | | | |
| Ar | y information copied from such Reports and Sta | atements may | not be sold or used by any pers | on for the purpose of soliciting contributions | | | | | | | |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. | | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | | | | | | | |
| \angle | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| Α. | DR RICHARD FEIFER | | | Date of Receipt | | | | | | | |
| | Mailing Address 32 EILEEN DR | | | 1 1 1 0 2 0 0 7 | | | | | | | |
| | City | State | Zip Code | | | | | | | | |
| | City | | • | Transaction ID: INC.A.41188 | | | | | | | |
| | MAHWAH | NJ | 07430 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing | C | | 50.00 | | | | | | | |
| | federal political committee. | | | | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | า | | | | | | | | |
| | MEDCO HEALTH SOLUTIONS | VP CARE | ENHANCING SOLUTION | S | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | |
| | Primary General | | | 7 | | | | | | | |
| | Other (specify) ▼ | 1 | 1200.00 | | | | | | | | |
| | | | | - | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| В. | MR THOMAS FEITEL | | | Date of Receipt | | | | | | | |
| | Mailing Address 58 APPLE HILL DR | | | M M / D D / Y Y Y Y | | | | | | | |
| | - | | | 11 10 2007 | | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41228 | | | | | | | |
| | GILLETTE | NJ | 07933 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing | С | | 192.23 | | | | | | | |
| | federal political committee. | | | 102.20 | | | | | | | |
| | Name of Employer | Occupation | า | \dashv | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | RP MKTG & E-COMM | | | | | | | | |
| | Receipt For: | - | e Year-to-Date ▼ | | | | | | | | |
| | Primary General | 1.99.19 | 1 1 1 1 1 1 1 | 7 | | | | | | | |
| | Other (specify) | | 4613.52 | | | | | | | | |
| | | | | " | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| C. | MS DAWN FELDNER | | | Date of Receipt | | | | | | | |
| | Mailing Address 275 BIRCH STREET | | | M M / D D / Y Y Y Y | | | | | | | |
| | | | | 11 10 2007 | | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41361 | | | | | | | |
| | EMERSON | NJ | 07630 | Amount of Each Receipt this Period | | | | | | | |
| | | | | 25.00 | | | | | | | |
| | | | | | | | | | | | |
| | | | <u> </u> | ┪ | | | | | | | |
| | | | INESS REQUIREMENTS | | | | | | | | |
| | | | Year-to-Date ▼ | 7 | | | | | | | |
| | Primary General | | 1 | | | | | | | | |
| | Other (specify) ▼ | 600.00 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | I | 267.23 | | | | | | | |
| H | 1 | | | - | | | | | | | |
| T | OTAL This Period (last page this line number o | | | | | | | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 55 / 306 | | | | | | | | |
|--------------------------|---|----------------|--------------------------------------|--|--|--|--|--|--|--|--|--|
| ıT | EMIZED RECEIPTS | | or each category of the | (check only one) | | | | | | | | |
| • • | EIVIIZED NECEIP I 3 | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | | | | |
| | | | | 13 14 15 16 17 | | | | | | | | |
| Ar | y information copied from such Reports and Stat for commercial purposes, other than using the na | tements may | not be sold or used by any person | on for the purpose of soliciting contributions | | | | | | | | |
| \ | NAME OF COMMITTEE (In Full) | arrie ariu auc | aress or arry political committee to | Solicit Contributions from Such Committee. | | | | | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | NITICAL A | ACTION COMMITTEE (a k a | Medon Health PAC) | | | | | | | | |
| \angle | | LITIOAL P | TOTION COMMITTEE (a.K.a | . Wedge Health FAG | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO | | | Date of Receipt | | | | | | | | |
| | Mailing Address 464 SPRING AVE. | | | M M / D D / Y Y Y Y | | | | | | | | |
| | | | | 11 10 2007 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41322 | | | | | | | | |
| | RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | С | | 25.00 | | | | | | | | |
| | federal political committee. | | | 25.00 | | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 | | | | | | | | |
| | MEDICO REALTH SOLUTIONS | SR DIR (| CARD OPS | | | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | | |
| | Primary General | | 600.00 | 1 | | | | | | | | |
| | Other (specify) | | 000.00 | | | | | | | | | |
| | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) MR DON FISCHER | | | Date of Receipt | | | | | | | | |
| | Mailing Address 10 TRACY CIRCLE | | | M M / D D / Y Y Y Y | | | | | | | | |
| | | | | 11 10 2007 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41129 | | | | | | | | |
| | CAMPBELL HALL | NY | 10916 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | С | | 25.00 | | | | | | | | |
| | federal political committee. | | | | | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | | | | | | | |
| | | DIR E-CO | OM STRAT & DELIV | | | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | | |
| | Primary General | | 600.00 | 1 | | | | | | | | |
| | Other (specify) | 0 0 | 000.00 | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| C. | MR EDWARD FISCHER | | | Date of Receipt | | | | | | | | |
| | Mailing Address 465 OLD STONE RD | | | 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41180 | | | | | | | | |
| | RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | | | 50.00 | | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS Oc VF | | | 30.00 | | | | | | | | |
| | | | 1 | 7 | | | | | | | | |
| | | | CARE OPS | | | | | | | | | |
| | | | e Year-to-Date ▼ | | | | | | | | | |
| | Primary General | 1 1 | 1000.00 | 1 | | | | | | | | |
| | Other (specify) | | 1200.00 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | _ | 100.00 | | | | | | | | |
| \vdash | | | | - | | | | | | | | |

| C | | | | FOR LINE NUMBER: PAGE 56 / 306 | | | | | | |
|--------------------------|---|----------------------------|---|---|--|--|--|--|--|--|
| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | (check only one) | | | | | | |
| IT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 | | | | | | |
| | | | Detailed Summary Page | | | | | | | |
| | | | | 13 14 15 16 17 | | | | | | |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | r not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS | | | Date of Receipt | | | | | | |
| | Mailing Address 1933 MT. OLIVE AGOSTA ROAD | | | 111 10 7 2007 | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41266 | | | | | | |
| | NEW BLOOMINGTON | ОН | 43341 | Amount of Each Receipt this Period | | | | | | |
| | FFO ID asserbly of a sustribution | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR H | n HLTH CARE OPS | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General | 1 1 | | 1 | | | | | | |
| | Other (specify) ▼ | 1 | 600.00 | | | | | | | |
| | | | | 4 | | | | | | |
| В. | Full Name (Last, First, Middle Initial) MR PAUL FORTUNATO, III | | | Date of Receipt | | | | | | |
| | Mailing Address 18 WINDING RIDGE | | | M M / D D / Y Y Y Y | | | | | | |
| | | | | 11 10 2007 | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41133 | | | | | | |
| | OAKLAND | NJ | 07436 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing | | | | | | | | | |
| | federal political committee. | C | | 10.00 | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | | | | | | | |
| | MEDCO HEALTH SOLUTIONS | SR NATL | . ACCT EXEC | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | |
| | Primary General | 1 1 | | 1 | | | | | | |
| | Other (specify) ▼ | | 240.00 | | | | | | | |
| | | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO | | | Date of Receipt | | | | | | |
| | Mailing Address 9 GREEN HILL TRAIL | | | 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.41284 | | | | | | |
| | TROPHY CLUB | TX | 76262 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 50.00 | | | | | | |
| | MEDCO HEALTH SOLUTIONS Receipt For: | | 1 | | | | | | | |
| | | | | _ | | | | | | |
| | | | Year-to-Date ▼ | | | | | | | |
| | Primary General | , , | 2350.00 | | | | | | | |
| | Other (specify) ▼ | | 2330.00 | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 85.00 | | | | | | |
| \vdash | | | | | | | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 57 / 306 (check only one) | | | | | | | | |
|--------------------------|--|----------------------------|---|--|--|--|--|--|--|--|--|--|
| IT | EMIZED RECEIPTS | | or each category of the | | | | | | | | | |
| •• | EIIIIEED REGEII 10 | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | | | | |
| | | | | 13 14 15 16 17 | | | | | | | | |
| Ar or | ny information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | | | | | | | |
| abla | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | | | | | | |
| Α. | | | | Date of Receipt | | | | | | | | |
| | Mailing Address 1434 NARRAGANSETT | BLVD | | 11 1 10 2007 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41147 | | | | | | | | |
| | CRANSTON | RI | 02905 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| n GOV AFFAIRS | | | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | | |
| | Primary General | | 700.00 | 1 | | | | | | | | |
| | Other (specify) ▼ | 0 0 | 720.00 | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI | | | Date of Receipt | | | | | | | | |
| | Mailing Address 24 MOREHOUSE PL | | | 1 1 1 0 2 0 0 7 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41053 | | | | | | | | |
| | NEW PROVIDENCE | NJ | 07974 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | | | 50.00 | | | | | | | | |
| | federal political committee. | C | | 50.00 | | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | | | | | | | |
| | | VP & CO | | | | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | | |
| | Primary General | | 1200.00 | | | | | | | | | |
| | Other (specify) | | 1200.00 | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI | | | Date of Receipt | | | | | | | | |
| | Mailing Address 720 N. LARRABEE APT 1701 | | | 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.41399 | | | | | | | | |
| | CHICAGO | IL | 60610 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 192.31 | | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS GENERA Receipt For: Aggregate | | | | | | | | | | | |
| | | | e Year-to-Date ▼ | | | | | | | | | |
| | Primary General | | 1015.11 | 1 | | | | | | | | |
| | Other (specify) ▼ | | 4615.44 | | | | | | | | | |
| _ | | | | | | | | | | | | |
| | | | | 272.31 | | | | | | | | |
| S | UBTOTAL of Receipts This Page (optional) | | ······ | | | | | | | | | |
| | | | | The state of the s | | | | | | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 58 / 306 |
|---|-------------------------------|--|--|
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | (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 name and add | not be sold or used by any persol lress of any political committee to | on for the purpose of soliciting contributions |
| 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) MS IRENE GALE Mailing Address 3 MAIZE TRAIL | | | Date of Receipt |
| City | State | Zip Code | 1 1 1 0 2 0 0 7 Transaction ID: INC.A.41176 |
| PLACITAS | NM | 87043 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR C | n CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 240.00 | |
| Full Name (Last, First, Middle Initial) 3. MS IVY GALLACCHI | | | Date of Receipt |
| Mailing Address 11 LAKE AVENUE | | | 11 1 10 / 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.41434 |
| MALTA | NY | 12020 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 240.00 | |
| Full Name (Last, First, Middle Initial) C. 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.41362 |
| COLUMBUS | OH | 43235 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | CT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 370.00 | |
| SUBTOTAL of Receipts This Page (optional) | |) | 35.00 |
| TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 59/306 |
|--------------------------|--|---------------------|-------------------------------------|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| " | LIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar | ny information copied from such Reports and Stateme | ents may | not be sold or used by any perso | |
| or | for commercial purposes, other than using the name | and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | MEDCO HEALTH SOLUTIONS INC. POLIT | TCAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ^ | Full Name (Last, First, Middle Initial) | | | Data of Descript |
| Α. | MR BARNEY GALLASSIO Mailing Address 69 LAKEVIEW DR | | | Date of Receipt |
| | | | | 11 10 2007 |
| | • | State | Zip Code | Transaction ID: INC.A.41258 |
| | OLD TAPPAN | ۸J | 07675 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 50.00 |
| | MEDOO HE'ALTH SOLLITIONS | ccupation | NT RELATIONS | |
| | Receipt For: | ggregate | Year-to-Date ▼ | |
| | Primary General | | 1200.00 | |
| | Other (specify) ▼ | 0 0 | 1200.00 | |
| В. | Full Name (Last, First, Middle Initial) MICHAEL GALVIN | | | Date of Receipt |
| | Mailing Address 25 BALLYMEADE ROAD | | | 11 1 10 / Y Y Y Y Y 1 |
| | • | State | Zip Code | Transaction ID: INC.A.41423 |
| | HOPEWELL JUNCTION N | NΥ | 12533 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 192.31 |
| | MEDCO HE'AI TH SOLLITIONS | ccupation /P/CHI | TEF INFRASTRUCTURE OFF | − FR |
| | Receipt For: | ggregate | Year-to-Date ▼ | |
| | Primary General | | 4615.44 | |
| | Other (specify) ▼ | | 1010.11 | |
| C. | Full Name (Last, First, Middle Initial) MR OMHARAISRIRAM GANGAIKONDAN-IYER | | | Date of Receipt |
| | Mailing Address 9 CAIRNES ROAD | | | M M / D D / Y Y Y Y |
| | Oth. | N-1- | 7:- Oada | 11 10 2007 |
| | • | State NJ | Zip Code 07950 | Transaction ID: INC.A.41428 Amount of Each Receipt this Period |
| | FFC ID number of contribution | | 0.000 | |
| | federal political committee. | | | 25.00 |
| | MEDCO HE'AI TH SOLLITIONS | ccupation ECHNIC | n CAL SPECIALIST | |
| | | ggregate | Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) ▼ | 0 0 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 267.31 |
| | , | | • | |
| T | OTAL This Period (last page this line number only). | | | |

S

| SCHEDULE A (FEC Form 3X) | | 1 | | F | FOR LINE NUMBER: PAGE 60 / 306 | | | | | | | | | |
|--------------------------|--|--|---|------------------------------------|--------------------------------|-----------------|---|---------------|-------------|----------------|-------------------|---|----|--|
| • | | Use separate schedule(s) or each category of the | | | (check only one) | | | | | | | | | |
| Ш | EMIZED RECEIPTS | | | X 11 | a 🗌 | 11b | | 110 | : [| 12 | _ | | | |
| | | | Detailed Summary Page | | 13 | | 14 | Ш | 15 | | 16 | Ш | 17 | |
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso Iress of any political committee to | n for solic | the p | urpos tribut | e of so ons fro | liciti m s | ng c uch | ontrib comn | utions nittee. | ; | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a. | . Me | edco | Heal | th PA | C) | | | | | | |
| A. | Full Name (Last, First, Middle Initial) MR PETER GAYLORD | | | | Date | of R | eceipt | | | | | | | |
| | Mailing Address 1201 BRIDGE STREET | | | | м 1 | м 1 | | 0 | ′ [| | 0,0 | | | |
| | City | State | Zip Code | | Tran | sacti | on ID: | INC | C.A. | 4105 | 2 | | | |
| | ASBURY PARK | NJ | 07712 | 4 | Amo | unt o | f Each | Rec | eipt | this P | eriod | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | | | | | 50.0 | 0 | | |
| | MEDCO HEALTH SOLUTIONS | Occupation SVP TRE | n ASURY & FINANCIAL EVAL | _s | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Other (specify) ▼ | | 1200.00 | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA | | | | Date | of R | eceipt | | | | | | | |
| | Mailing Address 20 BROOKSHIRE DR | | | | | | M M / D D / Y Y Y Y Y 1 1 1 1 0 2 0 0 7 | | | | | | | |
| | City | Zip Code | Transaction ID: INC.A.41155 | | | | | | | | | | | |
| | ROBBINSVILLE | 08691 | 4 | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | | | | | 50.0 | 0 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | n L MGR GROUP | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1200.00 | | | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS | | | | Date | of R | eceipt | | | | | | | |
| | Mailing Address 544 DENMOOR COURT | | | | м 1 | м , | | D 0 | / [| | 0 0 | | | |
| | City | State | Zip Code | | Tran | sacti | on ID: | INC |).A. | | | | | |
| | GALLOWAY | ОН | 43119 | ╧ | | | f Each | | | | | | | |
| | FEC ID number of contributing federal political committee. | | | | | | | | | 12.5 | 0 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | RM PRACTICE | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 587.50 | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | > | | | • | | - | - | 1 | 12.5 | 0 | | |

S

| SCHEDULE A (FEC Form 3X) | | | | | FOR LINE NUMBER: PAGE 61 / 306 | | | | | | | |
|--------------------------|---|--|--|--------------------|--------------------------------|------------------|------------------------------------|-----------------|-----------------|--------------------|----|--|
| • | | Use separate schedule(s) or each category of the | | (che | (check only one) | | | | | | | |
| ITEMIZED RECEIPTS | | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | _ | | | |
| | | | | | 13 | 14 | | | 15 | 16 | 17 | |
| An or | y information copied from such Reports and State for commercial purposes, other than using the nar | ments may me and add | not be sold or used by any perso ress of any political committee to | on for the solicit | he purp contrib | ose of utions | soli fron | citing n suc | contr ch com | ibution imittee | s | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| \geq | MEDCO HEALTH SOLUTIONS INC. POL | LITICAL A | CTION COMMITTEE (a.k.a | . Med | lco He | alth P | AC |) | | | | |
| A. | Full Name (Last, First, Middle Initial) MR THOMAS GILSON | | | | Date of | Receip | ot | | | | | |
| | Mailing Address 2 PELL FARM ROAD | | | | м м 1 1 | / D | 1 | 0 / | | 200 | | |
| | City | State | Zip Code | Т | ransac | tion II |): l | NC. | A.413 | 94 | | |
| | SADDLE RIVER | NJ | 07458 | \dashv : | Amount | of Ead | h F | Recei | pt this | Period | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | 192. | 31 | |
| | MEDCO HE'ALTH SOLLITIONS | Occupation GENERA | | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Other (specify) | | 4615.44 | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) MR SCOTT GILYARD | | | | Date of | Receip | ot | | | | | |
| | Mailing Address 305 BERGAMOT DRIVE | VE | | | 1 1 1 0 2 0 0 7 | | | | | | | |
| | City | Zip Code | Т | ransac | tion II |): l | NC. | A.410 | 56 | | | |
| | MEDINA | | MN 55340 | | | | Amount of Each Receipt this Period | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 192.3 | | | 30 | | | | |
| | MEDCO HE'AI TH SOLLITIONS | Occupation PRES UF | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 384.60 | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS AUDREY GOODMAN | | | | Date of | Receip | ot | | | | | |
| | Mailing Address 26 HILLSIDE AVE. | | | | м м 1 1 | / D | 1 (| 0 / | | 2 0 0 | | |
| | City | State | Zip Code | T | ransac | tion II |): I | NC. | | | | |
| | GLEN ROCK | NJ | 07452 | | Amount | of Ead | h F | Recei | pt this | Period | | |
| | FEC ID number of contributing federal political committee. | | | | | _ | | | 15. | 00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | DEV | \neg | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 360.00 | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | | | | | 399.6 | 51 | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 62 / 306 | | | | |
|--------------------------|---|--------------------------|-------------------------------------|-----------------------------|-----------------|--|--|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) | . – | | | |
| TI EIVIIZED TEOLII TO | | Detailed Summary Page | X 11a 11b | 11c 12 | | | |
| Δ. | winformation conind from such Departs and Cto | tamanta mai | , not be cold or used by one pares | 13 14 1 | 15 16 17 | | |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from | such committee. | | |
| | NAME OF COMMITTEE (In Full) | | | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | | |
| \angle | | | • | , | | | |
| | Full Name (Last, First, Middle Initial) | | | 5 | | | |
| Α. | MR JAMES GORMAN | | | Date of Receipt | | | |
| | Mailing Address 11 WASHBURN RD | | | M M / D D D 1 1 0 | 2007 | | |
| | City | State | Zip Code | Transaction ID: IN | | | |
| | CANTON | CT | 06022 | Amount of Each Re | | | |
| | FEC ID number of contributing | | | 7 1111001111 01 20011110 | | | |
| | federal political committee. | C | | | 25.00 | | |
| | Name of Frankrica | 10 | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 CLIENT & MKT PROG STRA | ᅱ | | | |
| | Receipt For: | | Year-to-Date V | 1 | | | |
| | Primary General | 7 1991 09410 | | | | | |
| | Other (specify) | | 600.00 | | | | |
| | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | |
| В. | MR JAMES GRANT, JR | | | Date of Receipt | | | |
| | Mailing Address 1928 BEVERLY LANE | | | M M / D D D 1 1 0 | 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41170 | | | |
| | BUFFALO GROVE | IL | 60089 | Amount of Each Re | | | |
| | FEC ID number of contributing | | | 7 Intourit of Edon He | | | |
| | federal political committee. | C | | | 50.00 | | |
| | | | | _ | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 NCIAL INSIGHTS | | | | |
| | Receipt For: | | Year-to-Date V | | | | |
| | Primary General | riggregate | Total to Bate V | | | | |
| | Other (specify) | | 650.00 | | | | |
| | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | - | | | | | |
| C. | MR EDWARD GRIX | | | Date of Receipt | | | |
| | Mailing Address 525 ORANGEBURG RD |) | | 1 1 1 0 | 2007 | | |
| | City | State | Zip Code | Transaction ID: IN | | | |
| | PEARL RIVER | NY | 10965 | Amount of Each Re | | | |
| | FEC ID number of contributing | | | | • • • • • | | |
| | federal political committee. | C | | | 25.00 | | |
| | | Occupation | 2 | | | | |
| | | | E-COM BUSINESS OPS | | | | |
| | | 1 | Year-to-Date ▼ | | | | |
| | Primary General | 1 99. 19 | | | | | |
| | Other (specify) | | 600.00 | | | | |
| | | | | | | | |
| | • | | <u> </u> | | 400.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | ······ | | 100.00 | | |
| | | | <u> </u> | | | | |
| T | OTAL This Period (last page this line number or | nly) | | | | | |

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 63 / 306 | | | |
|--------------------------|---|--------------|---|---|--|--|--|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) | | | |
| HEIMIZED RECEIPTS | | | Detailed Summary Page | X 11a 11b 11c 12 | | | |
| | | | | 13 14 15 16 17 | | | |
| An | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may | not be sold or used by any person | n for the purpose of soliciting contributions | | | |
| <u>()</u> | NAME OF COMMITTEE (In Full) | | are or any point our committee to | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | | |
| | WEDGO FIERETTI GOLOTIONO INO. I | JEITIONE 7 | to non committee (a.n.a. | Wedge Flediti Frey | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | |
| A. | MS GINA GRUHN | | | Date of Receipt | | | |
| | Mailing Address 13 WEATHER VANE D | RIVE | | 11 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41221 | | | |
| | CONVENT STATION | NJ | 07960 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing | | | | | | |
| | federal political committee. | C | | 25.00 | | | |
| | Name of Employer | Occupation | า | - | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | AL VP SALES-SYSTEMED | | | | |
| | Receipt For: | - | Year-to-Date ▼ | | | | |
| | Primary General | | 000.00 | | | | |
| | Other (specify) ▼ | | 600.00 | | | | |
| | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) MS TRACY GRUNSFELD | | | Date of Receipt | | | |
| | Mailing Address 264 HARVEST AVE | | | M M / D D / Y Y Y Y | | | |
| | | | | 11 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41107 | | | |
| | STATEN ISLAND | NY | 10310 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 15.00 | | | |
| | rederal political committee. | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | | |
| | | | SUMER DRIVEN MKTS | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | |
| | Other (specify) | | 360.00 | | | | |
| | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | B (B | | | |
| C. | MR RICHARD GUIOR Mailing Address 50 RFLL EVLIE AVE | | | Date of Receipt | | | |
| | Mailing Address 50 BELLEVUE AVE | | | 11 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41072 | | | |
| | SUMMIT | NJ | 07901 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing | С | | 90.00 | | | |
| | federal political committee. | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | า | 7 | | | |
| | | | & INSTALLATION SVCS | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General Other (specify) | | 2160.00 | | | | |
| | Outer (Specify) \ | 0 0 | | | | | |
| Г | L | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 130.00 | | | |
| \vdash | | | | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 64 / 306 |
|---------------------------------------|---|--------------------------|---|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| • | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) | | | |
| / | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR MARK HALLORAN | | | Date of Receipt |
| | Mailing Address 19 KINGS RIDGE ROAD | ı | | M M / D D / Y Y Y Y Y Y 1 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41293 |
| | LONG VALLEY | NJ | 07853 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation CHIEF IN | n IFO OFFICER | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 4615.44 | |
| 3. | Full Name (Last, First, Middle Initial) MR GREGORY HANSEN | | | Date of Receipt |
| Mailing Address 1659 ISABELLA PARKWAY | | | | 1 1 1 0 1 0 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.41398 |
| | CHASKA | MN | 55318 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP ACC | n FSVCS & ADMIN | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | B. (B.) |
| J. | MS KELLY HANZAWA Mailing Address 1116 OAKCROFT LANE | | | Date of Receipt |
| | | | | 11 10 2007 |
| | City SOMERSET | State NJ | Zip Code 08873 | Transaction ID: INC.A.41363 |
| | FEC ID number of contributing | | 08873 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR ACC | n T MGMT OPS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | ······ | 267.31 |
| | | | · | |
| T | OTAL This Period (last page this line number onl | y) | > | |

| | | | | FOR LINE NUMBER: PAGE 65 / 306 | | | |
|--------------------------|---|----------------------------|---|---|--|--|--|
| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | (check only one) | | | |
| ITEMIZED RECEIPTS | | or each category of the | | | | | |
| | | | Detailed Summary Page | X 11a 11b 11c 12 | | | |
| | | | | 13 14 15 16 17 | | | |
| An or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | |
| Α. | Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW | | | Date of Receipt | | | |
| | Mailing Address 8 PROSPECT PLACE | | | 111 / 10 / 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.41098 | | | |
| | POMPTON PLAINS | NJ | 07444 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | |
| | Primary General | | | 1 | | | |
| | Other (specify) ▼ | | 600.00 | | | | |
| | | | | 1 | | | |
| В. | Full Name (Last, First, Middle Initial) MS SHANA HART | | | Date of Receipt | | | |
| | Mailing Address 5505 CEDAR CREEK DRIVE | | | M M / D D / Y Y Y Y | | | |
| | | 11 10 2007 | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41218 | | | |
| | SNYDER | TX | 79549 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing | | | 10.00 | | | |
| | federal political committee. | C | | 10.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n CCT EXEC | | | | |
| | Receipt For: | 1 | Year-to-Date ▼ | | | | |
| | Primary General | riggrogate | real to Bate V | 1 | | | |
| | Other (specify) ▼ | | 240.00 | | | | |
| | | 0 0 | 0 0 0 0 0 0 0 | | | | |
| — С. | Full Name (Last, First, Middle Initial) MR PETER HARTY | | | Date of Receipt | | | |
| | Mailing Address 19520 YELLOW WING | COURT | | M M / D D / Y Y Y Y | | | |
| | | | | 11 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41054 | | | |
| | COLORADO SPRINGS | CO | 80908 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | | | 192.31 | | | |
| | Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS | | | | | | |
| | Receipt For: | 1 | Year-to-Date ▼ | | | | |
| | Primary General | 33 - 3 - 1 | | 1 | | | |
| | Other (specify) | | 4615.44 | | | | |
| | | | 0 0 0 0 0 0 0 | | | | |
| | | | | | | | |
| _ | | | | 227.31 | | | |
| L _s | UBTOTAL of Receipts This Page (optional) | | ······ | | | | |

| SCHEDULE A (FEC Form 3X) | | | 11 | FOR LINE NUMBER: PAGE 66 / 306 | | | |
|--------------------------|---|---------------------|--|---|--|--|--|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) | | | |
| Ш | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | | |
| | | | | 13 14 15 16 17 | | | |
| Ar | y information copied from such Reports and States for commercial purposes, other than using the i | atements may | not be sold or used by any person | n for the purpose of soliciting contributions | | | |
| CI | | name and add | diess of any political committee to | Solicit Contributions from Such Committee. | | | |
| | NAME OF COMMITTEE (In Full) | | ACTION COMMITTEE (- I | Madaa Haalda DAO) | | | |
| \angle | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.K.a | . Medco Health PAC) | | | |
| A. | Full Name (Last, First, Middle Initial) MR BILL HEAD | | | Date of Receipt | | | |
| | Mailing Address 501 SLATERS LANE #816 | | | 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41446 | | | |
| | ALEXANDRIA | VA | 22314 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing | | | 05.00 | | | |
| | federal political committee. | C | | 25.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| n GOV AFFAIRS | | | | |
| | Receipt For: | | e Year-to-Date ▼ | | | | |
| | Primary General | 00 0 | | 1 | | | |
| | Other (specify) ▼ | 1 | 600.00 | | | | |
| | | | | 1 | | | |
| В. | Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD | | | Date of Receipt | | | |
| | Mailing Address 13210 N. 11TH AVE. | | | M M / D D / Y Y Y Y | | | |
| | - | | | 11 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41125 | | | |
| | PHOENIX | AZ | 85029 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing | С | | 25.00 | | | |
| | federal political committee. | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | 7 | | | |
| | | VP SALE | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General | | 600.00 | | | | |
| | Other (specify) | | 1 1 1 1 1 1 1 | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS EILEEN HEINZ | | | Date of Receipt | | | |
| U . | Mailing Address 27 DOGWOOD LN | | | Date of Receipt | | | |
| | Walling Address 27 DOGWOOD EN | | | 11 1 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41391 | | | |
| | MONTVALE | NJ | 07645 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing | | | 10.00 | | | |
| | federal political committee. | С | | 10.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | | |
| | | | INESS DEV | _ | | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | .] | | | |
| | Other (specify) | | 240.00 | | | | |
| | Curor (opcomy) 🔻 | 0 0 | | | | | |
| | | | | | | | |
| _ | UBTOTAL of Receipts This Page (optional) | | | 60.00 | | | |
| \vdash | ODITION OF TROCEIPES THIS Trage (optional) | | ······································ | | | | |

| COHEDINE A (EEC Form 2V) | | | | FOR LINE NUMBER: PAGE 67 / 306 | | | |
|--------------------------|---|--|---|---|--|--|--|
| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | | (check only one) | | | |
| ITEMIZED RECEIPTS | | | Detailed Summary Page | X 11a 11b 11c 12 | | | |
| | | | Detailed Garrinary Fage | 13 14 15 16 17 | | | |
| Ar or | ry information copied from such Reports and St for commercial purposes, other than using the | atements may name and ado | 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. | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) | | | |
| Α. | Full Name (Last, First, Middle Initial) MR SCOTT HELMUS | | | Date of Receipt | | | |
| | Mailing Address 23 VALLEY RD | | | 11 1 1 2 0 0 7 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41108 | | | |
| | SUCCASUNNA | NJ | 07876 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | NT SOLUTIONS | | | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - | | | |
| | Other (specify) | | 1200.00 | | | | |
| | | 1 | | 1 | | | |
| В. | Full Name (Last, First, Middle Initial) MR ERIC HESS | | | Date of Receipt | | | |
| | Mailing Address 10 CARLTON RD | | | 11 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41182 | | | |
| | FLANDERS | NJ | 07836 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP ENGI | n NEERING & OPS | 7 | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | | 1200.00 |] | | | |
| _ | Full Name (Last, First, Middle Initial) MS JANE HILDEBRANDT | | | Date of Receipt | | | |
| J . | Mailing Address 35 CASCADE WAY | | | M M / D D / Y Y Y Y | | | |
| | | | | 11 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41200 | | | |
| | BUTLER | NJ | 07405 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | OM STRAT & DELIV | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General | | 600.00 | 11 | | | |
| | Other (specify) | 0 0 | | 1 | | | |
| | | | | | | | |
| _ | UDTOTAL of Doc 1 to Title 5 | | | 125.00 | | | |
| | UBTOTAL of Receipts This Page (optional) | |) | - | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 68 / 306 (check only one) X 11a 11b 11c 12 |
|------------|---|---------------------|--|---|
| Ar | y information copied from such Reports and State | ements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the na | me and add | lress of any political committee to | solicit contributions from such committee. |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON | | | Date of Receipt |
| | Mailing Address 1 HERITAGE RD | | | 11 1 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41264 |
| | FLORHAM PARK | NJ | 07932 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | MEDCO HEALTH SOLUTIONS | | AL VP PHARMACIES | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) ▼ | 0 0 | 1200.00 | |
| 2 | Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN | | | Date of Receipt |
| ٠. | Mailing Address 974 HILLCREST 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.41338 |
| | RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | MEDOO HE'AI TH SOLLITIONS | Occupation VP FACIL | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 740.00 | |
|) . | Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN | | | Date of Receipt |
| | Mailing Address 9 HIRLE ST | | | 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City CORNWALL ON HUDSON | State NY | Zip Code 12520 | Transaction ID: INC.A.41195 |
| | FEC ID number of contributing | | 12520 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | MEDCO HEALTH SOLUTIONS | | CAL SPECIALIST | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) ▼ | | 600.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 105.00 |
| | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 69 / 306 | | | |
|--------------------------|--|------------------------------|---|---|--|--|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | | | |
| HEMIZED RECEIPTS | | | Detailed Summary Page | X 11a 11b 11c 12 | | | |
| _ | ., ., ., ., ., ., ., ., ., ., ., ., ., . | | | 13 14 15 16 17 | | | |
| or | ly information copied from such Reports and Stator commercial purposes, other than using the r | atements may name and add | not be sold or used by any persitress 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. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | | | |
| A. | Full Name (Last, First, Middle Initial) MR ROGER HOLLAND | | | Date of Receipt | | | |
| | Mailing Address 41 SAINT RAPHAEL | | | 11 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41254 | | | |
| | LAGUNA NIGUEL | CA | 92677 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALE | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General | | 1200.00 | 1 | | | |
| | Other (specify) ▼ | 0 0 | | 1 | | | |
| В. | Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK | | | Date of Receipt | | | |
| | Mailing Address 49 S HILLSIDE AVE | | | 1 1 1 0 2 0 0 7 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41289 | | | |
| | ELMSFORD | NY | 10523 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing | | 10020 | | | | |
| | federal political committee. | С | | 80.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n RVENTION DELIVERY SYS | | | | |
| | Receipt For: | | Year-to-Date V | | | | |
| | Primary General | , iggi ogaio | | 1 | | | |
| | Other (specify) ▼ | 0 0 | 1920.00 | | | | |
| C. | 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 1 Y 1 1 1 1 0 2 0 0 7 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41459 | | | |
| | TWINSBURG | OH | 44087 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 50.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CUST | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | | 423.18 | | | | |
| | Cities (Specify) | | | 1 | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 180.00 | | | |
| \vdash | | | | | | | |
| | OTAL This Period (last page this line number o | mls () | l l | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 70 / 306 | | | |
|--------------------------|--|------------------------------|--|---|--|--|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | | | |
| II LIWIZED RECEIP 13 | | | Detailed Summary Page | X 11a 11b 11c 12 | | | |
| _ | | | | 13 14 15 16 17 | | | |
| or | y information copied from such Reports and State for commercial purposes, other than using the r | itements may lame and add | r not be sold or used by any persol dress of any political committee to | of the purpose of soliciting contributions solicit contributions from such committee. | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | |
| A. | MR STEVEN HOROWITZ | | | Date of Receipt | | | |
| | Mailing Address 30 AVENUE AT PORT APT. 415 | MPERIAL | | 11 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41450 | | | |
| | WEST NEW YORK | NJ | 07093 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BUSI | n NESS PLANNING | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | |
| | Primary General | | 1200.00 | | | | |
| | Other (specify) ▼ | 0 0 | | | | | |
| В. | Full Name (Last, First, Middle Initial) MR JEFFREY HULL | | | Date of Receipt | | | |
| | Mailing Address 2616 S 3B'S & K 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.41269 | | | |
| | GALENA | ОН | 43021 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 25.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PRO | FESSIONAL PRACTICES | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | |
| | Primary General Other (specify) | 1 | 605.00 | | | | |
| | | 0 0 | | | | | |
| C. | Full Name (Last, First, Middle Initial) MS JANE HULSE | | | Date of Receipt | | | |
| | Mailing Address 95 GORDON 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.41325 | | | |
| | ESSEX FELLS | NJ | 07021 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINAL | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | |
| | Primary General | | 1200.00 | | | | |
| | Other (specify) ▼ | | | | | | |
| Г | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | . | 125.00 | | | |
| \vdash | , | | | | | | |

| SCHEDU | LE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 71 / 306 | | | |
|-------------------------------------|--|-----------------------|---|---------------------------------------|-----------------------------|--|--|--|
| | D RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a 11b | 11c | | | |
| Any information | on copied from such Reports and Sta | tements may | not be sold or used by any perso | n for the purpose of solici | 15 16 17 ting contributions | | | |
| | cial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from | such committee. | | | |
| 1 | COMMITTEE (In Full) HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | | |
| Full Name A. MR DAVID | (Last, First, Middle Initial) ISRAEL | | | Date of Receipt | | | | |
| Mailing Ac | dress 730 COLUMBUS AVEN | | | 1 1 D D 1 O | 2007 | | | |
| City <u>NEW YO</u> | PRK | State NY | Zip Code 10025 | Transaction ID: IN Amount of Each Re | | | | |
| | umber of contributing itical committee. | C | | | 50.00 | | | |
| Name of E MEDCO H | mployer HEALTH SOLUTIONS | Occupation VP BUSI | n NESS DEV | | | | | |
| Receipt For Prim Othe | | Aggregate | Year-to-Date ▼ 650.00 | | | | | |
| Full Name MS SUSA | (Last, First, Middle Initial) N ITO | | | Date of Receipt | | | | |
| Mailing Address 6366 SW 90TH STREET | | Γ | | 1 1 D D 1 O | 2007 | | | |
| City | VIII I E | State | Zip Code | Transaction ID: IN | | | | |
| GAINES | | FL | 32608 | Amount of Each Re | ceipt this Period | | | |
| | imber of contributing itical committee. | C | | | 50.00 | | | |
| Name of E MEDCO H | mployer HEALTH SOLUTIONS | Occupation EXEC DI | n R CLINICAL SVCS | | | | | |
| Receipt Fo | | Aggregate | Year-to-Date ▼ | | | | | |
| Othe | ary | | 1200.00 | | | | | |
| _ | (Last, First, Middle Initial) SE JACKSON | | | Date of Receipt | | | | |
| Mailing Ac | dress 6085 S. PRESTON LAN | E | | 1 1 1 1 0 | 2007 | | | |
| City | | State | Zip Code | Transaction ID: IN | C.A.41109 | | | |
| <u>NEW BE</u> | | WI | 53151 | Amount of Each Re | ceipt this Period | | | |
| | imber of contributing itical committee. | C | | | 10.00 | | | |
| Name of E MEDCO I | mployer HEALTH SOLUTIONS | Occupation NATL AC | n CCT EXEC | | | | | |
| Receipt Fo | | Aggregate | Year-to-Date ▼ | | | | | |
| | er (specify) \blacktriangledown | | 240.00 | | | | | |
| SUBTOTAL | SUBTOTAL of Receipts This Page (optional) | | | | | | | |
| TOTAL This | Period (last page this line number or | nly) | | | | | | |

| SCHEDULE A (FEC Form 3X) | | | 11 | FOR LINE NUMBER: PAGE 72 / 306 | | | |
|--------------------------|---|---------------------|--|---|--|--|--|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) | | | |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | | |
| | | | , , | 13 14 15 16 17 | | | |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the r | tements may | not be sold or used by any person | n for the purpose of soliciting contributions | | | |
| 01 | | iame and add | diess of any political committee to | Solicit Contributions from Such Committee. | | | |
| | NAME OF COMMITTEE (In Full) | | ACTION COMMITTEE (a.k.a. | Madea Health DAC) | | | |
| / | MEDCO HEALTH SOLUTIONS INC. PO | JLITICAL F | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | | |
| <u></u> | Full Name (Last, First, Middle Initial) | | | | | | |
| A. | MR WILLIAM JACKSON | | | Date of Receipt | | | |
| | Mailing Address 56 WARREN RD | | | M M / D D / Y Y Y Y | | | |
| | C:h. | Ctata | 7in Cada | 11 10 2007 | | | |
| | City WEST ORANGE | State NJ | Zip Code | Transaction ID: INC.A.41373 | | | |
| | WEST ORANGE | INJ | 07052 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | | | |
| | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | | |
| | | | R MEDICARE OPS | | | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | ' ' | 530.00 | | | | |
| | Curior (Specify) | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | |
| В. | MR TODD JEFFREY | | | Date of Receipt | | | |
| | Mailing Address 15 ELIZABETH STREE | Γ | | M M / D D / Y Y Y Y | | | |
| | City | State | Zip Code | 11 10 2007 | | | |
| | DUMONT | NJ | 07628 | Transaction ID: INC.A.41385 | | | |
| | | INU | 07020 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | |
| | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | | |
| | | 1 | RM CONTRACT & CONSULT | | | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | | | |
| | Other (specify) | | 1200.00 | | | | |
| | and (openly) \$\psi\$ | 1 | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | |
| C. | ROBERT JINKS | | | Date of Receipt | | | |
| | Mailing Address 22 PAGE AVE | | | 1 1 1 0 2 0 0 7 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41100 | | | |
| | LYNDHURST | NJ | 07071 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing | | | | | | |
| | federal political committee. | C | | 50.00 | | | |
| | Name of Employer | Localination | 2 | - | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BLISH | n NESS REQUIREMENTS | | | | |
| | Receipt For: | | Year-to-Date V | 1 | | | |
| | Primary General | 1.55.054.0 | | | | | |
| | Other (specify) ▼ | L | 700.00 | | | | |
| | | | | | | | |
| | | · · · · · · | | 400.00 | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 130.00 | | | |
| | | | | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 73/306 |
|--|---|----------------------------|---|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| TI EMILED TIEGETI 10 | | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | r not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | 71 | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | DITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| | | | (d | , |
| _ | Full Name (Last, First, Middle Initial) | | | |
| Α. | MR WILLIAM JOEL | | | Date of Receipt |
| | Mailing Address 32 VENTOSA DR | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41222 |
| | MORRISTOWN | NJ | 07960 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 0,000 | |
| | federal political committee. | C | | 25.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | Receipt For: | 1 | LYTICAL SVCS • Year-to-Date ▼ | |
| | Primary General | Aggregate | Teal to Bate V | 1 |
| | Other (specify) | | 600.00 | |
| | | | | 4 |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | . | | Date of Receipt |
| | Mailing Address 12 WADE HAMPTON T | 11 10 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41340 |
| | HENDERSON | NV | 89052 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | า | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | VP/GM | ı | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 700.50 | 1 |
| | Other (specify) | | 738.52 | |
| | | | | |
| C. | Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD | | | Date of Receipt |
| Mailing Address 16357 VICTORIA CURVE SE | | /F SF | | M M / D D / Y Y Y Y |
| | | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41217 |
| | PRIOR LAKE | MN | 55372 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 25.00 |
| | federal political committee. | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | | Occupation | | |
| | | 1 | NT & MKT PROG STRAT | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) | | 600.00 | |
| | Strict (opecity) \ | | 0 0 0 0 0 0 0 | 1 |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 75.00 |
| \vdash | , | | | |
| Ιт | OTAL This Period (last page this line number or | nlv) | | |

| S | CHEDULE A (FEC Form 3X) | | 11 | FOR LINE NUMBER: PAGE 74 / 306 | | |
|-------------------|---|----------------|---|---|--|--|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) | | |
| 11 | EMIZED RECEIP 15 | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| | | | 1 1 | 13 14 15 16 17 | | |
| An | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any perso | n for the purpose of soliciting contributions | | |
| <u>\</u> | NAME OF COMMITTEE (In Full) | arrio arra aac | arese or any political committee to | Solicit Schilibations from Sach Schiliffities. | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | NITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | |
| | WEDGO HEALTH GOLO HONO INC. I C | ZITTO/NE / | to non oommin ree (a.n.a. | . Wedge Health 1710) | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| A. | MR JOHN KAPIOSKI | | | Date of Receipt | | |
| | Mailing Address 8202 MARSH GLEN CT | | | 11 10 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41319 | | |
| | TAMPA | FL | 33647 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | | | |
| | federal political committee. | C | | 50.00 | | |
| | Name of Employer | Occupation | 2 | - | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | PHARMACY COMPLIANCE | | | |
| | Receipt For: | | Year-to-Date ▼ | - | | |
| | Primary General | 39 -3 | | | | |
| | Other (specify) ▼ | | 1200.00 | | | |
| | | | | | | |
| В. | Full Name (Last, First, Middle Initial) MS BECKY KAUS | | | Data of Resoint | | |
| Ь. | Mailing Address N81 W18359 TOURS D | D | | Date of Receipt | | |
| | Walling Address Not W10559 TOORS D | n | | 11 10 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41207 | | |
| | MENOMONEE FALLS | WI | 53051 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | C | | 25.00 | | |
| | federal political committee. | | | 20.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 | | |
| | MEDCO HEALTH SOLUTIONS | SR DIR C | CLINICAL SVCS | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | | 600.00 | | | |
| | Other (specify) | | 000.00 | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| C. | MR WILLIAM KEELER | | | Date of Receipt | | |
| | Mailing Address 63 MOUNTAIN GLEN R | OAD | | M M / D D / Y Y Y Y | | |
| | City | State | Zip Code | 11 10 2007 | | |
| | RINGWOOD | NJ | 21p Code 07456 | Transaction ID: INC.A.41406 Amount of Each Receipt this Period | | |
| | | | 07430 | Amount of Each Necelpt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | |
| | Receipt For: | | CAL SPECIALIST • Year-to-Date ▼ | - | | |
| | Primary General | Aggregate | , roal to Date ¥ | | | |
| | Other (specify) | 1 | 600.00 | | | |
| | | | | ' | | |
| | <u> </u> | | | 100000 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 100.00 | | |
| \vdash | | | | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 75/306 | |
|--------------------------|--|--------------------------|-------------------------------------|----------------------------|--------------------|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | - |
| THE MILES RECEIPTO | | Detailed Summary Page | X 11a 11b | 11c 12 15 16 17 | |
| Δ. | by information conicd from auch Departs and Ctr | stomente mes | reat he cold or wood by any norce | | |
| or | ny information copied from such Reports and Sta for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from | such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC | 1 |
| \angle | Full Name of Local First Afficially Letters | | | | |
| A. | Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III | | | Date of Receipt | |
| | Mailing Address 1970 WOODLANDS PL | • | | M M / D D | / Y Y Y Y |
| | | | | 11 10 | |
| | City | State | Zip Code | Transaction ID: | |
| | POWELL | OH | 43065 | Amount of Each R | eceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | n AL MGR GROUP | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 675.00 | 1 | |
| | Other (specify) | | 073.00 | | |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| В. | MR KEVIN KELLY | | | Date of Receipt | |
| | Mailing Address 251 POPLAR AVE | | | M M / D D | |
| | City | State | Zip Code | Transaction ID: | NC.A.41091 |
| | HACKENSACK | NJ | 07601 | Amount of Each R | |
| | FEC ID number of contributing | | | | 25.00 |
| | federal political committee. | C | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | \dashv | |
| | MEDCO HEALTH SOLUTIONS | SR DIR (| CLIENT SVC DELIVERY | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | | 600.00 | | |
| | Other (specify) ▼ | 0 0 | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| C. | MR PETER KENNY Mailing Address 32 ADDISON DR | | | Date of Receipt | / Y Y Y Y |
| | Mailing Address 32 ADDISON DR | | | 1 1 D D D 1 C | |
| | City | State | Zip Code | Transaction ID: | NC.A.41364 |
| | FAIRFIELD | NJ | 07004 | Amount of Each R | eceipt this Period |
| | FEC ID number of contributing | С | | | 25.00 |
| | federal political committee. | 0 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | |
| | | DIR ACC | | _ | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) | ' ' | 225.00 | | |
| | | | | 1 | |
| | • | | | | 75.00 |
| s | UBTOTAL of Receipts This Page (optional) | | | | 75.00 |
| | | | | | |
| T | OTAL This Period (last page this line number o | nly) | | | |

| SCHEDULE A (FEC Form 3X) | | | 11 | FOR LINE NUMBER: PAGE 76 / 306 |
|--------------------------|---|--------------------|---|---|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| An | y information copied from such Reports and St for commercial purposes, other than using the | atements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| 01 | | name and add | diess of any political committee to | Solicit Contributions from Such Committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | | ACTION COMMITTEE (a.k.a. | Madaa Haalth BAC) |
| | MEDGO HEALTH SOLUTIONS INC. P | OLITICAL F | ACTION COMMITTEE (a.K.a. | . Wedco Health FAC) |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | MS LISA KETNER | | | Date of Receipt |
| | Mailing Address 7 POINT VIEW | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41247 |
| | OAKLAND | NJ | 07436 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 0.100 | |
| | federal political committee. | C | | 50.00 |
| | Name of Employer | Occupation | 2 | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP MFMI | BER STRATEGY | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) | | 1200.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER | | | Date of Receipt |
| Ь. | Mailing Address 121 CONKLING TOWN | I ROAD | | M M / D D / Y Y Y Y |
| | Walling Address 121 CONNEING TOWN | INOAD | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41375 |
| | CHESTER | NY | 10918 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 50.00 |
| | federal political committee. | | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 |
| | MEDCO HEALTH SOLUTIONS | DIR HLTI | H MGMT | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1200.00 | |
| | Other (specify) | | 1200.00 | |
| | Full Name (Last, First, Middle Initial) | | | |
| C. | KENNETH KLEPPER | | | Date of Receipt |
| | Mailing Address 295 GLEN PLACE | | | M M / D D / Y Y Y Y |
| | 011 | 01-1- | 7'- 0-4- | 11 10 2007 |
| | City FRANKLIN LAKES | State NJ | Zip Code | Transaction ID: INC.A.41413 |
| | | INU | 07417 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.30 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | Receipt For: | | CHIEF OPERATING OFFICE Year-to-Date ▼ | - T |
| | Primary General | Aggregate | ; ו כמו־נט־טמנכ ע | |
| | Other (specify) | | 4615.20 | |
| | , | | | ' |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 292.30 |
| \vdash | | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 77/306 | | | |
|------------------------------|--|--------------------------|------------------------------------|------------------------------|---|--|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | | | |
| II LIMIZED NEGLIF 13 | | | Detailed Summary Page | X 11a 11b | 11c 12 | | |
| | | | | 13 14 | 15 16 17 | | |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the na | tements may | not be sold or used by any person | n for the purpose of solicit | ing contributions | | |
| <u>~</u> | NAME OF COMMITTEE (In Full) | arrio ario ade | areas or arry pointed committee to | Solicit Contributions from C | don committee. | | |
| | ` , | NITICAL / | ACTION COMMITTEE (a.k.a | Modoo Hoolth BAC) | | | |
| | MEDCO HEALTH SOLUTIONS INC. PC | LITICAL F | ACTION COMMITTEE (a.k.a | . Iviedco Heaith PAC) | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | | | | |
| A. | MR JON KLINE | | | Date of Receipt | | | |
| | Mailing Address 36 CORTLAND TL | | | M M / D D | | | |
| | | | | 11 10 | 2007 | | |
| | City | State | Zip Code | Transaction ID: IN | C.A.41408 | | |
| | MAHWAH | NJ | 07430 | Amount of Each Red | ceipt this Period | | |
| | FEC ID number of contributing | | | | 50.54 | | |
| | federal political committee. | С | | | 30.34 | | |
| | Name of Employer | Occupation | | _ | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | PLANNING | | | | |
| | Receipt For: | | Year-to-Date ▼ | \dashv | | | |
| | Primary General | Aggregate | r rear-to-bate V | , | | | |
| | Other (specify) | | 1212.96 | | | | |
| | canor (opening) 🗸 | 0 0 | 0 0 0 0 0 0 0 | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | |
| В. | MR BRADFORD KOGEN | | | Date of Receipt | | | |
| | Mailing Address 555 FORBUSH STREET | - | | M M / D D | / Y | | |
| | | 11 10 | 2007 | | | | |
| | City State | | Zip Code | Transaction ID: IN | Transaction ID: INC.A.41368 | | |
| | BOONTON | NJ | 07005 | Amount of Each Red | ceipt this Period | | |
| | FEC ID number of contributing | С | | | 25.00 | | |
| | federal political committee. | <u> </u> | | | 23.00 | | |
| | Name of Employer | Occupation | 2 | \dashv | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | LIENT RETAIL | | | | |
| | Receipt For: | | Year-to-Date ▼ | _ | | | |
| | Primary General | / iggi ogato | Tour to Buto V | 1 | | | |
| | Other (specify) | | 490.00 | | | | |
| | | | | ' | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | |
| C. | MS KATHLEEN KORDUCKI | | | Date of Receipt | | | |
| | Mailing Address 920 CLARK STREET | | | M M / D D | | | |
| | 01: | | | 11 10 | 2007 | | |
| | City | State | Zip Code | Transaction ID: IN | | | |
| | BOWLING GREEN | OH | 43402 | Amount of Each Red | ceipt this Period | | |
| | FEC ID number of contributing | С | | | 50.00 | | |
| federal political committee. | | 0 | | | | | |
| | Name of Employer C | | า | _ | | | |
| MEDCO HEALTH SOLUTIONS SR NA | | | ACCT EXEC | | | | |
| | | l | Year-to-Date ▼ | 7 | | | |
| Primary General | | | | 1 | | | |
| | Other (specify) ▼ | 1 | 1200.00 | | | | |
| | | | | | | | |
| | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 125.54 | | |
| \vdash | · · · · · · · · · · · · · · · · · · · | | • | - | • • • • | | |
| lτ | OTAL This Period (last page this line number or | nlv) | • | | | | |

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 78 / 306 |
|--------------------------|---|--|--------------------------------------|---|
| ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the | | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | ny information copied from such Reports and St for commercial purposes, other than using the | atements may | not be sold or used by any person | n for the purpose of soliciting contributions |
| <u>~</u> | NAME OF COMMITTEE (In Full) | Tarrio aria aac | proces of any political committee to | Collect Collections from Cash Collections |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a k a | Medco Health PAC) |
| | MEDGG HEALTH GGEGHGHG HGH | 02.110,12, | to front oommin file (a.m.a. | medet Health Frey |
| _ | Full Name (Last, First, Middle Initial) | | | |
| A. | | | | Date of Receipt |
| | Mailing Address 143 DEERFIELD TERF | ACE | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41142 |
| | MAHWAH | NJ | 07430 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | <u> </u> | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | BUS PLANNING & ADMIN | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General | | 200.00 | |
| | Other (specify) | 0 0 | 600.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MS BARBARA KRZAK | | | Date of Receipt |
| ٠. | Mailing Address 495 ISLAND WAY | | | M M / D D / Y Y Y Y |
| | | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41298 |
| | FRANKLIN LAKES | NJ | 07417 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 55.00 |
| | federal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | 7 |
| | | 1 | M STRATEGY & DELIVERY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | ' ' | 1320.00 | |
| | Other (specify) | 1 | 0 0 0 0 0 0 0 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MR MICHAEL KRZAN | | | Date of Receipt |
| | Mailing Address 2735 YORK RD | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41350 |
| | COLUMBUS | ОН | 43221 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 50.00 |
| | Name of Employer | Occupation | n | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | AL VP PHARMACIES | |
| | Receipt For: | - | e Year-to-Date ▼ | 1 |
| | Primary General | 1 1 | 1200.00 | |
| | Other (specify) ▼ | | 1200.00 | |
| | | | | |
| _ | IIDTOTAL of December This Deser (continue) | | | 130.00 |
| \vdash | UBTOTAL of Receipts This Page (optional) | | ······ | |
| 1 | | | | · · |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 79/306 |
|-------------------------------|---|------------------------------|---|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| TI LIMIZED TILOLII TO | | | Detailed Summary Page | X 11a 11b 11c 12 |
| | or information and formation by December and O | | | 13 14 15 16 17 |
| Ar | ny information copied from such Reports and St for commercial purposes, other than using the | atements may name and add | r not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| \angle | | | | , |
| | Full Name (Last, First, Middle Initial) | | | Date of Bessiel |
| Α. | MR MANOJ KUMAR | | | Date of Receipt |
| | Mailing Address 7 SUNRISE WAY | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41287 |
| | TOWACO | NJ | 07082 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | า | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ENT REQUIREMENTS | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 1 1 | | 1 |
| | Other (specify) | | 600.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER | | | Date of Receipt |
| Ь. | Mailing Address 7017 COBALT WAY | | | M M / D D / Y Y Y Y |
| | Walling Address 7017 COBALT WAT | | | 11 1 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41249 |
| | CITRUS HEIGHTS | CA | 95621 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 125.00 |
| | federal political committee. | | | 125.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | _ |
| | MEDCO HEALTH SOLUTIONS | | GOVERNMENT AFFAIRS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 2700.00 | 1 |
| | Other (specify) | | 2700.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | JOSEPH LENZ | | | Date of Receipt |
| | Mailing Address 6 SHERMAN AVE | | | M M / D D / Y Y Y |
| | - | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41439 |
| | WALDWICK | NJ | 07463 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | | | | |
| MEDCO HEALTH SOLUTIONS SR DII | | Occupation | | |
| | | | MARKET STRATEGY | |
| | | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) | | 600.00 | |
| | | 0 0 | | 1 |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 175.00 |
| \vdash | | | | |
| Ιт | OTAL This Period (last page this line number of | only) | | |

| 9 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 80 / 306 | | |
|-------------------|--|---|---|--|--|--|
| - | | Use separate schedule(s) | | (check only one) | | |
| ITEMIZED RECEIPTS | | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 | | |
| | | | Detailed Guillinary Fage | 13 14 15 16 17 | | |
| Ar | ly information copied from such Reports and Sta for commercial purposes, other than using the r | atements may | not be sold or used by any personness of any political committee to | on for the purpose of soliciting contributions | | |
| <u>~</u> | NAME OF COMMITTEE (In Full) | Tarro ara acc | arood or arry pointed committee to | o constructions were committee. | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MR ROBERT LONG | | | Date of Receipt | | |
| | Mailing Address 18 HARLIND TERRACE | Ī | | 1 1 1 0 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41241 | | |
| | RAMSEY | NJ | 07446 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL | n LACCT EXEC | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 625.00 | | | |
| — В. | Full Name (Last, First, Middle Initial) MR ROSS LUCE | | | Date of Receipt | | |
| | Mailing Address 1066 WEST GROVE C | 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.41152 | | |
| | GIBSONIA | PA | 15044 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 15.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | ı | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 705.00 |] | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE | | | Date of Receipt | | |
| | Mailing Address 238 WOODLAND 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.41199 | | |
| | SUMMIT | NJ | 07901 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | MARKETING | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 |] | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 65.00 | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER | PAGE 81/306 | |
|---|--|--------------------------|---|---|--------------------|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | |
| •• | LIVIIZED HEOLII 13 | | Detailed Summary Page | X 11a 11b | 11c 12 |
| Any information copied from such Reports and Statements may | | | , not be cold or used by any parce | n for the purpose of coli | 15 16 17 |
| or | for commercial purposes, other than using the na | me and add | frict be sold of used by any perso dress of any political committee to | solicit contributions from | such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | . Medco Health PAC |) |
| | Full Name (Last, First, Middle Initial) | | | 1 | |
| A. | MS VERONA MACMAHON | | | Date of Receipt | |
| | Mailing Address 1504 WEST CULLOM AV | /E | | M M / D D | |
| | UNIT G | | | 11 10 | |
| | City | State | Zip Code | Transaction ID: | |
| | CHICAGO | <u>IL</u> | 60613 | Amount of Each R | eceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR ACC | | | |
| | Receipt For: | | Year-to-Date ▼ | _ | |
| | Primary General | 33 13 | | | |
| | Other (specify) | 0 0 | 600.00 | | |
| | | | | | |
| В. | Full Name (Last, First, Middle Initial) MR MICHAEL MAHON | | | Date of Receipt | |
| ъ. | Mailing Address 64 PHEASANT HILL DRI | VE | | M M / D D | / Y Y Y Y Y |
| | Walling Address 04 I FIEASAINT FILE DITI | ٧L | | 111111111111111111111111111111111111111 | |
| | City | State | Zip Code | Transaction ID: | NC.A.41441 |
| | WEST HARTFORD | CT | 06107 | Amount of Each R | eceipt this Period |
| | FEC ID number of contributing | C | | | 10.00 |
| | federal political committee. | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | | |
| | MEDCO HEALTH SOLUTIONS | DIR SALI | ES | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | ' ' | 240.00 | | |
| | Other (specify) ▼ | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| C. | MR KENNETH MALLEY | DOAD | | Date of Receipt | |
| | Mailing Address 764 W. SADDLE RIVER | ROAD | | 1 1 1 1 (| |
| | City | | Zip Code | Transaction ID: | NC.A.41184 |
| | HO HO KUS | NJ | 07423 | Amount of Each R | eceipt this Period |
| | FEC ID number of contributing | C | | | 50.00 |
| MEDOO HE'ALTH COLLITIONS | | | | | 00.00 |
| | | Occupation | 1 | 7 | |
| | | VP PROI | DUCT & CHANNEL MKTING | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | ' ' | 1200.00 | | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 | | |
| Г | <u>_</u> | | | | |
| s | JBTOTAL of Receipts This Page (optional) | | | | 85.00 |
| Ť | | | | | |
| Ιτ | OTAL This Period (last page this line number onl | v) | > | | |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 82/306 | |
|---------------|--|---|---|--|---|
| • | | | Use separate schedule(s) or each category of the | (check only one) | |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | |
| | | | | 13 14 15 16 17 | 7 |
| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the na | tements may ame and add | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | T |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PC | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) | |
| ۹. | Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO | | | Date of Receipt | |
| | Mailing Address 33 HICKORY TAVERN F | RD | | 1 1 1 0 / 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.41070 | |
| | GILLETTE | NJ | 07933 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINA | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | | 1200.00 | | |
| | Other (specify) | 0 0 | 1200.00 | | |
| 3. | Full Name (Last, First, Middle Initial) MS ILENE MARCUS | | | Date of Receipt | |
| | Mailing Address 97 BLUEBERRY DR | 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41307 | |
| | WOODCLIFF LAKE DR | NJ | 07675 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | С | | 10.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n FINANCE | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary ☐ General Other (specify) ▼ | | 240.00 | | |
| C. | Full Name (Last, First, Middle Initial) MR GARY MARGIOTTA | | | Date of Receipt | _ |
| | Mailing Address 8 HEATHER HILL 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.41178 | |
| | MENDHAM | NJ | 07945 | Amount of Each Receipt this Period | _ |
| | FEC ID number of contributing federal political committee. | C | | 10.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CC | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 240.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 70.00 | |
| | | | | | |
| T | OTAL This Period (last page this line number or | ıly) | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 83/306 |
|-------------|---|-------------|------------------------------------|----------------------------|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |] 440 🖂 40 |
| • | | | Detailed Summary Page | X 11a 11b 1 | 11c 12 15 16 17 |
| Ar | ly information copied from such Reports and Statem for commercial purposes, other than using the name | nents may | not be sold or used by any perso | | |
| or | | e and add | ress of any political committee to | solicit contributions from | such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | 071011 00111177777 | | |
| / | MEDCO HEALTH SOLUTIONS INC. POLI | HCAL A | CHON COMMITTEE (a.k.a. | Medco Health PAC) | |
| | Full Name (Last, First, Middle Initial) | | | | |
| ٩. | MR JOSEPH MARINELLI | | | Date of Receipt | |
| | Mailing Address 351 SOUND BEACH AVEN | NUE | | M M / D D D 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41139 |
| | OLD GREENWICH | CT | 06870 | Amount of Each Re | |
| | FEC ID number of contributing | С | | | 25.00 |
| | federal political committee. | <u> </u> | | | =3.30 |
| | MEDOO HE'AI TH SOLLITIONS | occupation | | | |
| | | | ICARE OPS | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) | | 600.00 | | |
| | | - | <u> </u> | | |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Descipt | |
| ٥. | MS TAMARA MARSHALL Mailing Address W144 N7150 TERRACE D | RIVE | | Date of Receipt | / Y |
| | WITH IN 130 ILNIAGE D | 11 10 | 2007 | | |
| | • | State | Zip Code | Transaction ID: IN | C.A.41203 |
| | MENOMONEE FALLS | WI | 53051 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 25.00 |
| | Todoral political committee. | | | | |
| | MEDOO HE'AI TH SOLLITIONS | ccupation | | | |
| | | | ACCT EXEC Year-to-Date ▼ | _ | |
| | Primary General | .ggr cgale | | | |
| | Other (specify) ▼ | | 625.00 | | |
| | | | | | |
| Э. | Full Name (Last, First, Middle Initial) MR TODD MARTIN | | | Date of Receipt | |
| | Mailing Address 11825 SHEPPARDS CROS | SSING | | M M / D D | / Y Y Y Y |
| | | | | 11 10 | 2007 |
| | • | State MD | Zip Code 21029 | Transaction ID: IN | |
| | EEC ID asserbase of a section time. | | 71079 | Amount of Each Re | |
| | FEC ID number of contributing federal political committee. | C | | | 192.30 |
| | Name of Employer | Occupation | | _ | |
| | MEDOO HE'NI TH COLLITIONS | ENERA | | | |
| | · · · · · · · · · · · · · · · · · · · | | Year-to-Date ▼ | | |
| | Primary General | 1 1 | 4615.20 | | |
| | Other (specify) ▼ | 0 0 | 4010.20 | | |
| | L | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 242.30 |
| _ | | | | | |
| т | OTAL This Period (last page this line number only) | | | | |

| S | CHEDULE A (FEC Form 3X) | | Lla a apparata a abadula(a) | FOR LINE NUMBER: PAGE 84 / 306 |
|-------------------|---|---|--|---|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) |
| | | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | ame and add | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \angle | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MR ROBERT MATCHETT | | | Date of Receipt |
| | Mailing Address 27 LAKEVILLE RD | | | 11 1 10 7 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41123 |
| | SUSSEX | NJ | 07461 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | n HNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 | 600.00 | 1 |
| | ☐ Other (specify) ▼ | 0 0 | 000.00 | J |
| В. | Full Name (Last, First, Middle Initial) MR JEFFREY MAY | | | Date of Receipt |
| | Mailing Address 137 WASHINGTON AV | 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.41341 |
| | HILLSDALE | NJ | 07642 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP DRI | n JG DISTRIB & CONTROL | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | - | 4615.20 | 1 |
| | Other (specify) | 0 0 | 4013.20 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR TERENCE MAYTIN | | | Date of Receipt |
| | Mailing Address 496 FRANKLIN 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.41160 |
| | WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR E | n E-COM STRAT & DELI | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General | | 040.00 | 1 |
| | Other (specify) | | 240.00 |] |
| [e | UBTOTAL of Receipts This Page (optional) | | | 227.30 |
| 13 | DEIDIAL OF FEODERS THIS LAYE (OPHORAL) | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 85 / 306 (check only one) | | |
|----------|---|--|----------------------------------|--|--|--|
| IT | EMIZED RECEIPTS | | or each category of the | | | |
| ••• | LIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| | | | ., | 13 14 15 16 17 | | |
| Ar | y information copied from such Reports and Sta | tements may | not be sold or used by any perso | n for the purpose of soliciting contributions | | |
| or | for commercial purposes, other than using the na | solicit contributions from such committee. | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| | MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MS PATRICIA MAZZONE | | | Date of Receipt | | |
| | Mailing Address 56 PENOBSCOT ST | | | 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: INC.A.41246 | | |
| | CLIFTON | NJ | 07013 | Amount of Each Receipt this Period | | |
| | FFC ID number of contribution | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n PRODUCT SVCS | | | |
| | Receipt For: | | e Year-to-Date ▼ | | | |
| | Primary General | 00 0 | | | | |
| | Other (specify) | | 600.00 | | | |
| | | | 0 0 0 0 0 0 0 | | | |
| В. | Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE | | | Date of Receipt | | |
| | Mailing Address 11 JARDINE COURT | | | M M / D D / Y Y Y Y | | |
| | | | 11 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41189 | | |
| | MORRIS PLAINS | NJ | 07950 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | | | |
| | federal political committee. | C | | 50.00 | | |
| | Name of Employer | Occupatio | 1 | 7 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | S STRATEGY & MARKETIN | ıd | | |
| | Receipt For: | ļ | e Year-to-Date ▼ | - | | |
| | Primary General | 1 999 | | | | |
| | Other (specify) | | 1200.00 | | | |
| | | | 0 0 0 0 0 0 0 | | | |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Booking | | |
| C. | MR THOMAS MCDONALD | | | Date of Receipt | | |
| | Mailing Address 0-45 27TH ST | | 11 10 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41290 | | |
| | FAIR LAWN | NJ | 07410 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | 25.00 | | |
| | rederal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occup. DIR T | | | 25.00 | | |
| | | | n | 7 | | |
| | | | HNOLOGY | | | |
| | | | e Year-to-Date ▼ | 7 | | |
| | Primary General | | | | | |
| | Other (specify) | | 600.00 | | | |
| | | | 1 1 1 1 1 1 1 1 | | | |
| | | | | | | |
| _ | IIDTOTAL of Possinta This Dags (antis1) | | | 100.00 | | |
| \vdash | UBTOTAL of Receipts This Page (optional) | | ····· | | | |
| | | | | The state of the s | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) X 11a 11b 11b 13 | PAGE 86 / 306 11c |
|-------------------|--|--|--|--|----------------------|
| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciti | na contributions |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| Α. | Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH Mailing Address 87 ROSELAWN RD City HIGHLAND MILLS 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 & CO Aggregate | | Date of Receipt M M M / D D 1 1 1 0 Transaction ID: INC Amount of Each Rec | 2 0 0 7 C.A.41248 |
| 3. | MEDOO HE'AI TH SOLLITIONS | State NJ C Occupation SVP BUS | Zip Code 07480 n SINESS OPS e Year-to-Date ▼ 4615.44 | Date of Receipt M M M / D D D 1 1 0 Transaction ID: INC Amount of Each Rec | |
| C. | MEDOO HE'AI TH SOLLITIONS | | Zip Code 07649 n INESS PLANNING & ADMIN Year-to-Date ▼ | Date of Receipt M M M / D D Transaction ID: INC Amount of Each Rec | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 409.31 |
| T | OTAL This Period (last page this line number only | v) | > | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 87/306 |
|--------------------------|---|--------------|-------------------------------------|----------------------------|--------------------|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | |
| •• | LIMIZED REGEN 10 | | Detailed Summary Page | X 11a 11b | 11c 12 |
| Δ. | winformation against from auch Departs and Cta | tomonto mo | , not be cold or used by one pare | 13 14 | 15 16 17 |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | name and add | dress of any political committee to | solicit contributions from | such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DI ITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC |) |
| | | _ | (| | • |
| | Full Name (Last, First, Middle Initial) | | | | |
| Α. | DAVID MILLER | | | Date of Receipt | |
| | Mailing Address 7 CLOVER LANE | | | M M / D D | |
| | City | State | Zip Code | Transaction ID: | |
| | RANDOLPH | NJ | 07869 | Amount of Each R | |
| | FEC ID number of contributing | | 0.000 | 7 tinoditi di Eddit i | · · · · · · · |
| | federal political committee. | C | | | 25.00 |
| | <u> </u> | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | |
| | Receipt For: | 1 | OR RELATIONS • Year-to-Date ▼ | | |
| | Primary General | Aggregate | : Teal-to-Date V | | |
| | Other (specify) | | 625.00 | | |
| | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | |
| В. | MRS KAREN MILLER | | | Date of Receipt | |
| | Mailing Address 34 MACKENZIE LANE I | NORTH | | M M / D D | |
| | City | Zip Code | | | |
| | DENVILLE | State NJ | 07834 | Transaction ID: | |
| | | INU | 07034 | Amount of Each R | eceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 30.00 |
| | · | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | |
| | | SR DIR F | | _ | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | |
| | Other (specify) | ' ' | 720.00 | | |
| | ann (open), V | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| C. | MR GIOVANNI MINARDI | | | Date of Receipt | |
| | Mailing Address 12 LINCOLN ROAD | | | M M / D D | |
| | City | State | Zip Code | Transaction ID: | |
| | KINNELON | NJ | 07405 | Amount of Each R | |
| | FEC ID number of contributing | | 07 100 | Amount of Each 11 | · · · · · · · |
| | federal political committee. | C | | | 25.00 |
| | · · · · · · · · · · · · · · · · · · · | 10 | | _ | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | |
| SI | | | E-COM STRAT & DELI Year-to-Date | _ | |
| | Primary General | Aggregate | : Teal-to-Date V | | |
| Other (specify) | | | 600.00 | | |
| | | | 0 0 0 0 0 0 | ' | |
| | 1 | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 80.00 |
| \vdash | | | - | | |
| T | OTAL This Period (last page this line number of | nly) | > | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 88 / 306 | | | | |
|------------------------|--|----------------------------|---|---|--|--|--|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | | | | |
| ••• | LIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 | | | | |
| | 'afanani'a a a a la fanana a la Banada a a la Ola | | | 13 14 15 16 17 | | | | |
| Ar or | ly information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | r not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | | |
| \angle | | | , | , , , , , , , , , , , , , , , , , , , | | | | |
| Α. | Full Name (Last, First, Middle Initial) MR BHUPESH MISTRY | | | Date of Receipt | | | | |
| Α. | Mailing Address 106 HAMBURG ROAD | | | M M / D D / Y Y Y Y | | | | |
| | Walling Address Too HAMBORG ROAD | | | 11 1 10 2007 | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41080 | | | | |
| | PARSIPPANY | NJ | 07054 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing | | | 25.00 | | | | |
| | federal political committee. | C | | 25.00 | | | | |
| | Name of Employer | Occupation | <u> </u> | + | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CAL SPECIALIST | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| | Primary General | | 600.00 | 1 | | | | |
| | Other (specify) | | 600.00 | | | | | |
| _ | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) MS JULIANA MOLEK | | | Date of Receipt | | | | |
| | Mailing Address 17584 WEXFORD DR | | | M M / D D / Y Y Y Y | | | | |
| | | | | 11 10 2007 | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41171 | | | | |
| | EDEN PRAIRIE | MN | 55347 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing | С | | 25.00 | | | | |
| | federal political committee. | | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 | | | | |
| | MEDCO HEALTH SOLUTIONS | SR DIR S | SPECIAL MARKETS | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| | Primary General | | 525.00 | | | | | |
| | Other (specify) | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | |
| C. | MR PETER MONKHOUSE | | | Date of Receipt | | | | |
| | Mailing Address 1320 BRONCO CIR | | | M M / D D / Y Y Y Y | | | | |
| | City | Ctoto | Zin Codo | 11 10 2007 | | | | |
| | City WARRINGTON | State PA | Zip Code 18976 | Transaction ID: INC.A.41181 | | | | |
| | | | 10370 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | | | |
| | | 1- | | | | | | |
| MEDCO HEALTH SOLUTIONS | | Occupation | | | | | | |
| | | | BENEFIT DELIVERY SYS Year-to-Date | \dashv | | | | |
| | Primary General | riggregate | | 1 | | | | |
| | Other (specify) | 1 | 600.00 | | | | | |
| _ | | | | | | | | |
| | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 75.00 | | | | |
| | | | | | | | | |
| I T | OTAL This Period (last page this line number or | ılv) |) | | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 89 / 306 |
|-----------|--|---|------------------------------------|---|
| ΙT | EMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | | Detailed Summary Page | 13 14 15 16 17 |
| An | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| <u> </u> | NAME OF COMMITTEE (In Full) | ine and ade | areas or arry pointed committee to | Solicit Contributions from Sacri Committee. |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY | | | Date of Receipt |
| | Mailing Address 86 WELLINGTON AVEN | | | 111 / 10 / Y Y Y Y Y Y Y |
| | City SHORT HILLS | State NJ | Zip Code | Transaction ID: INC.A.41059 |
| | | | 07078 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP PHA | n ARMACEUTICAL CONTRAC | TING |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 4608.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS THERESA MORMILE | | | Date of Receipt |
| | Mailing Address 59 VALLEY VIEW TER | 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.41342 | | |
| | MONTVALE | NJ | 07645 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINAL | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 280.00 | |
| C. | Full Name (Last, First, Middle Initial) MR RICHARD MOUNTJOY | | | Date of Receipt |
| | Mailing Address 2 STONEBRIDGE 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.41376 |
| | SPARTA | NJ | 07871 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 20.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL | n LACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 480.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 222.00 |
| т. | OTAL This Period (last page this line number on | v) | | |

| SC | HEDULE A (FEC Form 3X) | [| Harana and Aller Aller A | FOR LINE NUMBER: PAGE 90 / 306 | | |
|-------------------|--|--------------------------|---|---|--|--|
| | | | Use separate schedule(s) or each category of the | (check only one) | | |
| ITEMIZED RECEIPTS | | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| | | | | 13 14 15 16 17 | | |
| Any or fo | information copied from such Reports and State r commercial purposes, other than using the na | ements may me and ado | not be sold or used by any perso lress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| 1 | IAME OF COMMITTEE (In Full) | | | | | |
| ۱ 🗸 | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | CTION COMMITTEE (a.k.a | . Medco Health PAC) | | |
| | ull Name (Last, First, Middle Initial) MR KEVIN MURPHY, JR | | | Date of Receipt | | |
| N | failing Address 80 PARKWAY | | | 11 1 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| C | City | State | Zip Code | Transaction ID: INC.A.41111 | | |
| <u> </u> | AIRFIELD | CT | 06824 | Amount of Each Receipt this Period | | |
| | EC ID number of contributing ederal political committee. | C | | 125.00 | | |
| N | lame of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP MK1 | TSTRATEGY & DEVELOPN | | | |
| F | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | | 3067.30 | | | |
| | Other (specify) ▼ | 0 0 | 0007100 | | | |
| _ | ull Name (Last, First, Middle Initial) MS BECKY NAGLE | | | Date of Receipt | | |
| N | Mailing Address 64 WALTER AVE | M M / D D / Y Y Y Y | | | | |
| _ | | 11 10 2007 | | | | |
| | city | State | Zip Code | Transaction ID: INC.A.41112 | | |
| <u> </u> | HASBROUCK HEIGHTS | NJ | 07604 | Amount of Each Receipt this Period | | |
| | EC ID number of contributing ederal political committee. | С | | 25.00 | | |
| N | lame of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR C | CLINICAL SVCS | | | |
| F | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | · · · | 600.00 | 1 | | |
| | Other (specify) ▼ | | 000.00 | | | |
| | ull Name (Last, First, Middle Initial) AS ARLENE NELSON | | | Date of Receipt | | |
| _ | failing Address 17 GARFIELD PLACE | M M / D D / Y Y Y Y | | | | |
| _ | | | | 11 10 2007 | | |
| | ity | State | Zip Code | Transaction ID: INC.A.41140 | | |
| <u> </u> | RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period | | |
| | EC ID number of contributing ederal political committee. | С | | 25.00 | | |
| N | lame of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINAL | | | | |
| F | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | _ · · · | 600.00 | 1 | | |
| | Other (specify) ▼ | | 000.00 | | | |
| | | | | | | |
| SU | BTOTAL of Receipts This Page (optional) | | | 175.00 | | |
| | 2. 2.7.12 of Floodipto Filis Fago (optional) | | | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 91 / 306 |
|---|--------------------|--|--|
| TEMIZED RECEIPTS | | or each category of the | (check only one) |
| | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Any information copied from such Reports and State or for commercial purposes, other than using the r | atements may | y not be sold or used by any person 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. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle Initial) A. MR MICHAEL NICODEMO | | | Date of Receipt |
| Mailing Address 407 MEER 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.41380 |
| WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP E-CC | n IM STRATEGY & DELIVERY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | |
| Full Name (Last, First, Middle Initial) | 0 0 | | |
| MS JANINE NOWATZKY Mailing Address 24 CHEROKEE 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.41240 |
| OAKLAND | NJ | 07436 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR MKT | n TNG & STRATEGIC ANAL | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 600.00 | |
| Full Name (Last, First, Middle Initial) MS COLLEEN O'BRIEN | | | Date of Receipt |
| Mailing Address 30 BELCHER ROAD | | | M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| City | State | Zip Code | Transaction ID: INC.A.41253 |
| WARWICK | NY | 10990 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | RM OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | |
| SUBTOTAL of Receipts This Page (optional) | | ····· | 45.00 |
| TOTAL This Period (last page this line number o | nly) | > | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) FOR LINE NUMBER: PAGE 99 (check only one) | | |
|--|--------------------|--|--|--|
| TEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 | |
| | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | |
| Any information copied from such Reports and Sta or for commercial purposes, other than using the r | atements may | y not be sold or used by any person 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. PO | DLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | |
| Full Name (Last, First, Middle Initial) MR CHARLES OESTREICHER | | | Date of Receipt | |
| Mailing Address 6 PARK DR SOUTH | | | 11 10 7 2007 | |
| City | State | Zip Code | Transaction ID: INC.A.41365 | |
| RYE | NY | 10580 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | С | | 50.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP E-CC | n NM STRATEGY & DELIVERY | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | | 1200.00 | | |
| Cuttor (apocally) | 0 0 | 0 0 0 0 0 0 0 | | |
| Full Name (Last, First, Middle Initial) MR SUNNY OGBONDA | | | Date of Receipt | |
| Mailing Address 79 LAUREL WOOD CO | URT | | M M M / D D / Y Y Y Y 1 1 1 0 | |
| City | State | Zip Code | Transaction ID: INC.A.41081 | |
| ROCKAWAY TOWNSHIP | NJ | 07866 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUS | n SINESS REQUIREMENTS | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | | 350.00 | | |
| | 0 0 | | | |
| Full Name (Last, First, Middle Initial) MR MELVIN OHL | | | Date of Receipt | |
| Mailing Address 274 E FRANKLIN TPKE | | | M M / D D / Y Y Y Y Y 1 1 1 1 0 2 0 0 7 | |
| City | State | Zip Code | Transaction ID: INC.A.41316 | |
| RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | | 50.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PRO | n CUREMENT & INVENTORY | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| Primary General Other (specify) | , , | 1200.00 | | |
| | | 0 0 0 0 0 0 0 | | |
| SUBTOTAL of Receipts This Page (optional) | ····· | ····· | 125.00 | |
| TOTAL This Period (last page this line number o | nly) | > | | |

| S | CHEDULE A (FEC Form 3X) | | l la a agravata a abadula(a) | FOR LINE NUMBER: PAGE 93 / 306 | | |
|-----------------|--|--------------|---|---|--|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) | | |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| | | | , , | 13 14 15 16 17 | | |
| Ar | y information copied from such Reports and St for commercial purposes, other than using the | atements may | not be sold or used by any perso | n for the purpose of soliciting contributions | | |
| \ | | iame and add | diess of any political committee to | Solicit Contributions from Such Committee. | | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | | ACTION COMMITTEE (a.k.a. | Madaa Haalth BAC\ | | |
| | MEDOO HEALTH SOLUTIONS INC. P | OLITICAL F | ACTION COMMITTEE (a.K.a | . Wedco Health FAC) | | |
| | Full Name (Last, First, Middle Initial) | | | | | |
| A. | | | | Date of Receipt | | |
| | Mailing Address 4 HIGHGATE CT | | | 1 1 1 0 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41357 | | |
| | SUFFERN | NY | 10901 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | | | |
| | federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 | | |
| | MEDCO HEALTH SOLUTIONS | SR DIR A | ACCT MGMT | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | - | 600.00 | | | |
| | Other (specify) | 0 0 | 000.00 | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| В. | ALEXANDER ONIK | | | Date of Receipt | | |
| | Mailing Address 1 SCHINDLER CT | | | 1 1 1 0 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41442 | | |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | 25.00 | | |
| | federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 | | |
| | MEDCO HEALTH SOLUTIONS | TECHNIC | CAL SPECIALIST | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General | 1 | 600.00 | | | |
| | Other (specify) | 0 0 | 000.00 | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| C. | MS NATALYA ONIK | | | Date of Receipt | | |
| | Mailing Address 1 SCHINDLER CT | | | 11 10 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41224 | | |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | С | | 25.00 | | |
| | federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | |
| | Receipt For: | | HNOLOGY Year-to-Date ▼ | - | | |
| Primary General | | Aggregate | Tour to Date ¥ | | | |
| | Other (specify) | | 600.00 | | | |
| | | | | ' | | |
| | <u>.</u> | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 75.00 | | |
| \vdash | | | <u>·</u> | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 94 / 306 | | |
|---|---|---|---|--|--|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) | | |
| TEMPLES RESERVES | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | |
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e 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 INC. F | POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | |
| Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA | | | Date of Receipt | | |
| Mailing Address 4 TEAK COURT | | | 1 1 1 0 2 0 0 7 | | |
| City | State | Zip Code | Transaction ID: INC.A.41304 | | |
| RINGWOOD | NJ | 07456 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 50.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DI | n R TECHNOLOGY | | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| Primary General Other (specify) ▼ | 0 0 | 1200.00 | | | |
| Full Name (Last, First, Middle Initial) 3. MS DAWN PAGANO | • | | Date of Receipt | | |
| Mailing Address 185 PASCACK 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.41303 | | |
| PARK RIDGE | NJ | 07656 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 50.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | n & INSTALLATION SVCS | | | |
| Receipt For: | | Year-to-Date ▼ | | | |
| Primary General | | 1200.00 | | | |
| Other (specify) ▼ | | 1200.00 | | | |
| Full Name (Last, First, Middle Initial) C. MR RICHARD PAGANO | | | Date of Receipt | | |
| Mailing Address 185 PASCACK RD | | | | | |
| City | State | Zip Code | 1 1 1 0 2 0 0 7 Transaction ID: INC.A.41299 | | |
| PARK RIDGE | NJ | 07656 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR E | n BUSINESS REQUIREMENTS | 3 | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| Primary General Other (specify) ▼ | 0 0 | 600.00 | | | |
| SUBTOTAL of Receipts This Page (optional) | | | 125.00 | | |
| | | | | | |

| COLIEDIU E A /EEO Eo ma OV) | | | | FOR LINE NUMBER: PAGE 95 / 306 | | |
|-----------------------------|---|---------------|-------------------------------------|--|--|--|
| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) | | |
| ΙT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 | | |
| | | | Detailed Summary Page | 13 14 15 16 17 | | |
| ۸r | ny information copied from such Reports and Sta | ntomonte may | , not be cold or used by any pers | | | |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | o solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | | ACTION COMMITTEE (a.k. | Modes Health BAC) | | |
| / | WILDOO FILALTIT SOLUTIONS INC. FO | JLI I I OAL F | ACTION COMMITTEE (a.K.a | i. Medco Fleatth FAC) | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | | | |
| A. | MRS MICHELE PAIGE | | | Date of Receipt | | |
| | Mailing Address 12 MILLBROOK COUR | Т | | M M / D D / Y Y Y Y | | |
| | | | | 11 10 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41219 | | |
| | LIVINGSTON | NJ | 07039 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | 05.00 | | |
| | federal political committee. | C | | 25.00 | | |
| | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | |
| | | | MARKET STRATEGY | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General | | 600.00 | 1 | | |
| | Other (specify) | | 000.00 | | | |
| | | | | | | |
| ь | Full Name (Last, First, Middle Initial) | | | Data of Bassist | | |
| В. | MR RICHARD PALOMBO | NE | | Date of Receipt | | |
| | Mailing Address 19 E. HOLLYWOOD LA | | 11 10 2007 | | | |
| | City | State | Zip Code | | | |
| | • | | • | Transaction ID: INC.A.41410 | | |
| | BEESLEY'S POINT | NJ | 08223 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | C | | 9.61 | | |
| | federal political committee. | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n | 7 | | |
| | MEDCO HEALTH SOLUTIONS | DIR PRO | FESSIONAL PRACTICES | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General | - | | 7 | | |
| | Other (specify) ▼ | 1 | 230.64 | | | |
| | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| C. | MR JAY PATEL | | | Date of Receipt | | |
| | Mailing Address 14 BROWNSTONE TER | RRACE | | M M / D D / Y Y Y Y | | |
| | 0:: | | 7: 0 1 | 11 10 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41431 | | |
| | <u>HAWTHORNE</u> | NJ | 07506 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | С | | 25.00 | | |
| | federal political committee. | | | | | |
| | Name of Employer | Occupation | n | \dashv | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | OM STRAT & DELIV | | | |
| | Receipt For: | | Year-to-Date ▼ | \dashv | | |
| | Primary General | , iggi ogale | Jul 10 Dullo 🔻 | 7 | | |
| | Other (specify) | | 600.00 | | | |
| | | 0 0 | 1 1 1 1 1 1 1 | 4 | | |
| | I | | | | | |
| | IIPTOTAL of Descripts This Dags (antistral) | | | 59.61 | | |
| \vdash | UBTOTAL of Receipts This Page (optional) | | | _ | | |
| | | | | The state of the s | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER | PAGE 96/306 | |
|--------------------------|---|----------------------------|-----------------------------------|--|---------------------------------------|--|
| | EMIZED RECEIPTS | or each category of the | (check only one) | | | |
| ••• | LIMIZED REGEN 13 | | Detailed Summary Page | X 11a 11b | 11c 12 | |
| Δ. | winformation conind from auch Departs and Cto | tamanta mai | , not be cold or used by one pare | 13 14 14 n for the number of cells | 15 16 17 | |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | solicit contributions from | n such committee. | | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DI ITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC |) | |
| | | | (41.1.5.1 | | , | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| Α. | MR MATTHEW PATELLA | | | Date of Receipt | | |
| | Mailing Address 30 TAM O SHANTER D | RIVE | | M M / D D | | |
| | City | State | Zip Code | Transaction ID: | | |
| | MAHWAH | NJ | 07430 | Amount of Each R | | |
| | FEC ID number of contributing | | 0.100 | 7 mount of Edon 1 | · · · · · · · · · · · · · · · · · · · | |
| | federal political committee. | C | | | 10.00 | |
| | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | |
| | Receipt For: | | CCT EXEC • Year-to-Date ▼ | | | |
| | Primary General | Aggregate | r rear-to-Date ▼ | | | |
| | Other (specify) | | 240.00 | | | |
| | | 0 0 | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | |
| В. | MR ROBERT PELLEGRINI | | | Date of Receipt | | |
| | Mailing Address 211 WILTSIE COURT | | | M M / D D | | |
| | City | Ctoto | Zip Code | 1 1 1 0 2 0 0 7 Transaction ID: INC.A.41192 | | |
| | WYCKOFF | State NJ | · | | | |
| | | INU | 07481 | Amount of Each R | ecelpt this Period | |
| | FEC ID number of contributing federal political committee. | C | | | 20.00 | |
| | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | |
| | | ļ | TECHNOLOGY | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | . | | |
| | Other (specify) | ' ' | 300.00 | | | |
| | Carior (openity) | 0 0 | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| C. | MR MICHAEL PETEROY | | | Date of Receipt | | |
| | Mailing Address 4769 STAVANGER LAN | IE | | M M / D D | | |
| | City | State | Zip Code | Transaction ID: | | |
| | LAS VEGAS | NV | 89147 | Amount of Each R | | |
| | | | 00147 | Amount of Lacif h | lecelpt this Feriod | |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 | |
| | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | |
| DIR PRO | | | DUCT DEVELOPMENT | | | |
| | | | e Year-to-Date ▼ | | | |
| | | | 600.00 | | | |
| | cale. (opec.iy) 🗸 | | | | | |
| Г | 1 | | | | • • • • • • • • | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 55.00 | |
| \vdash | , | | | | • • • • • • | |
| T | OTAL This Period (last page this line number or | າly) | > | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 97/306 | |
|--|-------------------|---|--|--|
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | (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 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 INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| Full Name (Last, First, Middle Initial) MR NATHAN PETERSON Mailing Address 1771 PRESCOTT LAN City CHASKA FEC ID number of contributing | State MN | Zip Code 55318 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| rec in fulliber of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | n CCT EXEC e Year-to-Date ▼ | 25.00 | |
| Full Name (Last, First, Middle Initial) MR THOMAS PETTYES Mailing Address 8522 UPLAND LN NOF | | | | |
| City MAPLE GROVE | State MN | Zip Code 55311 | Transaction ID: INC.A.41159 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 33311 | 50.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | n AL MGR GROUP e Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | Aggregate | 1200.00 | | |
| Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN Mailing Address 29 BLACKWELL AVE | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y | |
| City MORRISTOWN | State NJ | Zip Code 07960 | Transaction ID: INC.A.41071 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | | 75.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | AL MGR | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1800.00 | | |
| SUBTOTAL of Receipts This Page (optional) | | | 150.00 | |
| TOTAL This Period (last page this line number of | only) | | | |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 98 / 306 (check only one) |
|-------------------|--|------------------------|---|--|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| An or | y information copied from such Reports and Statem for commercial purposes, other than using the name | nents may e and add | not be sold or used by any perso lress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI | TICAL A | CTION COMMITTEE (a.k.a | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MS JANET PORAT | | | Date of Receipt |
| | Mailing Address 5 CRABAPPLE CT | | | 111 / 10 / 2007 |
| | • | State NY | Zip Code 10952 | Transaction ID: INC.A.41163 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | MEDOO HE'ALTH SOLLITIONS | occupation OIR BUSI | INESS REQUIREMENTS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS LYDIA POTTER | | | Date of Receipt |
| | Mailing Address 19642 S.W. 88 LOOP | | | 11 10 2007 |
| | • | State FL | Zip Code 34432 | Transaction ID: INC.A.41367 |
| | EEC ID asserbase of a section time. | C | 34432 | Amount of Each Receipt this Period 25.00 |
| | MEDCO HEALTH SOLLITIONS I | occupation OIR OPS | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 600.00 | |
| . | Full Name (Last, First, Middle Initial) MR NEIL PREZIOSO | | | Date of Receipt |
| | Mailing Address 10258 WINDSOR WAY | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | , | State | Zip Code | Transaction ID: INC.A.41270 |
| | FEO ID worth and for a till a time. | C C | 43065 | Amount of Each Receipt this Period 50.00 |
| | MEDCO HE'ALTH SOLLITIONS | occupation P HLTH | CARE OPS/FORMULARY/ | COPP |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | |) | 100.00 |
| T | OTAL This Period (last page this line number only) | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check o | | PAGE 99/ | |
|--------------------------------------|--|--------------------------|---|--------------|--------------------------------|-----------------|------|
| • | LIMIZED RECEIF 13 | | Detailed Summary Page | X 11a | \rightarrow | 11c 12 | |
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso dress of any political committee to | n for the pu | urpose of solicit | ing contributio | ns |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco H | Health PAC) | | |
| ۹. | Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE | | | Date | of Receipt | | |
| | Mailing Address 875 ALEXANDRIA CT | | | м 1 1 | M / D D D 10 | 200 | |
| | City | State NJ | Zip Code | | saction ID: IN | | |
| | FEC ID number of contributing federal political committee. | C | 07446 | Amou | unt of Each Red | this Perio | 1 1 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP HR | ו | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4615.20 | | | | |
| 3. | Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET | | | Date | of Receipt | | |
| | Mailing Address 135 HOLLYBERRY DRIV | Έ | | | M / D D 10 | / Y Y Y 2 0 0 | |
| | City HOPEWELL JUNCTION | State NY | Zip Code | | saction ID: IN | | |
| | FEC ID number of contributing federal political committee. | C | 12533 | Amou | unt of Each Red | · · · · | .00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR C | ONTRACT ADMINISTRATION | - DN | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | | | | |
|). | Full Name (Last, First, Middle Initial) MR MARK PROULX | | | Date | of Receipt | | |
| Mailing Address 20 BRANDY RIDGE ROAD | | AD | | м 1 1 | M / D D D 10 | 200 | |
| | City SPARTA | State NJ | Zip Code 07871 | | saction ID: INGunt of Each Rec | | od . |
| | FEC ID number of contributing federal political committee. | C | | | | 192 | 1 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ARMACY & CUST SVC OPS | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4615.44 | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | | 409 | .61 |
| | | | · | | • • • • | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 100 / 306 |
|--------------------------|--|--------------------------|-------------------------------------|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| •• | LIMIZED NEOEM 10 | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta | atements may | not be sold or used by any perso | |
| or | for commercial purposes, other than using the r | ame and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | |
| A. | Full Name (Last, First, Middle Initial) SYED QUADRI | | | Date of Receipt |
| | Mailing Address 6040 KENNEDY BLVD APT 30N | EAST | | 11 1 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41395 |
| | WEST NEW YORK | NJ | 07093 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PRIV | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 350.00 | |
| | Cutch (Specify) \ | | 0 0 0 0 0 0 0 | |
| В. | 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 | State | Zip Code | Transaction ID: INC.A.41420 |
| | KELLER | TX | 76248 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR HR | ١ | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 485.00 | |
| | Other (specify) ▼ | | 100.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS FRANCES RAO | | | Date of Receipt |
| | Mailing Address 19 ROSS ROAD | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41092 |
| | SCARSDALE | NY | 10583 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | PRIVACY | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) | | 600.00 | |
| | Curici (opeony) 🔻 | | | |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | |) | 60.00 |
| \vdash | | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 101 / 306 | |
|--------------------------|---|--------------------------|--|----------------------------|-----------------|
| | ITEMIZED RECEIPTS | | or each category of the | (check only one) | |
| •• | EMIZED RECEIL TO | | Detailed Summary Page | X 11a 11b | 11c 12 |
| Δ. | we information against from a uph Danasta and Ct | atamanta ma | , not be cold or used by one norse | n for the purpose of colic | 15 16 17 |
| or | ny information copied from such Reports and State for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from | such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | . Medco Health PAC) | |
| \angle | | | , | | |
| | Full Name (Last, First, Middle Initial) | | | 5. (5.). | |
| Α. | MS JOANN REED | | | Date of Receipt | |
| | Mailing Address 4 ANTLER CT | | | M M / D D D 1 1 1 0 | |
| | City | State | Zip Code | Transaction ID: IN | |
| | MATAWAN | NJ | 07747 | Amount of Each Re | |
| | FEC ID number of contributing | | | 7 1111001111 011 20011 111 | · · · · · · |
| | federal political committee. | C | | | 65.38 |
| | Name of European | 10 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n ANCE & CHIEF FIN OFFCR | | |
| | Receipt For: | | Year-to-Date ▼ | _ | |
| | Primary General | 7.99.094.0 | Tour to Bate V | | |
| | Other (specify) ▼ | | 4869.24 | | |
| | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| В. | | | | Date of Receipt | |
| | Mailing Address 8475 DUNHAM STATIC | ON DRIVE | | 1 1 1 0 | |
| | City | State | Zip Code | Transaction ID: IN | |
| | TAMPA | FL | 33647 | Amount of Each Re | |
| | FEC ID number of contributing | | 00017 | Amount of Each Til | · · · · · · · · |
| | federal political committee. | C | | | 25.00 |
| | | 10 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n RM PRACTICE | | |
| | Receipt For: | | Year-to-Date ▼ | - | |
| | Primary General | riggregate | Tour to Bate V | | |
| | Other (specify) ▼ | | 1175.00 | | |
| | | | | ' | |
| _ | Full Name (Last, First, Middle Initial) | | | B | |
| C. | MR THOMAS REINCKENS | | | Date of Receipt | |
| | Mailing Address 22 BARTLETT AVE. | | | 1 1 1 0 | |
| | City | State | Zip Code | Transaction ID: IN | IC.A.41179 |
| | NORWALK | CT | 06850 | Amount of Each Re | |
| | FEC ID number of contributing | | | | · · · · · · |
| | federal political committee. | C | | | 50.00 |
| | Name of Employer | Occupation | <u> </u> | \dashv | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | R RECONCILIATION | | |
| | Receipt For: | | e Year-to-Date ▼ | | |
| | Primary General | | | | |
| | Other (specify) | 650.00 | | | |
| _ | | | | | |
| | | | | | 140.38 |
| S | UBTOTAL of Receipts This Page (optional) | ····· | ······································ | | 140.30 |
| | | | | | |
| T | OTAL This Period (last page this line number or | nly) | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 102/306 |
|----------|--|---------------------|-------------------------------------|---|
| ıт | EMIZED RECEIPTS | | or each category of the | (check only one) |
| •• | LIMIZED REGEN 10 | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Ar | y information copied from such Reports and Statem for commercial purposes, other than using the name | ents may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| Oi | | anu auc | aress or any political committee to | Solicit Contributions from Such Committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI | TICAL / | ACTION COMMITTEE (a.k.a. | Modes Health BAC) |
| \angle | MEDOG HEALTH SOLOTIONS INC. I CEI | I IOAL A | TOTION COMMITTEE (a.K.a. | . Wedco Health FAO) |
| Α. | Full Name (Last, First, Middle Initial) MR VICTOR RENNA | | | Date of Receipt |
| ۸. | Mailing Address 8 CARLA ANN CT | | | M M / D D / Y Y Y Y |
| | | | | 11 10 2007 |
| | • | State | Zip Code | Transaction ID: INC.A.41369 |
| | | NJ | 07836 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 50.00 |
| | MEDCO HE'AI TH SOLLITIONS | ccupation P PRO | n CUREMENT & INVENTORY | |
| | Receipt For: A | ggregate | e Year-to-Date ▼ | |
| | Primary General | | 1200.00 | |
| | Other (specify) | 0 0 | 1200.00 | |
| В. | Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS | | | Date of Receipt |
| | Mailing Address 412 RIVER MEWS LANE | | | 1 1 1 0 7 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.41417 |
| | EDGEWATER | NJ | 07020 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 70.00 |
| | MEDCO HE'AI TH SOLLITIONS | ccupation XEC DI | n R TECHNOLOGY | |
| | | ggregate | e Year-to-Date ▼ | |
| | Primary General | | 1680.00 | |
| | Other (specify) ▼ | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR DAVID ROBARGE | | | Date of Receipt |
| | Mailing Address 4565 QUEENSLAND LN N | | | M M / D D / Y Y Y Y |
| | City | State | Zip Code | 1 1 1 0 2 0 0 7 Transaction ID: INC.A.41122 |
| | - | MN | 55446 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 25.00 |
| | federal political committee. | C . | | 23.00 |
| | MEDOO DE'ALTE COLLITIONS | ccupation | ı IICAL SVCS | |
| | | | Year-to-Date ▼ | - |
| | Primary General | 33 -3 | | |
| | Other (specify) ▼ | 0 0 | 600.00 | |
| | | | | 145.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ······ | 173.30 |
| Т | OTAL This Period (last page this line number only) | | > | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 103 / 306 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-------------------|---|--------------------------|--|---|
| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso ress of any political committee to | n for the purpose of soliciting contributions |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | CTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MS SORAYA RODRIGUEZ-BALZAC Mailing Address 22 PAPOOSE TRAIL | | | Date of Receipt |
| | | | | 11 10 2007 |
| | City ANDOVER | State NJ | Zip Code 07821 | Transaction ID: INC.A.41416 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07021 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | LIC AFFAIRS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR MICHAEL ROMANZO | | | Date of Receipt |
| | Mailing Address 96 LEHMANN STREET | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City MAHWAH | State NJ | Zip Code 07430 | Transaction ID: INC.A.41177 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07400 | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ENT SYSTEMED | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4615.20 | |
|) . | Full Name (Last, First, Middle Initial) MS DONNA ROSEN | | | Date of Receipt |
| | Mailing Address 7 RED OAK LANE | | | M M / D D / Y Y Y Y Y 1 1 1 1 0 2 0 0 7 |
| | City KINNELON | State NJ | Zip Code 07405 | Transaction ID: INC.A.41335 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07400 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CLINICAL TECH | |
| _ | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 267.30 |
| | | | | |

| S | SCHEDULE A (FEC Form 3X) | | Llas apparets appadula(a) | FOR LINE NUMBER: PAGE 104/306 |
|-------------------|--|------------------------------|--|--|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) |
| ••• | EIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| or | y information copied from such Reports and St for commercial purposes, other than using the | atements may name and add | not be sold or used by any persol dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| \angle | | | | , |
| | Full Name (Last, First, Middle Initial) | | | Data of Danaire |
| A. | MR CHRISTOPHERJOHN ROWLAND Mailing Address 16725 OLIVE CIRCLE | | | Date of Receipt |
| | 10/23 OLIVE CINCLE | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41084 |
| | FOUNTAIN VALLEY | CA | 92708 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 10.00 |
| | federal political committee. | C | | 10.00 |
| | Name of Employer | Occupation | n | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CCT EXEC | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 240.00 | |
| | U Other (specify) ▼ | | 240.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MR RICHARD RUBINO | | | Date of Receipt |
| | Mailing Address 5201 RIO VISTA DRIV | E | | M M / D D / Y Y Y Y |
| | | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41331 |
| | MAHWAH | NJ | 07430 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 193.00 |
| | rederal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | ONTROLLER | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 4632.00 | |
| | care (epoch)/ • | | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MR STEVEN RUSSEK | | | Date of Receipt |
| | Mailing Address 21 SKY TOP RIDGE | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41194 |
| | OAKLAND | NJ | 07436 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 50.00 |
| | federal political committee. | C | | 30.00 |
| | Name of Employer | Occupation | n | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | MULARY & COVERAGE MG | Мт |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1200.00 | |
| | Other (specify) | | 1200.00 | |
| | | | | |
| ا | UBTOTAL of Receipts This Page (optional) | | | 253.00 |
| - | DDI OTAL OF NECERPLS THIS FAGE (OPHORIAL) | | ······································ | |

| SCHEDULE A (FEC Form 3X) | | | l la a a su a vata a a la alvila (a) | FOR LINE NUMBER: PAGE 105/306 |
|--------------------------|---|--------------------|---|---|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | ny information copied from such Reports and State for commercial purposes, other than using the r | atements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| \ \ | | iaine and add | diess of any political committee to | Solicit Contributions from Such Committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | | ACTION COMMITTEE (a.k.a. | Madaa Haalth BAC) |
| | MEDGO HEALTH SOLUTIONS INC. PO | JLITICAL F | ACTION COMMITTEE (a.K.a. | . Wedco Health FAC) |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | MR ANTHONY RUSSO | | | Date of Receipt |
| | Mailing Address 66 FINCH RD | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41281 |
| | RINGWOOD | NJ | 07456 | Amount of Each Receipt this Period |
| | | | 07400 | Amount of Each Receipt this Feriou |
| | FEC ID number of contributing federal political committee. | C | | 20.00 |
| | · | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | Receipt For: | VP PROF | Year-to-Date ▼ | _ |
| | Primary General | Aggregate | : Teal-to-Date V | |
| | Other (specify) ▼ | | 480.00 | |
| | | | | ' |
| | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 456 RICHMOND AVEN | UE | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41323 |
| | MAPLEWOOD | NJ | 07040 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 1 1 1 1 1 | |
| | federal political committee. | C | | 78.34 |
| | Name of Employer | Occupation | 2 | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PHAE | RMACY REGULATORY | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 1999 | | |
| | Other (specify) ▼ | | 1880.16 | |
| | | | | |
| C. | Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS | | | Date of Receipt |
| C. | Mailing Address 4836 MIDDLE RD | | | M M / D D / Y Y Y Y |
| | Walling / Rail 555 4030 WIIDDEL TED | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41351 |
| | ALLISON PARK | PA | 15101 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 25.00 |
| | federal political committee. | <u> </u> | | 23.00 |
| | Name of Employer | Occupation | 1 | \exists |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | INESS REQUIREMENTS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) | 0 0 | 600.00 | |
| _ | | | | |
| _ | UDTOTAL (CD) 11 TH D | | | 123.34 |
| | UBTOTAL of Receipts This Page (optional) | | ······ | |
| 1 | | | | |

| SCHEDULE A (FEC Form 3X) | | | Lles concrete cohodule(s) | FOR LINE NUMBER: PAGE 106 / 306 |
|--------------------------|---|----------------|---|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | itements may | not be sold or used by any perso | n for the purpose of soliciting contributions solicit contributions from such committee |
| \ | NAME OF COMMITTEE (In Full) | arric aria auc | dicas of any political committee to | Solicit Contributions from Sacri Committee. |
| | MEDCO HEALTH SOLUTIONS INC. PO | | ACTION COMMITTEE (a.k.a. | Madaa Haalth BAC) |
| | MEDGO HEALTH SOLUTIONS INC. FO | JLI I I CAL F | ACTION COMMITTEE (a.K.a. | . Wedco Health FAC) |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | |
| A. | MR MICHAEL SARDONE | | | Date of Receipt |
| | Mailing Address 7 AHERN WAY | | | M M / D D / Y Y Y Y Y 1 1 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | |
| | WEST ORANGE | NJ | 07052 | Transaction ID: INC.A.41214 |
| | | INU | 07032 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | CLINICAL THERAPEUTICS | 4 |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | ' ' | 600.00 | |
| | ann (open), V | 0 0 | | ¹ |
| | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 230 FAIRFIELD AVE. | | | 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | |
| | RIDGEWOOD | NJ | 07450 | Transaction ID: INC.A.41126 Amount of Each Receipt this Period |
| | | INO | 07430 | Amount of Each Necelpt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | Receipt For: | _ | BUS PLANNING & ADMIN e Year-to-Date ▼ | - |
| | Primary General | Aggregate | rtear-to-Date V | |
| | Other (specify) | | 600.00 | |
| | | | | ' |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MS BETH SAVARE | | | Date of Receipt |
| | Mailing Address 27 JONES LN | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41327 |
| | BLAIRSTOWN | NJ | 07825 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 05.00 |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | n | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | PHARM OPS | |
| | Receipt For: | 1 | Year-to-Date ▼ | 1 |
| | Primary General | 33 3 | | |
| | Other (specify) 🔻 | | 600.00 | |
| _ | | | | |
| | | | | 75.00 |
| S | UBTOTAL of Receipts This Page (optional) | ····· | <u> </u> | 75.00 |
| | | | | |

| SCHEDULE A (FEC Form 3X) | | | Llas apparata aphadula(a) | FOR LINE NUMBER: PAGE 107 / 306 | | |
|--------------------------|---|----------------------------|---|--|--|--|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) | | |
| 11 | EWIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| | | | | 13 14 15 16 17 | | |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | |
| <u>\</u> | NAME OF COMMITTEE (In Full) | arrio arro ade | arood or arry pointion committee to | CONCIL CONTINUED IN CHIEF CONTINUES. | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | NITICAL A | ACTION COMMITTEE (a k a | Medco Health PAC) | | |
| | WEDGO HEALTH GOLOTIONS INC. 1 | ZETTIOAL F | TOTION OOMINITTEE (a.K.a. | i wedoo rieamir Ao) | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| A. | | | | Date of Receipt | | |
| | Mailing Address 56 LAKESIDE DRIVE | | | 1 1 1 0 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41382 | | |
| | RAMSEY | NJ | 07446 | Amount of Each Receipt this Period | | |
| | | | 07 110 | | | |
| | FEC ID number of contributing federal political committee. | C | | 15.00 | | |
| | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | | |
| | Receipt For: | | ΓECHNOLOGY • Year-to-Date ▼ | _ | | |
| | Primary General | Aggregate | Frear-to-Date V | | | |
| | Other (specify) ▼ | | 360.00 | | | |
| | | | 0 0 0 0 0 0 0 | | | |
| | Full Name (Last, First, Middle Initial) | | | | | |
| В. | | | | Date of Receipt | | |
| | Mailing Address 339 GRAMERCY PL | | | 1 1 1 0 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41330 | | |
| | GLEN ROCK | NJ | 07452 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | 1 1 1 1 1 | | | |
| | federal political committee. | C | | 50.00 | | |
| | Name of Employer | Occupation | 2 | - | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | YTICAL SVCS | | | |
| | Receipt For: | 1 | Year-to-Date ▼ | - | | |
| | Primary General | 199.19 | | | | |
| | Other (specify) ▼ | 1 | 1200.00 | | | |
| | | | | | | |
| C. | Full Name (Last, First, Middle Initial) MR FRANK SCHULTE | | | Date of Receipt | | |
| C. | Mailing Address 2121 AMERICA'S CUP | ∩ID | | M M / D D / Y Y Y Y | | |
| | Walling Address 2121 AMERICAS COF | σin | | 11 10 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41173 | | |
| | LAS VEGAS | NV | 89117 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | С | | 25.00 | | |
| | federal political committee. | | | 23.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n | ╡ | | |
| | MEDCO HEALTH SOLUTIONS | | AL VP PHARMACIES | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | 1 | | |
| | Primary General | | 1175.00 | | | |
| | Other (specify) ▼ | | 1175.00 | | | |
| _ | | | | | | |
| _ | | | | 90.00 | | |
| | UBTOTAL of Receipts This Page (optional) | | ······ | | | |
| 1 | | | | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 108 / 306 (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 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 INC. F | | | |
| Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ Mailing Address 3556 DAVIS City EVANSTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | | Zip Code 60203 n R CLINICAL SVCS Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: INC.A.41118 Amount of Each Receipt this Period 50.00 |
| Other (specify) ▼ | 0 0 | 980.00 | |
| Full Name (Last, First, Middle Initial) MS CYNTHIA SCOTT Mailing Address 13150 FLAMINGO CC City APPLE VALLEY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State MN C Occupation | Zip Code 55124 | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: INC.A.41074 Amount of Each Receipt this Period 50.00 |
| Receipt For: Primary General Other (specify) | , | CAL PROG DEV Year-to-Date ▼ 1200.00 | |
| Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT Mailing Address 7330 EVEREST LANE | - 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 MAPLE GROVE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 55311 ACCT EXEC Year-to-Date ▼ 650.00 | Transaction ID: INC.A.41371 Amount of Each Receipt this Period 50.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 150.00 |
| TOTAL This Period (last page this line number | only) |) | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 109/306 |
|------------------------------|---|---------------|--|------------------------------|-----------------|
| | ITEMIZED RECEIPTS | | or each category of the | (check only one) | |
| •• | LIMIZED REGEN 13 | | Detailed Summary Page | X 11a 11b | 11c 12 |
| Δ. | we information against from a value Departs and Ct | tomonto mo | , not be cold or used by one porce | n for the numbers of collisi | 15 16 17 |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from | such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | . Medco Health PAC) | |
| \angle | | | , | , | |
| | Full Name (Last, First, Middle Initial) | | | 5. (5.). | |
| Α. | MR LEONARD SCOTT | DDI)/E NI/ | ., | Date of Receipt | |
| | Mailing Address 13514 MOTTLESTONE | DRIVE NV | V | M M / D D D 1 1 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | PICKERINGTON | ОН | 43147 | Amount of Each Re | |
| | FEC ID number of contributing | | | 7 5.1 | |
| | federal political committee. | C | | | 25.00 |
| | Name of European | Lowerin | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | ACCT MGMT | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| | Primary General | 7 199. 094.10 | 1 1 1 1 1 1 1 1 | | |
| | Other (specify) ▼ | 1 | 600.00 | | |
| | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| В. | MS MONICA SCOZZARE | | | Date of Receipt | |
| | Mailing Address 3021 E MILLCREEK RC | 1 1 1 0 | 2007 | | |
| | City | Zip Code | Transaction ID: IN | | |
| | SALT LAKE CITY | State UT | 84109 | Amount of Each Re | |
| | FEC ID number of contributing | | | 7 Amount of Edon He | |
| | federal political committee. | C | | | 50.00 |
| | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 R CLINICAL SVCS | | |
| | Receipt For: | | Year-to-Date V | _ | |
| | Primary General | riggrogate | Total to Bate V | | |
| | Other (specify) ▼ | | 1200.00 | | |
| | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | D : (5 :: | |
| C. | MR ROBERT SENDEWICZ | | | Date of Receipt | |
| | Mailing Address 1220 CROSSING WAY | | | 1 1 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41094 |
| | WAYNE | NJ | 07470 | Amount of Each Re | |
| | FEC ID number of contributing | С | | | |
| federal political committee. | | | | | 25.00 |
| | Name of Employer C | | า | \dashv | |
| | | | , FECHNOLOGY | | |
| | | | Year-to-Date ▼ | | |
| | Primary General | | | | |
| Other (specify) ▼ | | | 600.00 | | |
| | | | | | |
| | | | | | 100.00 |
| S | UBTOTAL of Receipts This Page (optional) | <u></u> | ······································ | | 100.00 |
| | | | | | |
| T | OTAL This Period (last page this line number o | nly) | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 110/306 |
|----------|--|--------------------|--|--|-----------------------------------|
| | EMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b |] 11c |
| | | | Detailed Summary Page | 13 14 | 15 16 17 |
| Ar | ny information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any personal ress of any political committee to | on for the purpose of solicity solicity solicity contributions from the solicity contributions from the solicity solicity. | ing contributions such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| Α. | Full Name (Last, First, Middle Initial) MR GEORGE SERPIKOV | | | Date of Receipt | |
| | Mailing Address 66 PROSPECT AVE | | | M M / D D D 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | WESTWOOD | NJ | 07675 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BUSI | n NESS DEV | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ | |
| | Primary General Other (specify) ▼ | | 1200.00 | | |
| — В. | Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III | | | Date of Receipt | |
| | Mailing Address 266 BRUSHY CREEK A | M M / D D D 1 0 | 2007 | | |
| | City | State | Zip Code | Transaction ID: IN | |
| | LAS VEGAS | NV | 89148 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 45.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR OPS | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 1840.45 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR JOHN SHEA | | | Date of Receipt | |
| | Mailing Address 62 FRANKLIN TURNPIN | ΚE | | M M / D D D 1 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41079 |
| | ALLENDALE | NJ | 07401 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 40.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CC | DUNSEL | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ | |
| | Primary ☐ General Other (specify) ▼ | | 960.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 135.00 |
| | . 5 , | | | | |
| T | OTAL This Period (last page this line number or | nly) | | | |

| 91 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 111/306 |
|-------------------|--|--|---|---|
| • | | Use separate schedule(s) or each category of the | | (check only one) |
| ITEMIZED RECEIPTS | | Detailed Summary Page | | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and ado | 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. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR FRANK SHEEHY | | | Date of Receipt |
| | Mailing Address 119 HAMILTON RD | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41134 |
| | RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 2400.00 | 1 |
| | Other (specify) | | 2100.00 | J |
| — В. | Full Name (Last, First, Middle Initial) ALEXANDER SHEKHDAR | | | Date of Receipt |
| | Mailing Address 211 CROYDON AVENU | M M / D D / Y Y Y Y | | |
| | Cit. | 01-1- | 7in Oada | 11 10 2007 |
| | City ROCKVILLE | State | Zip Code | Transaction ID: INC.A.41453 |
| | | MD | 20850 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUS | n INESS & MKT DEV | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 210.00 | |
| _ | Full Name (Last, First, Middle Initial) MR PETER SHERMAN | | | Date of Receipt |
| J. | Mailing Address 139 GATES AVENUE | | | M M / D D / Y Y Y Y |
| | | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41060 |
| | MONTCLAIR | NJ | 07042 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MANAGII | n NG COUNSEL | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 1200.00 | 1 |
| | Other (specify) | | 1200.00 | 1 |
| | | | | |
| _ | IIPTOTAL of Possints This Page (antion-1) | | - | 115.00 |
| \vdash | UBTOTAL of Receipts This Page (optional) | | | |

| S | CHEDULE A (FEC Form 3X) | | l la a camanata calacelula (a) | FOR LINE NUMBER: PAGE 112/306 |
|-------------------|---|--|--|---|
| ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the | | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any persor | n for the purpose of soliciting contributions |
| \ \ | | arrie ariu auc | diess of any political committee to s | Solicit Contributions from Such Committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | NITICAL A | ACTION COMMITTEE (a.k.a. | Modes Health BAC) |
| | MEDOO HEALTH SOLUTIONS INC. FO | JLI I I CAL F | ACTION COMMINITIEE (a.K.a. | Medco Health FAC) |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | MR JAMES SHIVAS | | | Date of Receipt |
| | Mailing Address 18 PROSPECT AVE | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41211 |
| | NORTH ARLINGTON | NJ | 07031 | Amount of Each Receipt this Period |
| | | 140 | 07001 | Amount of Lacif Necept this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | | 10 " | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | Aggregate | Teal to Date ¥ | |
| | Other (specify) | l | 600.00 | |
| | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 150 CLAREMONT AVE | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41145 |
| | LONG BEACH | CA | 90803 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | า | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | VP SALE | | |
| | Receipt For: | ļ | e Year-to-Date ▼ | |
| | Primary General | | 200.00 | |
| | Other (specify) | | 600.00 | |
| | | | | |
| C. | Full Name (Last, First, Middle Initial) MS ANNE SIGILLITO | | | Date of Receipt |
| • | Mailing Address 178 LEXINGTON AVE. | | | M M / D D / Y Y Y Y |
| | | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41064 |
| | WESTWOOD | NJ | 07675 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 10.00 |
| | federal political committee. | 0 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | |
| | MEDGO HEALTH SOLUTIONS | SR DIR | GENERIC STRAT & CUST D' | <u>√</u> |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 240.00 | |
| | Other (specify) | | 210.00 | |
| | | | | |
| , | UBTOTAL of Receipts This Page (optional) | | | 60.00 |
| \vdash | ODITIAL OF THEORIPIS THIS Page (Optional) | | •••••••••••••••••••••••••••••••••••••• | |
| | | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 113 / 306 |
|--|---------------|---|--|
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 |
| 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 perso | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | | | |
| Full Name (Last, First, Middle Initial) MS JODI SILBERMANN Mailing Address 16 TULIP LANE City RANDOLPH FEC ID number of contributing federal political committee. | State NJ | Zip Code 07869 | 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) ▼ | | n FINANCE e Year-to-Date ▼ 240.00 | |
| Full Name (Last, First, Middle Initial) 3. JEFFREY SIMEK Mailing Address 704 SAW PALMETTO | COURT | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City PORT ORANGE | State FL | Zip Code 32128 | Transaction ID: INC.A.41226 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | n P COMMUNICATIONS e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 4615.44 | |
| Full Name (Last, First, Middle Initial) MR LEE SIMON Mailing Address 2390 GREENVIEW RC | DAD | | Date of Receipt M |
| City | State | Zip Code | Transaction ID: INC.A.41377 |
| NORTHBROOK FEC ID number of contributing federal political committee. | C | 60062 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | AL MGR GROUP | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1200.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 252.31 |
| TOTAL This Period (last page this line number of | only) | | |

| SI | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 114 / 306 |
|-------------------|--|---|---|---|
| · | | Use separate schedule(s) | | (check only one) |
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and Sta for commercial purposes, other than using the i | atements may name and ado | 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. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR JEFFREY SINKO | | | Date of Receipt |
| | Mailing Address 10 CHERRY TREE LAN | NE | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41255 |
| | KINNELON | NJ | 07405 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP & CO | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | - | 1200.00 | 7 |
| | Other (specify) | 0 0 | 1200.00 | |
| — В. | Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO | | | Date of Receipt |
| | Mailing Address 564 DALE COURT EAS | M M / D D / Y Y Y Y | | |
| | 01 | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41093 |
| | RIVER VALE | NJ | 07675 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR T | 1 FECHNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 1 | 720.00 | 7 |
| | Other (specify) | 0 0 | 720.00 | 1 |
| <u> </u> | Full Name (Last, First, Middle Initial) MR DAVID SITVER | | | Date of Receipt |
| | Mailing Address 24 YORKSHIRE AVE | | | M M / D D / Y Y Y Y Y Y 1 Y 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41210 |
| | SUFFERN | NY | 10901 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR T | TECHNOLOGY | 7 |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | 1 |
| | Other (specify) | | 000.00 | 1 |
| | | | | |
| _ | UDTOTAL «CD» visits Till D (vis) | | | 105.00 |
| S | UBTOTAL of Receipts This Page (optional) | | | - |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 115 / 306 (check only one) |
|-------------|---|---------------------|---|---|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions oslicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) ANN SMITH | | | Date of Receipt |
| | Mailing Address 437 GLENDALE RD | | | 1 1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City WYCKOFF | State NJ | Zip Code 07481 | Transaction ID: INC.A.41213 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | PUBLIC AFFAIRS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | |
| — В. | Full Name (Last, First, Middle Initial) MS COLLEEN SMITH | | | Date of Receipt |
| | Mailing Address 1241 CHENILLE CIR | | | 1 1 1 0 7 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41197 |
| | WESTON | <u>FL</u> | 33327 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| n CLINICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR ROBERT SMITH | | | Date of Receipt |
| | Mailing Address 40 JOSHUA DR T | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41349 |
| | RAMSEY | NJ | 07446 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 2400.00 | |
| | UBTOTAL of Receipts This Page (optional) | | | 85.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 116 / 306 (check only one) X 11a 11b 11c 12 15 16 17 |
|--|--|--------------------------|---|--|
| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the nar | ements may me and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR Mailing Address 23 CEDAR GATE ROAD | | | Date of Receipt |
| | | | | 11 10 2007 |
| | City DARIEN | State CT | Zip Code 06820 | Transaction ID: INC.A.41409 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | MEDCO HEALTH SOLUTIONS | | AN & CEO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4615.44 | |
| ₹ | Full Name (Last, First, Middle Initial) MR ALAN SOKALER | | | Date of Receipt |
| ٠. | Mailing Address 30 MICHELLE WAY | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City PINE BROOK | State NJ | Zip Code 07058 | Transaction ID: INC.A.41430 |
| | FEC ID number of contributing federal political committee. | C | 0/038 | Amount of Each Receipt this Period 50.00 |
| | MEDOO HE'ALTH COLUTIONS | Occupation | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1200.00 | |
|) . | Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE | | | Date of Receipt |
| Mailing Address 21625 E. MERIWETHER LANE | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City LIBERTY LAKE | State WA | Zip Code 99019 | Transaction ID: INC.A.41272 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 12.50 |
| | MEDCO HEALTH SOLUTIONS | Occupation VP/GM | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 612.50 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 254.81 |
| | | | <u>·</u> | |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | (check only one) |
|-------------|--|--------|---|--|
| Ш | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and Statement for commercial purposes, other than using the name an | ts ma | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITIC | CAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR RALPH STAIANO | | | Date of Receipt |
| | Mailing Address 32 ALDEN RD | | | 111 / 10 / Y Y Y Y Y Y Y |
| | City Sta MONROE NY | | Zip Code 10950 | Transaction ID: INC.A.41075 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 10330 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS SR [| • | n BUSINESS REQUIREMENT | 6 |
| | Receipt For: Primary General Other (specify) ▼ | regate | e Year-to-Date ▼ 600.00 | |
| В. | Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN | | | Date of Receipt |
| | Mailing Address 7 FOREST LAKE DR | | | 11 1 1 2 0 0 7 |
| | City State WEST HARRISON NY | | Zip Code 10604 | Transaction ID: INC.A.41333 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | ' | | 50.00 |
| | MEDOO HE'NI TH SOLLITIONS | upatio | n VP FINANCE | |
| | Receipt For: Primary General Other (specify) ▼ | regate | e Year-to-Date ▼ 1200.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS JILL STEARNS | | | Date of Receipt |
| | Mailing Address 13130 HALSELL DR | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Sta AUSTIN TX | | Zip Code 78732 | Transaction ID: INC.A.41379 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 10102 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS SR N | • | n _ ACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | regate | e Year-to-Date ▼ 650.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 125.00 |
| 7 | OTAL This Period (last page this line number only) | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | (check only one) X 11a 11b 11 | → - |
|-------------|--|-----------|--|--|---------------|
| Ar | ry information copied from such Reports and Statem for commercial purposes, other than using the name | nents may | not be sold or used by any perso | n for the purpose of soliciting a | contributions |
| $\frac{}{}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLIT | | | | |
| A. | EMERSON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS On No. | | Zip Code 07630 | Date of Receipt M M M / 10 D Transaction ID: INC.A Amount of Each Receipt | |
| 3. | SAGAMORE HILLS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | | Zip Code 44067 CCT EXEC Year-to-Date ▼ | Date of Receipt M M M / D D D / D D D D D D D D D D D D | |
| C . | HIGHLAND MILLS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS OR SI | | Zip Code 10930 BUSINESS PLANNING & DE Year-to-Date ▼ | Date of Receipt M M M / D D / D / D D / D D / D D D / D | |
| s | UBTOTAL of Receipts This Page (optional) | | > | | 60.00 |
| т | OTAL This Period (last page this line number only) | | > | | |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 119 / 306 (check only one) | |
|-----------|---|--------------------|---|--|----|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 | 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | 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. | |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) | |
| ۷. | Full Name (Last, First, Middle Initial) MS AMY STEINKELLNER | | | Date of Receipt | |
| | Mailing Address 1740 HIGHLAND DRIVE | | | 11 1 10 7 2007 | |
| | City ELM GROVE | State WI | Zip Code 53122 | Transaction ID: INC.A.41205 Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 1 | 50.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLIN | n ICAL SVCS | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1200.00 | | |
| 3. | Full Name (Last, First, Middle Initial) DR GLEN STETTIN | | | Date of Receipt | |
| | Mailing Address 8 MILL GLEN CT | | | 1 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | City | State | Zip Code | Transaction ID: INC.A.41397 | |
| | UPPER SADDLE RIVER FEC ID number of contributing federal political committee. | C | 07458 | Amount of Each Receipt this Period | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CLIN & THERAP SOL GRO | UP | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4615.44 | | |
|). | Full Name (Last, First, Middle Initial) MR GERARD STOCKER, JR | | | Date of Receipt | |
| | Mailing Address 80 ALGONQUIN TRL | | | M M / D D / Y Y Y Y Y Y 1 1 1 1 1 0 2 0 0 7 | |
| | City OAKLAND | State NJ | Zip Code 07436 | Transaction ID: INC.A.41167 Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | 07400 | 15.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL | n - ACCT EXEC | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 360.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 257.31 | |
| T | OTAL This Period (last page this line number or | ly) | | | |

| 01 | CHEDIII E A /EEC Earm 2V) | | | FOR LINE NUMBER: PAGE 120 / 306 |
|--------------------------|--|--------------------------|-------------------------------------|--|
| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | (check only one) |
| ITEMIZED RECEIPTS | | or each category of the | | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
| Δη | y information copied from such Reports and Sta | tomonte may | y not be sold or used by any perso | |
| or | for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS JANNA STOUL | | | Date of Receipt |
| | Mailing Address 4 APACHE WAY | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41085 |
| | MONTVILLE | NJ | 07045 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR 1 | TECHNOLOGY | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 33 -3 | | 1 |
| | Other (specify) | | 400.00 | |
| | | | | |
| — В. | Full Name (Last, First, Middle Initial) MR SCOTT STRATTON | | | Date of Receipt |
| | Mailing Address 351 TIMBERLANE DRIV | M M / D D / Y Y Y Y | | |
| | | 11 10 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41437 |
| | ORANGE | CT | 06477 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 0 0 0 0 | 50.00 |
| | federal political committee. | C | | 50.00 |
| | Name of Employer | Occupation | | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | DUCT DEVELOPMENT | |
| | Receipt For: | 1 | Year-to-Date ▼ | |
| | Primary General | 7.99.094.0 | Tour to Bate V | 1 |
| | Other (specify) | | 1200.00 | |
| | | | | |
| _ | Full Name (Last, First, Middle Initial) MS PATRICIA STRETE | | | Date of Receipt |
| ٥. | Mailing Address 19275 PAVER BARNES | S ROAD | | M M / D D / Y Y Y Y |
| | Maining Address 19275 FAVER BARINES | NOAD | | 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41117 |
| | MARYSVILLE | ОН | 43040 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 25.00 |
| | Name of Employer | Occupation | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIN | IICAL THERAPEUTICS | |
| | Receipt For: | 1 | Year-to-Date ▼ | _ |
| | Primary General | ggi ogulo | | 1 |
| | Other (specify) | | 600.00 | |
| | (-1)/ 4 | | 1 1 1 1 1 1 1 | 4 |
| | | | | |
| | LIPTOTAL of Possinta This Page (entire -1) | | | 100.00 |
| \vdash | UBTOTAL of Receipts This Page (optional) | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 121/306 | |
|--------------------------|---|------------------------------|---|--|-------------------------------------|
| | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a 11b | 11c 12 |
| | | | , , | 13 14 | 15 16 17 |
| Ar | ny information copied from such Reports and St for commercial purposes, other than using the | atements may name and add | y not be sold or used by any perso dress of any political committee to | n for the purpose of solicit solicit contributions from s | ng contributions such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | · | | |
| | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| Α. | Full Name (Last, First, Middle Initial) MS COLEEN SULLIVAN | | | Date of Receipt | |
| <i>,</i> | Mailing Address 38 BARKMILL TERRAC | CE | | M M / D D D 1 1 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41378 |
| | MONTVILLE | NJ | 07045 | Amount of Each Red | eipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR E | n BUSINESS REQUIREMENTS | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 | | |
| В. | Full Name (Last, First, Middle Initial) MS CYNTHIA SULLIVAN | | | Date of Receipt | |
| | Mailing Address 21 DENISE DRIVE | | | M M / D D D 1 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: INC | C.A.41332 |
| | KINNELON | NJ | 07405 | Amount of Each Red | eipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP FIN. | n ANCIAL PLANNING | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 2584.60 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR MARK SULLIVAN | | | Date of Receipt | |
| U. | Mailing Address 16025 PINE VALE PL. | | | <u> </u> | / Y Y Y Y |
| | 10020111112 171221 2. | | | 11 10 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | MIDLOTHIAN | VA | 23113 | Amount of Each Red | eipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | SYSTEMS PLAN & IMPLEM | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | |
| | Other (specify) ▼ | | 600.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 242.30 |
| | OTAL This Period (last page this line number of | only) | | | |
| | , | ., | • | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 122/306 | |
|--------------------------|--|--------------------------|-------------------------------------|---------------------------------------|--------------------------|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | 1 🗖 |
| •• | LIMIZED RECENT 10 | | Detailed Summary Page | X 11a 11b 1 | 11c 12 15 16 17 |
| ۸۰ | winformation against from such Departs and St | otomonto mo | reat he hald or used by any norse | | |
| or | y information copied from such Reports and St for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from | such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| \mathbb{Z} | | | , | | |
| | Full Name (Last, First, Middle Initial) | | | Data of Data dat | |
| Α. | MS IRENE SUTTON | | | Date of Receipt | |
| | Mailing Address 20 AVENUE @ PORT APPT 209 | IMPERIAL | | M M / D D D 1 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | WEST NEW YORK | NJ | 07093 | Amount of Each Re | |
| | FEC ID number of contributing | | | 1 1 1 1 | |
| | federal political committee. | C | | | 40.00 |
| | Name of European | 10 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | TECHNOLOGY | | |
| | Receipt For: | | Year-to-Date ▼ | _ | |
| | Primary General | riggrogate | Tour to Bate V | 1 | |
| | Other (specify) ▼ | | 945.00 | | |
| | | | | ' | |
| | Full Name (Last, First, Middle Initial) | | | | |
| В. | MR TIMOTHY SWETT | | | Date of Receipt | |
| | Mailing Address 8362 GOLDEN PRAIRI | E DRIVE | | M M / D D D 1 1 0 | 2007 |
| | City | State | Zip Code | | |
| | TAMPA | FL | 33647 | Transaction ID: IN Amount of Each Re | |
| | | | 33047 | Afflount of Each Ne | ceipi illis Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | · | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n | | |
| | | VP/GM | e Year-to-Date ▼ | _ | |
| | Receipt For: Primary General | Aggregate | e real-lo-Dale V | | |
| | Other (specify) | | 2350.00 | | |
| | | | 0 0 0 0 0 0 0 | | |
| | Full Name (Last, First, Middle Initial) | | | | |
| C. | MR NICHOLAS TAYLOR | | | Date of Receipt | |
| | Mailing Address 2710 WEXFORD RD | | | M M / D D D 1 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | UPPER ARLINGTON | OH | 43221 | Amount of Each Re | |
| | FEC ID number of contributing | | IGE | Amount of Each fic | |
| | federal political committee. | C | | | 25.00 |
| | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n NCAL SVCS | | |
| | Receipt For: | | e Year-to-Date V | _ | |
| | Primary General | Aggregate | F Teal-10-Date V | 1 | |
| | Other (specify) | | 600.00 | | |
| | | | | ' | |
| | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | |) | | 115.00 |
| | | | | | |
| T | OTAL This Period (last page this line number of | only) | > | | |

| 9 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 123 / 306 |
|-------------------|--|--|--|---|
| , | | Use separate schedule(s) or each category of the | | (check only one) |
| ITEMIZED RECEIPTS | | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and S for commercial purposes, other than using the | tatements may name and add | not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS MELINDA THIEL | | | Date of Receipt |
| | Mailing Address 27 GARVEY ROAD | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41144 |
| | WAYNE | NJ | 07470 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n PRODUCT MGMT | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | 1 |
| | Other (specify) ▼ | 0 0 | 600.00 | |
| В. | Full Name (Last, First, Middle Initial) MR LARRY THOMAS | | | Date of Receipt |
| | Mailing Address 3915 SILKWOOD TRA | 1 1 1 0 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41311 |
| | ARLINGTON | TX | 76016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 4.41 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MANAGI | n NG PHARMACIST | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 207.27 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS MELISSA THOMET | | | Date of Receipt |
| | Mailing Address 721 HINMAN AVE #1E | | | 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.41082 |
| | EVANSTON | IL | 60202 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR ACC | T MGMT | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 255.00 | |
| | | | | 39.41 |
| S | UBTOTAL of Receipts This Page (optional) | | | 00.41 |

| COLLEDING A (FEO Forms OV) | | | | FOR LINE NUMBER: PAGE 124 / 306 |
|----------------------------|---|------------------------------|---|---|
| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | (check only one) |
| IT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | |
| | | | | 13 14 15 16 17 |
| An or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS MARY THORSBY | | | Date of Receipt |
| | Mailing Address 17326 ELLEN DR | | | 11 1 10 7 9 9 9 |
| | City | State | Zip Code | Transaction ID: INC.A.41190 |
| | LIVONIA | MI | 48152 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL | n LACCT EXEC | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | 1 | 1800.00 | |
| | | | | 1 |
| В. | Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD | | | Date of Receipt |
| | Mailing Address 7974 FLAMETREE CT | | | M M / D D / Y Y Y Y |
| | | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41239 |
| | LAS VEGAS | NV | 89123 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 05.00 |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 00 0 | | 1 |
| | Other (specify) ▼ | | 937.50 | |
| | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN | | | Date of Receipt |
| | Mailing Address 838 COLONIAL 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.41086 |
| | FRANKLIN LAKES | NJ | 07417 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BENE | TEFIT SYSTEMS SUPPORT | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 3333 | ·········· | 1 |
| | Other (specify) ▼ | | 1200.00 | |
| | | | 0 0 0 0 0 0 0 | 4 |
| | L | | | |
| | UPTOTAL of Descripto This Descriptors IV | | _ | 150.00 |
| hightharpoonup | UBTOTAL of Receipts This Page (optional) | ••••• | | |

| SCHEDULE A (FEC F | Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 125 / 306 |
|--|--|--|--|
| ITEMIZED RECEIPTS | , | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | Detailed Summary Page | 13 14 15 16 17 |
| Any information copied from such or for commercial purposes, other | Reports and Statements may than using the name and add | not be sold or used by any person dress of any political committee to s | for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In F | • | | |
| / MEDCO HEALTH SOLUT | TIONS INC. POLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle MRS DONNA TOPOLSKI | Initial) | | Date of Receipt |
| | HATTAN TERRACE | | M " M / D " D / Y " Y " Y " Y |
| City | State | Zip Code | 1 1 1 0 2 0 0 7 Transaction ID: INC.A.41366 |
| DUMONT | NJ | 07628 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTION | Occupation SR DIR E | BUSINESS REQUIREMENTS | |
| Receipt For: Primary General | | Year-to-Date ▼ | |
| Primary ☐ General Other (specify) ▼ | ai l | 600.00 | |
| Full Name (Last, First, Middle MR HECTOR TORRES | , | | Date of Receipt |
| Mailing Address 6023 HON | MESTEAD COURT | | 11 10 2007 |
| City | State | Zip Code | Transaction ID: INC.A.41274 |
| HILLIARD | OH | 43026 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | | 4.28 |
| Name of Employer MEDCO HEALTH SOLUTION | NS Occupation SUPV IN | 1 VENTORY CONTROL | |
| Receipt For: | Aggregate | Year-to-Date ▼ | 1 |
| Primary General Genera | al | 201.16 | |
| Carlor (opcorry) \ | | | |
| Full Name (Last, First, Middle MS CLAUDIA TUCKER | Initial) | | Date of Receipt |
| Mailing Address 713 INDIA | AN CREEK RD | | M M / D D / Y Y Y Y Y 1 1 1 1 0 2 0 0 7 |
| City | State | Zip Code | Transaction ID: INC.A.41252 |
| AMHERST | VA | 24521 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | | 75.00 |
| Name of Employer MEDCO HEALTH SOLUTION | 1 SK DIK C | GOVERNMENT AFFAIRS | |
| Receipt For: Primary General | | Year-to-Date ▼ | |
| Other (specify) ▼ | | 1800.00 | |
| SUBTOTAL of Receipts This Pa | age (optional) | > | 104.28 |
| TOTAL This Period (last page th | nis line number only) | | |

S

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 126 / 306 (check only one) |
|--------|---|---------------------------|--|--|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , , | 13 14 15 16 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ıme and add | not be sold or used by any perso ress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \geq | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | CTION COMMITTEE (a.k.a | . Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) A. MR GARY TULLY Mailing Address 16 FIELDHEDGE DRIVE | | | Date of Receipt |
| | | | | 1 1 1 0 Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: INC.A.41383 |
| | HILLSBOROUGH | NJ | 08844 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIE | NT SVC DELIVERY | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 695.00 | |
| _ | | | | |
| В. | Full Name (Last, First, Middle Initial) MS CARA VAN ZILE | | | Date of Receipt |
| | Mailing Address 31 LINCOLN 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.41186 |
| | KINNELON | NJ | 07405 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DII | R ANALYTICAL SVCS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 650.00 | |
| | Full Name (Last, First, Middle Initial) | | | |
| C. | MRS MICHELLE VANCURA | | | Date of Receipt |
| | Mailing Address W328 S4230 SPRING R | IDGE | | 1 1 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.41461 |
| | WAUKESHA | WI | 53189 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | L MGR | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| | | | | 120.00 |
| S | JBTOTAL of Receipts This Page (optional) | | > | 130.00 |

| S | CHEDULE A (FEC Form 3X) | | Llac concrete cohodule(a) | FOR LINE NUMBER: PAGE 127 / 306 |
|-------------|---|----------------------------|--|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| ш | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| <u></u> | NAME OF COMMITTEE (In Full) | a a | are or any point our committee to | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | DITICAL A | ACTION COMMITTEE (a k a | Medco Health PAC) |
| | | | | |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | MRS JEANNINE VANKLEECK | | | Date of Receipt |
| | Mailing Address 56 ZIMMER AVENUE | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41101 |
| | MIDLAND PARK | NJ | 07432 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | 2 | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | NCIAL APPLICATIONS | |
| | Receipt For: | 1 | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | | 600.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS | | | Date of Receipt |
| ٥. | Mailing Address 105 ARRANDALE RD | | | M M / D D / Y Y Y Y |
| | | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41243 |
| | ROCKVILLE CENTRE | NY | 11570 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 50.00 |
| | federal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | VP MKTI | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) | ' ' | 1200.00 | |
| | Carlot (openity) V | 0 0 | 1 1 1 1 1 1 1 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MR WIL VELARDE | | | Date of Receipt |
| | Mailing Address 443 WEST SADDLE RIV | /ER RD | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41135 |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 40.00 |
| | Name of Employer | Occupation | า | \dashv |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | - E-COM STRAT & DELI | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 060.00 | 1 |
| | Other (specify) ▼ | | 960.00 | |
| | | | | |
| _ | UDTOTAL of December This December 19 | | | 115.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ······ | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 128 / 306 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | | |
|---|--|-------------------------------------|--|--|--|--|--|
| Ar or | ly information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | y 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. | | | |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) | | | |
| Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE Mailing Address 201 WATCHUNG AVENUE UNIT #17 | | JE | | Date of Receipt | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41132 | | | |
| | BLOOMFIELD FEC ID number of contributing federal political committee. | C | 07003 | Amount of Each Receipt this Period 25.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SR DIR M Aggregate | | | | | |
| 3. | Full Name (Last, First, Middle Initial) MR GORDON VICKERS Mailing Address 436 MOUNTAIN AVENU | 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.41057 | | | |
| | WESTFIELD FEC ID number of contributing | NJ | 07090 | Amount of Each Receipt this Period | | | |
| | federal political committee. | С | | 25.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | n CCT EXEC | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR MUNISH VIJ | | | Date of Receipt | | | |
| | Mailing Address 11 BOULDER TRAIL | | | M M / D D / Y Y Y Y Y 1 1 1 1 1 0 2 0 0 7 | | | |
| | City MAHWAH | State NJ | Zip Code 07430 | Transaction ID: INC.A.41424 | | | |
| | FEC ID number of contributing federal political committee. | C | 07450 | Amount of Each Receipt this Period 25.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n CAL SPECIALIST | | | | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 600.00 | | | | |
| s | SUBTOTAL of Receipts This Page (optional) | | | | | | |
| т. | OTAL This Period (last page this line number on | lv) | | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 129 / 306 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17 |
|----------------------|---|---------------------|--|--|
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR MICHAEL WAIBEL Mailing Address N48 W16381 LONE OAK | (LN | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City MENOMONEE FALLS | State WI | Zip Code 53051 | Transaction ID: INC.A.41206 |
| | FEC ID number of contributing federal political committee. | C | 33031 | Amount of Each Receipt this Period 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | ACCT MGMT Payear-to-Date 360.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR DANIEL WALDEN Mailing Address 450 BEECHMONT DR | | | Date of Receipt |
| | City | State | Zip Code | 1 1 1 0 2 0 0 7 Transaction ID: INC.A.41306 |
| | NEW ROCHELLE FEC ID number of contributing federal political committee. | C | 10804 | Amount of Each Receipt this Period 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | GULATORY & MC PROGRA | MS |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4615.44 | |
| D . | Full Name (Last, First, Middle Initial) MS THERESE WALKER Mailing Address 363 MULBERRY CT | | | Date of Receipt |
| | City | State | Zip Code | 1 1 1 0 2 0 0 7 Transaction ID: INC.A.41073 |
| | WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n PRODUCT MGMT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 232.31 |
| Т | OTAL This Period (last page this line number on | lv) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 130 / 306 |
|-------------------|---|--------------------|------------------------------------|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| • • | | | Detailed Summary Page | X 11a |
| Ar | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | not be sold or used by any perso | |
| or | | me and add | ress of any political committee to | solicit contributions from such committee. |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE | | | Date of Receipt |
| | Mailing Address 5445 GOODWIN AVENU | IE | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41425 |
| | DALLAS | TX | 75206 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | S SEGMENT LEADER | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 4615.44 | |
| 3. | Full Name (Last, First, Middle Initial) 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 | State | Zip Code | Transaction ID: INC.A.41257 |
| | MOORESTOWN FFG ID number of contributing | NJ | 08057 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 662.50 | |
|) . | Full Name (Last, First, Middle Initial) MS CATHERINE WASSON | | | Date of Receipt |
| | Mailing Address 26072 HARBOR VIEW | | | 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.41089 |
| | CAPISTRANO BEACH | CA | 92624 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP NATL | ACCTS | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 254.81 |
| _ | OTAL TIPE December 1 | | | |
| T | OTAL This Period (last page this line number onl | y) | > | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 131 / 306 (check only one) |
|--------------|--|--------------------|---|--|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a |
| | | | Detailed Summary Page | 13 14 15 16 17 |
| An or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | y not be sold or used by any perso | n for the purpose of soliciting contributions solicit contributions from such committee. |
| <u></u> | NAME OF COMMITTEE (In Full) | 4 | 2.000 o. a, pontoa oo | 33.01.03.11.03.10.03.1.03.1.03.1.1.1.1.1 |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MS BEVERLY WATSON | | | Date of Receipt |
| | Mailing Address 2 MICHELANGELO COI | | | 111 / 10 / 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.41300 |
| | SOMERSET | NJ | 08873 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BEN | n IEFIT DELIVERY SYSTEMS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS DONNA WEATHERS | | | Date of Receipt |
| | Mailing Address 1043 BELL 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.41234 |
| | EDMONDS | WA | 98020 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | n CCT EXEC | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 240.00 | |
| C. | Full Name (Last, First, Middle Initial) MRS KELLY WEBBER | | | Date of Receipt |
| | Mailing Address 107 UPPER SADDLE R | IVER ROA | D | 11 10 / 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.41237 |
| | MONTVALE | NJ | 07645 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP COR | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1925.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 135.00 |
| _ | OTAL TICL DURING A STATE OF THE | .1.) | <u> </u> | |
| \mathbf{I} | OTAL This Period (last page this line number or | 11 y) | . | |

| S | CHEDULE A (FEC Form 3X) | | l le consumete de le división | FOR LINE NUMBER: PAGE 132/306 |
|-------------|---|----------------|---|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| П | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , , | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| \ | NAME OF COMMITTEE (In Full) | arric aria add | diess of any political committee to | Solicit Contributions from Such Committee. |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL / | | Madco Health PAC) |
| | WEDGO FIEAETH GOEGHONG ING. I | JEITIOAL F | TOTION OOMINITTEE (a.K.a | . Wedo Health FAO) |
| _ | Full Name (Last, First, Middle Initial) | | | |
| Α. | MR TIMOTHY WENTWORTH | | | Date of Receipt |
| | Mailing Address 309 WATERVIEW DR | | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41154 |
| | FRANKLIN LAKES | NJ | 07417 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 192.31 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | Receipt For: | | EO ACCREDO e Year-to-Date ▼ | - |
| | Primary General | Aggregate | Teal to Bate V | |
| | Other (specify) ▼ | | 4615.44 | |
| | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 26037 N WRANGLER F | RD | | 1 1 1 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41231 |
| | SCOTTSDALE | ΑZ | 85255 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 75.00 |
| | Name of Employer | Occupation | 1 | ┪ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | VP/GM | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1800.00 | |
| | Other (specify) | 0 0 | 1000.00 | |
| | Full Name (Leat First Middle Initial) | | | |
| C. | Full Name (Last, First, Middle Initial) MR PETER WHITE | | | Date of Receipt |
| | Mailing Address 2241 E. PINCHOT AVE | | | M M / D D / Y Y Y Y |
| | #17F | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41078 |
| | PHOENIX | AZ | 85016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | <u> </u> | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | DIR ACC | | - |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 600.00 | |
| | (-F)/ V | | | ' |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 292.31 |
| \vdash | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 133 / 306 | |
|------------------|--|---------------------|-------------------------------------|--|----------|
| TEMIZED RECEIPTS | | | or each category of the | (check only one) | |
| | | | Detailed Summary Page | X 11a 11b 11c 12 15 16 1 | 17 |
| An | y information copied from such Reports and Stat- for commercial purposes, other than using the na | ements may | not be sold or used by any perso | | |
| or | | me and add | tress of any political committee to | solicit contributions from such committee. | \dashv |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | |
| ۹. | Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER | | | Date of Receipt | |
| | Mailing Address 17 LYNWOOD RD City | State | Zip Code | 1 1 1 2 0 0 7 Transaction ID: INC.A.41329 | |
| | VERONA | NJ | 07044 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR C | DRG DEV | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | | |
| 3. | Full Name (Last, First, Middle Initial) MR STEPHEN WOGEN | | | Date of Receipt | |
| | Mailing Address 145 WAUGHAW ROAD | | | 1 1 1 0 2 0 0 7 | |
| | City | State | Zip Code | Transaction ID: INC.A.41169 | |
| | TOWACO | NJ | 07082 | Amount of Each Receipt this Period | _ [|
| | FEC ID number of contributing federal political committee. | C | | 50.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CARE FINANCE | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) | | 1200.00 | | |
| D. | Full Name (Last, First, Middle Initial) MRS ELISSA WOJTOWICZ, RPH | | | Date of Receipt | |
| | Mailing Address 325 BOUND BROOK AV | E. | | 1 1 1 0 2 0 0 7 | |
| | City | State | Zip Code | Transaction ID: INC.A.41087 | |
| | PISCATAWAY | NJ | 08854 | Amount of Each Receipt this Period | ¬ |
| | FEC ID number of contributing federal political committee. | C | | 30.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR RRA | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) ▼ | | 690.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | |) | 105.00 |] |
| T | OTAL This Period (last page this line number on | ly) | > | | |

| COLLEDING A /EEO Forms OV) | | | | FOR LINE NUMBER: PAGE 134 / 306 |
|----------------------------|---|------------------------------|---|---|
| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | (check only one) |
| IT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS ANNA WONG | | | Date of Receipt |
| | Mailing Address 64-20 BELL BLVD | | | 111 / 10 / Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: INC.A.41421 |
| | BAYSIDE | NY | 11364 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INSU | n RED SOLUTIONS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1200.00 | 1 |
| | Other (specify) ▼ | | 1200.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MS CYNTHIA WOOD | | | Date of Receipt |
| | Mailing Address 4002 FALCON LAKE D | M M / D D / Y Y Y Y | | |
| | | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41314 |
| | ARLINGTON | TX | 76016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 5.00 |
| | Name of Employer | Occupation | 2 | \dashv |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | FESSIONAL PRACTICES | |
| | Receipt For: | - | Year-to-Date V | |
| | Primary General | Aggregate | Teal-10-Date | 1 |
| | Other (specify) | | 205.00 | |
| | Curior (openity) 🔻 | | | 1 |
| <u> </u> | Full Name (Last, First, Middle Initial) MS JUDITH WOOD | | | Date of Receipt |
| | Mailing Address 76 COLONIAL ROAD | | | M M / D D / Y Y Y Y |
| | 70 OOLONIAL HOAD | | | 11 10 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41372 |
| | STILLWATER | NY | 12170 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | ACCT MGMT | 7 |
| | Pagaint For: | | Year-to-Date V | \dashv |
| | Receipt For: Primary General | Aggregate | : 1 Eai-10-Dale V | |
| | | 1 ' ' | 600.00 | |
| | Other (specify) | 0 0 | | 1 |
| _ | | | | |
| | | | | 90.00 |
| S | UBTOTAL of Receipts This Page (optional) | | | 80.00 |
| \vdash | | | | - |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 135/306 |
|-------------------------|---|---|-------------------------------------|---------------------------------------|-------------------|
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a 11b | 11c 12 | |
| Δr | ny information copied from such Reports and St | atemente mai | , not he sold or used by any ners | n for the purpose of solici | 15 16 17 |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from | such committee. |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| ^_ | Full Name (Last, First, Middle Initial) | | | Data of Bassint | |
| Α. | MR SERGEY YANITSKIY Mailing Address 793 LINCOLN AVE | | | Date of Receipt | |
| | 0:: | | 7' 0 1 | 11 10 | 2007 |
| | City POMPTON LAKES | State NJ | Zip Code 07442 | Transaction ID: IN Amount of Each Re | |
| | FEC ID number of contributing federal political committee. | C | | 7 HIOGH OF EACH TE | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNIC | n CAL SPECIALIST | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | | |
| В. | Full Name (Last, First, Middle Initial) MS SARAH YINGLING | | | Date of Receipt | |
| | Mailing Address 901 ST MARKS AVE | g Address 901 ST MARKS AVE | | | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41220 |
| | WESTFIELD | NJ | 07090 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n PRODUCT MGMT | | |
| | Receipt For: | | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 600.00 |] | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR DANIEL ZELEM, JR | | | Date of Receipt | |
| U. | Mailing Address 219 SPOOK ROCK RD | | | M M / D D D 1 1 1 1 0 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | SUFFERN | NY | 10901 | Amount of Each Re | |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| MEDCO HEALTH SOLLITIONS | | Occupation VP E-CO | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1200.00 |] | |
| s | UBTOTAL of Receipts This Page (optional) | |) | | 100.00 |
| Т | OTAL This Period (last page this line number of | only) | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 136 / 306 (check only one) X 11a 11b 11c 12 15 16 17 |
|-----------------------|--|--|--|--|
| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | 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. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MS JILL ZELMAN Mailing Address 43604 EMERALD DUNES | S PL State | Zip Code | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| | City LEESBURG | VA | 20176 | Transaction ID: INC.A.41344 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 20170 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: □ Primary | | n ISOLIDATION PLAN & RPR e Year-to-Date ▼ 600.00 | <u>r</u> |
| 3. | Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO Mailing Address 726 HIGH MOUNTAIN 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 | State | Zip Code | Transaction ID: INC.A.41429 |
| | FRANKLIN LAKES | NJ | 07417 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CC | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | |
|). | Full Name (Last, First, Middle Initial) MICHAEL JAMES | | | Date of Receipt |
| | Mailing Address 1748 W. BARRY AVE. | | | M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 1 1 3 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.40947 |
| | CHICAGO | IL | 60657 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 5000.00 |
| ACCREDO THERABELITICS | | Occupation PRESIDE | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 5000.00 | |
| S | UBTOTAL of Receipts This Page (optional) | | | 5050.00 |
| т | OTAL This Period (last page this line number onl | v) | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 137/306 | |
|--------------------------|---|--------------------------|-------------------------------------|---------------------------------------|--------------------------|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | . – |
| •• | LIMIZED REOLII 10 | | Detailed Summary Page | X 11a 11b | 11c 12 15 16 17 |
| ۸۰ | v information applied from auch Deports and Sta | tomonto mo | ret he cold or wood by any norse | n for the purpose of solice | |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from | such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | | |
| A. | MS JOANN REED | | | Date of Receipt | |
| | Mailing Address 4 ANTLER CT | | | M M / D D D 1 3 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | MATAWAN | NJ | 07747 | Amount of Each Re | |
| | FEC ID number of contributing | | | 7 Amount of Edon He | · · · · · · |
| | federal political committee. | C | | | 3300.12 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP FINA | n ANCE & CHIEF FIN OFFCR | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | 1 1 | 4869.24 | | |
| | Other (specify) ▼ | | 4009.24 | | |
| _ | E III A C I E I MELI I I I I | | | | |
| В. | Full Name (Last, First, Middle Initial) LYNETTE Y. SNOW | | | Date of Receipt | |
| | Mailing Address 23 CEDAR GATE RD. | | | M M / D D | / Y Y Y Y |
| | | | | 11 13 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.40948 |
| | DARIEN | CT | 06820 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 5000.00 |
| | Name of Employer NONE | Occupation | 1 | | |
| | NONE | НОМЕМ | AKER | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | | 5000.00 | | |
| | Other (specify) | 0 0 | | | |
| C. | Full Name (Last, First, Middle Initial) MR KENNETH BODMER | | | Date of Receipt | |
| | Mailing Address 3127 DEVONSHIRE WA | NΥ | | M M / D D D 1 6 | 2007 |
| | City | State | Zip Code | | |
| | GERMANTOWN | TN | 38139 | Transaction ID: IN Amount of Each Re | |
| | FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP, INC. Occupa SENIO | | 00103 | Amount of Lacif Ne | · · · · · · |
| | | | | | 200.00 |
| | | | ı VP, FINANCE | 7 | |
| | | | Year-to-Date ▼ | | |
| | | | 0000.00 | | |
| Other (specify) ▼ | | | 3200.00 | | |
| _ | | <u> </u> | | | |
| | UDTOTAL of December 711 By 17 of 18 | | 8500.12 | | |
| L _s | UBTOTAL of Receipts This Page (optional) | | <u> </u> | | |
| _T | OTAL This Period (last page this line number or | ılv) | > | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 138 / 306 (check only one) X 11a 11b 11c 12 15 16 17 |
|-------------------|---|---------------------------------|--|--|
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | 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. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) RUSS M. BOURNE Mailing Address 1640 CENTURY CENTER City MEMPHIS FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP, INC. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) | State TN C Occupation VP SALE | | Date of Receipt M M J 16 2007 Transaction ID: INC.A.41013 Amount of Each Receipt this Period 50.00 |
| 3. | Mailing Address 1620 CENTURY CENTER City MEMPHIS FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP, INC. Receipt For: Primary General Other (specify) ▼ | State TN C Occupation DIRECTO | Zip Code 38134 | Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: INC.A.41015 Amount of Each Receipt this Period 25.00 |
| 5. | Full Name (Last, First, Middle Initial) AMANDA J. BUNDY Mailing Address 1640 CENTURY CENTER City MEMPHIS FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP, INC. Receipt For: Primary General Other (specify) Other (specify) | State TN C Occupation VP REIM | Zip Code 38134 n IBURSEMENT Per Year-to-Date | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: INC.A.41016 Amount of Each Receipt this Period 50.00 |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 125.00 |
| Т | OTAL This Period (last page this line number only | v) |) | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 139 / 306 | |
|--------------------------|--|------------------------------|--|--|-----------------------------------|
| | ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a 11b |] 11c |
| | | | , , | 13 14 | 15 16 17 |
| Ar or | ny information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any person dress of any political committee to | n for the purpose of solicit solicit contributions from s | ing contributions such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | |
| Α. | Full Name (Last, First, Middle Initial) BRIAN A. BURFORD | | | Date of Receipt | |
| | Mailing Address 1640 CENTURY CENTE | ER PKWY. | | M M / D D D 16 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41017 |
| | MEMPHIS | TN | 38134 | Amount of Each Red | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation DIR BUS | 1 INESS DEVELOPMENT | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 250.00 | | |
| В. | Full Name (Last, First, Middle Initial) NICHOLAS CLIFTON | | | Date of Receipt | |
| | Mailing Address 1640 CENTURY CENTE | ER PKWY. | | 1 1 D D D 1 6 | 2007 |
| | City State | | Zip Code | Transaction ID: IN | C.A.41019 |
| | MEMPHIS | TN | 38134 | Amount of Each Red | ceipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation AVP SAL | | 1 | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | | 250.00 | | |
| | Other (specify) 🔻 | | | | |
| С. | Full Name (Last, First, Middle Initial) JEFFREY A. COOLE | | | Date of Receipt | |
| - | Mailing Address 1640 CENTURY CENTE | ER PKWY. | | M M / D D | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | MEMPHIS | TN | 38134 | Amount of Each Red | |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| Receipt For: Aggregate | | 1 & REGULATORY REPORTIN | 1 G | | |
| | | e Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | 0 0 | 400.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | 100.00 | | |
| | OTAL TIL D. 1.14 | | | | |
| Į ſ | OTAL This Period (last page this line number o | піу) | P | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 140 / 306 |
|--------------------------|--|----------------------------|---|--|
| ITEMIZED RECEIPTS | | or each category of the | | (check only one) |
| TI LIWIZED RECEIF 13 | | Detailed Summary Page | | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MICHELLE R. DERRYBERRY | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | R PKWY. | | 11 1 6 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.41022 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | 1 | MBURSEMENT | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 250.00 | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 0 | |
| В. | Full Name (Last, First, Middle Initial) ANDREW DOEDYNS | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | R PKWY. | | 1 1 1 6 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41023 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation DIR CLIN | n IICAL OPERATIONS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 225.00 | |
| | Other (specify) | 0 0 | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) REBECCA R. DYER | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | 1 1 1 6 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41025 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation DIR PRO |) JECT MANAGEMENT | |
| | Primary General | | Year-to-Date ▼ | |
| | | | 225.00 | |
| | Other (specify) | | 223.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | • | 75.00 |

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 141 / 306 | | |
|--------------------------|--|--|---|---|--|--|
| • | | Use separate schedule(s) | | (check only one) | | |
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | | X 11a 11b 11c 12 | | |
| | | | 2 station Carriniary 1 ago | 13 14 15 16 17 | | |
| Ar or | y information copied from such Reports and St for commercial purposes, other than using the | atements may name and add | 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. | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) RICHARD FARIS | | | Date of Receipt | | |
| | Mailing Address 2020 HEATHER COVE | | | 11 16 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41026 | | |
| | MEMPHIS | TN | 38119 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | ALTH OUTCOME SOLUTIO | NS | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | 1 | | |
| | Other (specify) ▼ | 0 0 | 450.00 | | | |
| В. | Full Name (Last, First, Middle Initial) CHAD FOREMAN | | | Date of Receipt | | |
| | Mailing Address 1640 CENTURY CENTER PKWY. | | | 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.41027 | | |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation DIR FINA | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | | 225.00 | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR KEVIN FRANCO | | | Date of Receipt | | |
| | Mailing Address 140 BELLAIR RD UNIT Q | | | 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.41028 | | |
| | RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation VP FINAL | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | | 600.00 | | | |
| | | | | 125.00 | | |
| S | UBTOTAL of Receipts This Page (optional) | |) | 120.00 | | |

| SCHEDULE A (FEC Form 3X | () | Use separate schedule(s) | FOR LINE NUMBER: PAGE 142/306 | | | |
|---|---|---|---|--|--|--|
| ITEMIZED RECEIPTS | • | or each category of the Detailed Summary Page | (check only one) X 11a | | | |
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may 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) ROBERT FURTH Mailing Address 1640 CENTURY CE City MEMPHIS FEC ID number of contributing federal political committee. | State TN | Zip Code 38134 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| Name of Employer ACCREDO HEALTH GROUP, INC. Receipt For: Primary General Other (specify) ▼ | | n AL MANAGER e Year-to-Date ▼ 225.00 | | | | |
| Full Name (Last, First, Middle Initial) SHARON D. HARRIS Mailing Address 186 N. WHITE STATION RD. | | | Date of Receipt M | | | |
| City | State | Zip Code | Transaction ID: INC.A.41030 | | | |
| MEMPHIS FEC ID number of contributing federal political committee. | C | 38117 | Amount of Each Receipt this Period 25.00 | | | |
| Name of Employer ACCREDO HEALTH GROUP, INC. Receipt For: Primary General Other (specify) ▼ | Occupation DIRECTO Aggregate | | | | | |
| Full Name (Last, First, Middle Initial) DAN HAYES Mailing Address 4679 AYRON TERRACE | | | Date of Receipt 1 1 1 6 2 0 0 7 | | | |
| City | State | Zip Code | Transaction ID: INC.A.41031 | | | |
| PALM HARBOR FEC ID number of contributing federal political committee. | C | 34685 | Amount of Each Receipt this Period 50.00 | | | |
| Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation VP - OPE | n ERATIONS | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | | | | |
| SUBTOTAL of Receipts This Page (optional | SUBTOTAL of Receipts This Page (optional) | | | | | |
| TOTAL This Period (last page this line num | oer only) |) | | | | |

| SCHED | ULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 143/306 |
|------------------|--|----------------------------|---|---------------------|--------------------------|
| | ED RECEIPTS | | or each category of the | (check only one) | □ 110 □ 10 |
| | • | | Detailed Summary Page | X 11a 11b 1 | 11c 12 15 16 17 |
| Any informa | tion copied from such Reports and Sta ercial purposes, other than using the n | tements may ame and add | y not be sold or used by any perso dress of any political committee to | | |
| | OF COMMITTEE (In Full) | | <u> </u> | | |
| \ | O HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| A. LYNN HO | ne (Last, First, Middle Initial) DSTMYER | | | Date of Receipt | |
| | Address 1640 CENTURY CENTE | | | 1 1 1 1 6 | |
| City MEMPI | ⊔IQ | State TN | Zip Code | Transaction ID: | |
| - | number of contributing | | 38134 | Amount of Each Re | |
| | olitical committee. | C | | | 25.00 |
| Name of ACCRE | Employer DO HEALTH GROUP, INC. | Occupation GENERA | n AL MANAGER | | |
| Receipt | | Aggregate | e Year-to-Date ▼ | | |
| | mary General her (specify) ▼ | | 250.00 | | |
| | ne (Last, First, Middle Initial) D KLUSOVSKY | | | Date of Receipt | |
| | Address 1016 FAIRWOOD LANE | | | M M / D D D 1 1 1 6 | |
| City | | State | Zip Code | Transaction ID: | |
| <u>ACWO</u> | RTH | GA | 30101 | Amount of Each Re | eceipt this Period |
| federal p | number of contributing olitical committee. | C | | | 25.00 |
| Name of ACCRE | Employer DO HEALTH GROUP, INC. | Occupation DIRCTOI | n R - MANAGED CARE | | |
| Receipt | | Aggregate | e Year-to-Date ▼ | | |
| | mary General her (specify) ▼ | | 300.00 | | |
| | ne (Last, First, Middle Initial) P. LANGLEY | | | Date of Receipt | |
| Mailing A | | R PKWY. | | M M / D D D 1 6 | 2007 |
| City | | State | Zip Code | Transaction ID: IN | IC.A.41035 |
| <u>MEMPI</u> | HIS | TN | 38134 | Amount of Each Re | eceipt this Period |
| | number of contributing olitical committee. | C | | | 50.00 |
| Name of ACCRE | Employer DO HEALTH GROUP, INC. | Occupation VP REIM | n IBURSEMENT | | |
| Receipt | | Aggregate | e Year-to-Date ▼ | | |
| | mary ☐ General her (specify) ▼ | | 500.00 | | |
| SUBTOTA | L of Receipts This Page (optional) | | | | 100.00 |
| - | | | | - | |
| TOTAL Th | nis Period (last page this line number or | nly) | > | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 144 / 306 |
|---|------------------------|-------------------------------------|---|
| TEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | Detailed Summary Page | X 11a |
| Any information copied from such Reports and Sta | tements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| or for commercial purposes, other than using the n | ame and add | lress of any political committee to | solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | DUTION A | OTION COMMITTEE () | Maria Haritta BAO |
| MEDCO HEALTH SOLUTIONS INC. PO | JLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle Initial) A. PATRICIA LETCHWORTH | | | Date of Receipt |
| Mailing Address 1640 CENTURY CENTE | -R PKWY | | M M / D D / Y Y Y Y |
| | | | 11 16 2007 |
| City | State | Zip Code | Transaction ID: INC.A.41036 |
| MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation DIR REIM | MBURSEMENT | |
| Receipt For: | 1 | Year-to-Date ▼ | |
| Primary General | | 050.00 | |
| Other (specify) ▼ | | 250.00 | |
| Full Name (Last, First, Middle Initial) 3. THOMAS O. MARTIN | | | Date of Receipt |
| Mailing Address 1640 CENTURY CENTE | ER PKWY. | | 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.41038 |
| MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | P STRAT BUS DEVELOPME | |
| Receipt For: | | Year-to-Date V | |
| Primary General | 199.19 | | |
| Other (specify) ▼ | 0 0 | 500.00 | |
| Full Name (Last, First, Middle Initial) THOMAS S. MCCANN | | | Date of Receipt |
| Mailing Address 1640 CENTURY CENTE | R PKWV | | M M / D D / Y Y Y Y |
| TOTO GENTONI GENTE | | | 11 16 2007 |
| City | State | Zip Code | Transaction ID: INC.A.41039 |
| MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer ACCREDO HEALTH GROUP, INC. Occupation VP SAL | | | 7 |
| | | | - |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| Other (specify) | | 450.00 | |
| | - | | |
| SUBTOTAL of Receipts This Page (optional) | | ····· | 125.00 |
| TOTAL This Pariod (last nage this line number of | nlv) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 145 / 306 (check only one) |
|-------------|---|----------------------------|---|--|
| IT | EMIZED RECEIPTS | | or each category of the | |
| •• | EMIZED RECEIL TO | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the na | tements may ame and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PC | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) DANETTE MEREDITH | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | R PKWY. | | 111 / 16 / 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.41040 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation GENERA | n AL MANAGER - MULTI BRAN | ¬ и¢н |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 250.00 | |
| | Other (specify) | 0 0 | 250.00 | |
| В. | Full Name (Last, First, Middle Initial) SUZANNE RICHARDS | | | Date of Receipt |
| | Mailing Address 21357 WEST 115TH TE | RRACE | | 1 1 1 6 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41041 |
| | ORATHE | KS | 66061 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation SR MGR | n - BUSINESS DEVELOPMEI | N |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 1 | 200.00 | |
| | Other (specify) | | 300.00 | |
| С. | Full Name (Last, First, Middle Initial) BARRY SOUTHERN | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | R PKWY. | | 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.41042 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation GENERA | n AL MANAGER | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | 1 |
| | Primary General | - | 1 1 1 1 1 1 1 1 1 1 1 | |
| | Other (specify) ▼ | 0 0 | 250.00 | |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 75.00 |

SCHEDULE A (FEC Form 3X)

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 146 / 306 |
|-------------|--|--------------|-------------------------------------|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| ••• | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 1 |
| Ar | y information copied from such Reports and Sta | atements may | not be sold or used by any perso | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| _ | Full Name (Last, First, Middle Initial) | | | |
| A. | PETER A. STARK | | | Date of Receipt |
| | Mailing Address 1670 CENTURY CENT | ER PARKW | /AY | 1 1 1 1 6 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41043 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | 1 | \dashv |
| | AČCREDO HEALTH GROUP, INC. | | VICE-PRESIDENT - CORPO | PATE FINAN |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | ' ' | 550.00 | |
| | Other (specify) ▼ | | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 7292 OAKVILLE DR. | | | 11 16 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41044 |
| | GERMANTOWN | TN | 38138 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 50.00 |
| | federal political committee. | | | 30.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | 1 | 7 |
| | | | ESIDENT, HUMAN RESOU | R¢ES |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 500.00 | |
| _ | | | | A . |
| <u> </u> | Full Name (Last, First, Middle Initial) MR MARK WEGRYN | | | Date of Receipt |
| Ο. | Mailing Address 867 STANDISH AVE | | | M M / D D / Y Y Y Y |
| | | | | 11 16 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41045 |
| | MOUNTAINSIDE | NJ | 07092 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. Occupa AVP Q | | | _ |
| | | | 1 & PRODUCT INTEGRITY | |
| | | | Year-to-Date ▼ | - |
| | Primary General | | 200.00 | 1 |
| | Other (specify) ▼ | 0 0 | 300.00 | |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 125.00 |
| F | , -5- (-15) | | ' | |
| т | OTAL This Period (last page this line number of | only) | | |

| 91 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 147/306 |
|-------------|---|------------------------------|---|---|
| | ` ' | Use separate schedule(s) | | (check only one) |
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| | | | Detailed Carrinary Fage | 13 14 15 16 17 |
| Ar or | ly information copied from such Reports and St for commercial purposes, other than using the | atements may name and ado | 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. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) BRENDA WRIGHT | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENT | ER PKWY. | | 1 1 1 6 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41046 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | ITY INTEGRITY HEALTH | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | ' ' | 400.00 | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 0 | |
| — В. | Full Name (Last, First, Middle Initial) MS MARIA ANDERSON | | | Date of Receipt |
| | Mailing Address 4605 W SUNSET BLVI |) | | M M / D D / Y Y Y |
| | | | | 11 17 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41748 |
| | TAMPA | FL | 33629 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 5.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CUS | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 235.00 | |
| _ | Full Name (Last, First, Middle Initial) MR DAVID BAUGH | | | Date of Receipt |
| J. | Mailing Address 1813 ADONIS AVE | | | M M / D D / Y Y Y Y |
| | | | | 11 17 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41838 |
| | HENDERSON | NV | 89074 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 23.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MGR BE | n NEFIT DELIVERY SYSTEM | S |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | - | 927.00 | |
| | Other (specify) | | <i>521.00</i> | |
| | | | | |
| _ | LIDTOTAL of Descints This Boss (see 1) | | | 78.00 |
| S | UBTOTAL of Receipts This Page (optional) | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 148 / 306 (check only one) X 11a 11b 11c 12 15 16 17 | |
|---|--|--------------------------|--|--|--|
| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me 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. | |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) | |
| A. 3. | Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO Mailing Address 26 DAYLILY DRIVE City State Zip Code MOUNT LAUREL NJ 08054 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Aggregate Year-to-Date Primary General Other (specify) General Other (specify) 480. Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK STREET | | | Date of Receipt M M D D Y Y Y Y Y Y Y Y | |
| | City LAS VEGAS | State NV | Zip Code 89141 | Transaction ID: INC.A.41483 | |
| | FEC ID number of contributing federal political committee. | C | 09141 | Amount of Each Receipt this Period 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | n RM PRACTICE Year-to-Date ▼ 1175.00 | | |
| Full Name (Last, First, Middle Initial) MR JASON COLE Mailing Address 14917 E BELLA VISTA | | | | 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.41644 | |
| | VERADALE FEC ID number of contributing federal political committee. | WA C | 99037 | Amount of Each Receipt this Period | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n RM PRACTICE | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 50.00 | |
| T | OTAL This Period (last page this line number on | v) | | | |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: (check only one) | PAGE 149/306 |
|----------------------|---|---------------------------|---|--|--------------------------------------|
| | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11b 14 | 11c 12 15 16 17 |
| An or | y information copied from such Reports and Station commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | on for the purpose of solicit solicit contributions from s | ing contributions such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| ۹. | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS | | | Date of Receipt | |
| | Mailing Address 2903 CHUKKAR COUR | | | 1 1 / D D D T T T T T T T T T T T T T T T T | 2007 |
| | City PLANT CITY | State FL | Zip Code 33567 | Transaction ID: IN0 Amount of Each Rec | |
| | FEC ID number of contributing federal political committee. | C | | 7 mount of East Floor | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | ١ | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1175.00 | | |
| | Full Name (Last, First, Middle Initial) MR WILLIS DINGLE | | | Date of Receipt | |
| | Mailing Address 17826 ARBOR GREENE | DR | 1 1 / D D D 1 7 | 2007 | |
| | City | State | Zip Code | Transaction ID: IN | |
| | TAMPA FEC ID number of contributing federal political committee. | C | 33647 | Amount of Each Rec | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR I | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 1175.00 | | |
| | Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN | | | Date of Receipt | |
| | Mailing Address 908 EDGEMEER LANE | | | M M / D D D 1 7 | 2007 |
| | City SOUTHLAKE | State TX | Zip Code 76092 | Transaction ID: ING Amount of Each Rec | |
| | FEC ID number of contributing federal political committee. | C | 1000 | Amount of Each Floor | 34.45 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | ١ | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1619.15 | | |
| SI | JBTOTAL of Receipts This Page (optional) | | | | 84.45 |
| T | OTAL This Period (last page this line number or | ly) |) | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 150 / 306 | | | |
|--------------------------|---|--------------------------|---|--|--|--|--|
| ΙT | EMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 | | | |
| | | | Detailed Summary Page | 13 14 15 16 17 | | | |
| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the na | ements may me and ado | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) | | | | | | |
| / | MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | | |
| ۹. | Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO | | | Date of Receipt | | | |
| | Mailing Address 9 GREEN HILL TRAIL | | | M M / D D / Y Y Y Y Y Y 1 1 1 7 2 0 0 7 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41714 | | | |
| | TROPHY CLUB | TX | 76262 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 50.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | ١ | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | 0 0 | 2350.00 | | | | |
| 3. | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS | | | Date of Receipt | | | |
| | Mailing Address 544 DENMOOR COURT | 11 17 2007 | | | | | |
| | City GALLOWAY | State OH | Zip Code | Transaction ID: INC.A.41522 | | | |
| | FEC ID number of contributing | | 43119 | Amount of Each Receipt this Period | | | |
| | federal political committee. | C | | 12.50 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n RM PRACTICE | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | | 587.50 | | | | |
| | | | | | | | |
| Э. | Full Name (Last, First, Middle Initial) MR RICHARD JONES | | | Date of Receipt | | | |
| | Mailing Address 12 WADE HAMPTON TR | AIL | | 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.41771 | | | |
| | HENDERSON (See 1917) | NV | 89052 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | | 738.52 | | | | |
| s | SUBTOTAL of Receipts This Page (optional) | | | | | | |
| | | | • | | | | |
| T | OTAL This Period (last page this line number only | y) | > | | | | |

| 9 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 151/306 |
|-------------|--|------------------------------|--|--|
| | · · | | Use separate schedule(s) or each category of the | (check only one) |
| П | EMIZED RECEIPTS | Detailed Summary Page | | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | ny information copied from such Reports and Stator commercial purposes, other than using the n | atements may name and add | not be sold or used by any persolers of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR ROSS LUCE | | | Date of Receipt |
| | Mailing Address 1066 WEST GROVE C | Γ | | 11 1 17 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41574 |
| | GIBSONIA | PA | 15044 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | - | 705.00 | 7 |
| | Other (specify) | 0 0 | 700.00 | 1 |
| — В. | 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 |
| | | | | 11 17 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41853 |
| | KELLER | TX | 76248 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 10.00 |
| | federal political committee. | <u> </u> | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n | 7 |
| | | DIR HR | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | ' ' | 485.00 | 1 |
| | Other (specify) | 1 1 | | 1 |
| <u> </u> | Full Name (Last, First, Middle Initial) MRS MONICA REED | | | Date of Receipt |
| ٠. | Mailing Address 8475 DUNHAM STATIC | N DRIVE | | M M / D D / Y Y Y Y |
| | | | | 11 17 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41658 |
| | TAMPA | FL | 33647 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n RM PRACTICE | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1175.00 | 1 |
| | Other (specify) | | 1175.00 | 1 |
| _ | | | | |
| | | | | 50.00 |
| Ls | UBTOTAL of Receipts This Page (optional) | | | |
| | | | | and the second s |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 152 / 306 | | | |
|--------------------------|---|---------------------------|---|--|--|--|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) X 11a 11b 11c 12 | | | |
| _ | | | Detailed Summary Page | 13 14 15 16 17 | | | |
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | | | | |
| / | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | . Medco Health PAC) | | | |
| ۹. | Full Name (Last, First, Middle Initial) MR FRANK SCHULTE | | | Date of Receipt | | | |
| | Mailing Address 2121 AMERICA'S CUP C | IR | | 1 1 1 7 2 0 0 7 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41596 | | | |
| | LAS VEGAS | NV | 89117 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 25.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation REGION | n AL VP PHARMACIES | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | | 1175.00 | | | | |
| 3. | Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III | | | Date of Receipt | | | |
| | Mailing Address 266 BRUSHY CREEK AV | /E | | 11 / 17 / Y Y Y Y Y 1 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41674 | | | |
| | LAS VEGAS | NV | 89148 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 45.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR OPS | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | ' ' | 1840.45 | | | | |
| | Other (specify) | 0 0 | | | | | |
| Э. | Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE | | | Date of Receipt | | | |
| | Mailing Address 21625 E. MERIWETHER | 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.41702 | | | |
| | LIBERTY LAKE | WA | 99019 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 25.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | | 612.50 | | | | |
| s | SUBTOTAL of Receipts This Page (optional) | | | | | | |
| _ | OTAL This David difference this Process I | 1) | | | | | |
| | OTAL This Period (last page this line number onl | ıy) | > | | | | |

SCHEDULE A (FEC Form 3X)

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: | PAGE 153 / 306 |
|----------------|---|--------------------------|---|---|------------------------------------|
| | · | | Use separate schedule(s) or each category of the | (check only one) | |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b | 11c 12 |
| | | | , , | 13 14 | 15 16 17 |
| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso dress of any political committee to | on for the purpose of solici solicit contributions from | ting contributions such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | 71 | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| ۹. | Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT | | | Date of Receipt | |
| | Mailing Address 8362 GOLDEN PRAIRIE | DRIVE | | 1 1 1 7 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41598 |
| | TAMPA | FL | 33647 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | | |
| | Receipt For: | | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 2350.00 | | |
| 3. | Full Name (Last, First, Middle Initial) MR LARRY THOMAS | | | Date of Receipt | |
| | Mailing Address 3915 SILKWOOD TRAIL | M M / D D 17 | 2007 | | |
| | City | Zip Code | Transaction ID: IN | C.A.41742 | |
| | ARLINGTON | TX | 76016 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 4.41 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MANAGI | n NG PHARMACIST | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 207.27 | | |
| - C. | Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD | | | Date of Receipt | |
| | Mailing Address 7974 FLAMETREE CT | | | M M / D D 1 7 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | LAS VEGAS | NV | 89123 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | 0 0 | 937.50 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 79.41 |
| _ | | , | - | | |
| T | OTAL This Period (last page this line number only | y) | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 154 / 306 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|-----------------------------|--|--|
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me 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. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | Medco Health PAC) | | |
| ۹. | Full Name (Last, First, Middle Initial) MR HECTOR TORRES Mailing Address 6023 HOMESTEAD COU | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City HILLIARD | State OH | Zip Code 43026 | Transaction ID: INC.A.41704 |
| | FEC ID number of contributing federal political committee. | C | 43020 | Amount of Each Receipt this Period 4.28 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | NENTORY CONTROL 2 Year-to-Date ▼ 201.16 | |
| 3. | Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD | | | Date of Receipt M |
| | City | Transaction ID: INC.A.41686 | | |
| | MOORESTOWN FEC ID number of contributing federal political committee. | C | 08057 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP/GM Aggregate | Year-to-Date ▼ 662.50 | |
| - . | Full Name (Last, First, Middle Initial) LAIZER D. KORNWASSER Mailing Address 1506 WEST TERRACE C | CIRCLE, A | APT. 4 | Date of Receipt M |
| | City | State | Zip Code | Transaction ID: INC.A.41463 |
| | TEANECK FEC ID number of contributing federal political committee. | NJ C | 07666 | Amount of Each Receipt this Period 5000.00 |
| <u>U. </u> | | | NESS DEVELOPMENT AND | - - -RETAIL NET |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 5000.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 5054.28 |
| т. | OTAL This Period (last nage this line number only | v) | | |

SCHEDULE A (FEC Form 3X)

PAGE 155 / 306 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** <u>|</u>17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) Full Name (Last, First, Middle Initial) PAUL SHERIDAN Date of Receipt Mailing Address 540 WYNDEMERE AVE. 2007 21 City Zip Code State Transaction ID: INC.A.41048 **RIDGEWOOD** 07450 NJ Amount of Each Receipt this Period FEC ID number of contributing 650.00 C federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS, Occupation ASSISTANT COUNSEL INC. Aggregate Year-to-Date ▼ Receipt For: Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. ROBIN C. WENTWORTH Date of Receipt Mailing Address 309 WATERVIEW DRIVE 21 2007 City Zip Code State Transaction ID: INC.A.41050 FRANKLIN LAKES NJ 07417 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation **HOMEMAKER** Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) C. SUSAN ZASOSKI Date of Receipt Mailing Address 1893 MCCOOL FORERST LANE 1.1 21 2007 Transaction ID: INC.A.41049 Citv State Zip Code **COLLIERVILLE** TN 38017 Amount of Each Receipt this Period FEC ID number of contributing 1300.00 C federal political committee. Name of Employer ACCREDO HEALTH GROUP, INC. Occupation GROUP V.P., BUSINESS DEVELOPMENT Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) 6950.00 SUBTOTAL of Receipts This Page (optional)

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 156 / 306 (check only one) X 11a 11b 11c 12 12 15 16 17 |
|-------------------|--|---------------------------|--|--|
| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any persodress of any political committee to | for the purpose of soliciting contributions |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MS LESLIE ACHTER Mailing Address 821 ALBEMARLE STREE | | | Date of Receipt 1 1 2 4 2 0 0 7 |
| | City WYCKOFF | State NJ | Zip Code 07481 | Transaction ID: INC.A.41573 |
| | FEC ID number of contributing federal political committee. | C | 0/461 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | R ANALYTICAL SVCS Year-to-Date ▼ 600.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK Mailing Address 1021 SUNSET RIDGE | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: INC.A.41502 |
| | BRIDGEWATER | NJ | 08807 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | RM CONTRACT & CONSUL | ING |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1200.00 | |
| D. | Full Name (Last, First, Middle Initial) DIANE ADAMS | | | Date of Receipt |
| | Mailing Address 34 THOMAS ST. | | | 11 24 7 2007 |
| | City CALDWELL | State NJ | Zip Code 07006 | Transaction ID: INC.A.41882 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07000 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR E | n BUSINESS REQUIREMENTS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 275.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 100.00 |
| Т | OTAL This Period (last page this line number on | lv) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 157 / 306 (check only one) X 11a 11b 11c 12 |
|------------------------------------|---|-------------------------|--|--|
| Ar or | ry information copied from such Reports and State for commercial purposes, other than using the nar | ments may me and add | r not be sold or used by any perso lress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | ITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR STEPHEN ADLER | <u> </u> | | Date of Receipt |
| | Mailing Address 139 BELLVALE LAKES R | ט | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41572 |
| | WARWICK FEC ID number of contributing federal political committee. | C | 10990 | Amount of Each Receipt this Period 50.00 |
| | MEDCO HEALTH SOLUTIONS | | TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1200.00 | |
| _ | Full Name (Last, First, Middle Initial) MR JEFFREY ALEXANDER | | | Date of Receipt |
| . | Mailing Address 4 DEERPOND CT | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41591 |
| | FLEMINGTON FEC ID number of contributing federal political committee. | NJ C | 08822 | Amount of Each Receipt this Period |
| | MEDOO HE'ALTH SOLLITIONS | Occupatior SR DIR E | - E-COM STRAT & DELI | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 360.00 | |
|) . | Full Name (Last, First, Middle Initial) DR JODY ALLEN | | | Date of Receipt |
| Mailing Address 3031 MOUNT HILL DR | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City MIDLOTHIAN | State VA | Zip Code 23113 | Transaction ID: INC.A.41571 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | MEDCO HEALTH SOLUTIONS | | CAL SVCS | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 115.00 |
| | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 158 / 306 |
|-------------------|--|--------------------------|---|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any persodress of any political committee to | |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | |
| / | MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MARENE ALLISON | | | Date of Receipt |
| | Mailing Address 4405 WISMER ROAD | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41877 |
| | DOYLESTOWN | PA | 18901 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SECU | n JRITY & ASSET PROTECTION | DN |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR JAMES ALLOCCO | | | Date of Receipt |
| | Mailing Address 19 ROSS ROAD | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41636 |
| | SCARSDALE | NY | 10583 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INFO | TECHNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| C. | Full Name (Last, First, Middle Initial) TEJWANSH ANAND | | | Date of Receipt |
| | Mailing Address 10 WHIPPOORWILL LAN | KE 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.41849 |
| | CHAPPAQUA | NY | 10514 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INFO | TECHNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | _ | 150.00 |
| | | | | |
| T | OTAL This Period (last page this line number only | y) | > | |

| SCHEDULE A (FEC Form 3X) | | | Llas asserta ashadula(a) | FOR LINE NUMBER: PAGE 159/306 |
|--------------------------|---|------------------------------|--|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| ••• | EIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | L | 13 14 15 16 17 |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the a | atements may name and add | not be sold or used by any persol dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| \angle | | | | , |
| Α. | Full Name (Last, First, Middle Initial) | | | Data of Bassist |
| A. | MS MARIA ANDERSON Mailing Address 4605 W SUNSET BLVE | ` | | Date of Receipt |
| | Walling Address 4005 W SUNSET BLVL | , | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41749 |
| | TAMPA | FL | 33629 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 5.00 |
| | federal political committee. | C | | 3.00 |
| | Name of Employer | Occupation | 1 | ┥ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | DIR CUS | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | 7 |
| | Primary General | 1 | 225.00 | |
| | Other (specify) ▼ | | 235.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) DR ROGER ANDERSON | | | Date of Receipt |
| | Mailing Address 833 OXFORD COURT | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41873 |
| | LEWISVILLE | TX | 75056 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 192.30 |
| | rederal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | HIEF PHARMACIST | _ |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | ' ' | 4615.20 | |
| | care (openly) \ | - | 0 0 0 0 0 0 0 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MS JAYME ANTONOPLOS | | | Date of Receipt |
| | Mailing Address 48 WITTE ROAD | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41707 |
| | HEWITT | NJ | 07421 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 25.00 |
| | federal political committee. | C | | 23.00 |
| | Name of Employer | Occupation | n | ┪ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | DIR EXE | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) | | 000.00 | |
| | | | | |
| ا | UBTOTAL of Receipts This Page (optional) | | | 222.30 |
| - | DDI OTAL OF NECERPLS THIS Page (OPTIONAL) | | ······································ | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 160 / 306 (check only one) X 11a 11b 11c 12 15 16 17 |
|-------------------|---|---------------------------------|--|--|
| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may | 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. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| A . | MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Full Name (Last, First, Middle Initial) MR DAVID ARCISZEWSKI Mailing Address 20 CHADWELL PLACE City State Zip Code MORRISTOWN NJ 07960 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) ERIK BAGIN Mailing Address 73 HIGHLAND AVENUE City State Zip Code NJ 07028 | | | Date of Receipt M |
| | FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | n VP FINANCE e Year-to-Date ▼ | 50.00 |
| 5. | Full Name (Last, First, Middle Initial) MS BECKIE BARATKO Mailing Address 80 N. WOODLAND STRE City ENGLEWOOD 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 PROF | Zip Code 07631 n POSAL UNIT 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 |
| s | UBTOTAL of Receipts This Page (optional) | |) | 110.00 |
| т | OTAL This Period (last page this line number onl | v) |) | |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 161 / 306 |
|--------------|---|------------------------------|--|---|
| | EMIZED RECEIPTS | or each category of the | | (check only one) |
| • | EINIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| or | y information copied from such Reports and States for commercial purposes, other than using the i | atements may name and add | not be sold or used by any persor dress of any political committee to | of the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| \mathbb{Z} | | | · | |
| Α. | Full Name (Last, First, Middle Initial) MR THOMAS BARATTA | | | Date of Receipt |
| Λ. | Mailing Address 69 SKYLINE DR | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41718 |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 50.00 |
| | federal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n | |
| | | | TECHNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | ' ' | 1200.00 | |
| | Other (specify) | | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 1752 BLACKSTONE DI | RIVE | | 1 1 2 4 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.41784 |
| | CARROLLTON | TX | 75007 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 50.00 |
| | Name of Employer | Occupation | 2 | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | VP NATL | | |
| | Receipt For: | _ | e Year-to-Date ▼ | _ |
| | Primary General | | | |
| | Other (specify) | 0 0 | 1200.00 | |
| | Full Name (Lock First Addulla Intial) | | | |
| C. | Full Name (Last, First, Middle Initial) MR DAVID BAUGH | | | Date of Receipt |
| | Mailing Address 1813 ADONIS AVE | | | M M / D D / Y Y Y Y |
| | - | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41839 |
| | HENDERSON | NV | 89074 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 23.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | Receipt For: | | NEFIT DELIVERY SYSTEMS e Year-to-Date ▼ | 2 |
| | Primary General | Aggregate | י ו כמו־נט־טמוכ ▼ | |
| | Other (specify) | | 927.00 | |
| _ | | | | |
| | | | | 100.00 |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 123.00 |
| | | | | |

| SCHEDULE A (FEC Form 3X) | | Liga a graveta a chadula(a) | | FOR LINE NUMBER: PAGE 162/306 |
|--------------------------|---|--|-----------------------------------|---|
| | EMIZED RECEIPTS | Use separate schedule(s) or each category of the | | (check only one) |
| 11 | EMIZED RECEIP 15 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , - | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any person | n for the purpose of soliciting contributions |
| <u>\</u> | NAME OF COMMITTEE (In Full) | arrio arra aac | political committee to | Solicit Goritribations from Sacri Goriffittee. |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | NITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| | WEDGO HEAETH GOLO HONO HO. I C | JEITIONE 7 | to non committee (a.n.a. | Wedo Health (No) |
| _ | Full Name (Last, First, Middle Initial) | | | |
| A. | MR PETER BEGANS | | | Date of Receipt |
| | Mailing Address 1605 CHARNITA CT | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41680 |
| | VIENNA | VA | 22182 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 100.00 |
| | Name of Employer | Occupation | 2 | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP GOVI | ERNMENT AFFAIRS | |
| | Receipt For: | 1 | Year-to-Date ▼ | - |
| | Primary General | 33 -3 | | |
| | Other (specify) ▼ | | 2400.00 | |
| _ | | | | |
| В. | Full Name (Last, First, Middle Initial) MR STEPHEN BELL | | | Date of Receipt |
| Ь. | Mailing Address 24 GLENWOOD ROAD | | | M M / D D / Y Y Y Y |
| | Walling Address 24 GLENWOOD HOAD | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41852 |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 50.00 |
| | federal political committee. | | | 00.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 |
| | MEDCO HEALTH SOLUTIONS | VP FINAI | NCE | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1200.00 | |
| | Other (specify) | | 1200.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MS EILEEN BIDELL | | | Date of Receipt |
| | Mailing Address 71 WASHINGTON CT. | | | M M / D D / Y Y Y Y |
| | City | State | Zip Code | 11 24 2007 |
| | TOWACO | NJ | 07082 | Transaction ID: INC.A.41713 Amount of Each Receipt this Period |
| | | | 07002 | Amount of Each Necelpt this Period |
| | FEC ID number of contributing federal political committee. | | | 25.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | Receipt For: | 1 | PHARM OPS • Year-to-Date ▼ | - |
| | Primary General | , iggi egale | , roal to bato ▼ | |
| | Other (specify) | | 600.00 | |
| | | | | |
| | | | | 477.00 |
| s | UBTOTAL of Receipts This Page (optional) | | ······ | 175.00 |
| \vdash | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 163 / 306 | |
|-------------------|--|-----------------------|-------------------------------------|---|----|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | |
| • | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 | 17 |
| Ar | ny information copied from such Reports and State | ements may | not be sold or used by any perso | n for the purpose of soliciting contributions | 17 |
| or | for commercial purposes, other than using the na | me and add | dress of any political committee to | solicit contributions from such committee. | |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | | |
| / | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) | |
| Δ | Full Name (Last, First, Middle Initial) MR FLOYD BILLINGS | | | Date of Receipt | |
| • | Mailing Address 4273 BROGDAN FARM (| COURT | | M M / D D / Y Y Y Y | |
| | Cit. | Ctata | 7:- O-d- | 11 24 2007 | |
| | City BUFORD | State GA | Zip Code 30518 | Transaction ID: INC.A.41728 | |
| | | GA | 30316 | Amount of Each Receipt this Period | - |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNIC | n CAL SPECIALIST | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| | Primary General | | | | |
| | Other (specify) ▼ | 0 0 | 600.00 | | |
| 3. | Full Name (Last, First, Middle Initial) BRYAN BIRCH | | | Date of Receipt | |
| | Mailing Address 4 WINDRUSH LANE | | | 1 1 2 4 2 0 0 7 | |
| | City | State | Zip Code | Transaction ID: INC.A.41848 | |
| | WESTPORT | CT | 06880 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 192.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GROUP | n PRES, EMPLOYER GROUF | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | ' ' | 4608.00 | | |
| | Other (specify) ▼ | | 1000.00 | | |
| Э. | Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO | | | Date of Receipt | |
| | Mailing Address 26 DAYLILY DRIVE | | | 1 1 2 4 2 0 0 7 | |
| | City | State | Zip Code | Transaction ID: INC.A.41887 | |
| | MOUNT LAUREL | NJ | 08054 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 15.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR HR | 1 | | |
| | Receipt For: | | Year-to-Date ▼ | 1 | |
| | Primary General | | 480.00 | | |
| | Other (specify) ▼ | | 400.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 232.00 | |
| | | | | | |
| | OTAL This Period (last page this line number onl | | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 164 / 306 (check only one) |
|--|--|--------------------------|---|--|
| | | Detailed Summary Page | | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso ress of any political committee to | n for the purpose of soliciting contributions |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | CTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MS SUZANNE BLACKBURN | | | Date of Receipt |
| | Mailing Address 4520 LINWOOD 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.41837 |
| | DEEPHAVEN | MN | 55331 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP CLIE | I ENT & MKT STRATEGIC DE | <u></u> |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 1200.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR MARK BLAKE | | | Date of Receipt |
| | Mailing Address 129 NORWOOD AVENUE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41890 |
| | MONTCLAIR | NJ | 07043 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BUSII | NESS DEV | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 650.00 | |
| | Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN | | | Date of Receipt |
| | Mailing Address 50 NEW ENGLAND DR | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41671 |
| | RAMSEY | NJ | 07446 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP MKTII | NG & PRODUCT DEV | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | |) | 150.00 |
| | | | | |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 165/306 |
|-------------------|--|------------------------------|--|---|
| ITEMIZED RECEIPTS | | or each category of the | | (check only one) |
| ••• | LIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| Δ. | information and them and Ch | -1 | | 13 14 15 16 17 |
| or | ny information copied from such Reports and States for commercial purposes, other than using the i | atements may name and add | rnot be sold or used by any perso dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA | | | Date of Receipt |
| | Mailing Address 80 LEONA CT | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41841 |
| | LEVITTOWN | NY | 11756 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | n HNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | - | 600.00 | 1 |
| | Other (specify) ▼ | | | |
| — В. | Full Name (Last, First, Middle Initial) MR DUANE BOSCH | | | Date of Receipt |
| | Mailing Address 3935 BALSAM LA | | | 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.41540 |
| | PLYMOUTH | MN | 55441 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 00111 | |
| | federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | 7 |
| | | | IICAL SVCS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) ▼ | 0 0 | 240.00 | |
| — С. | Full Name (Last, First, Middle Initial) MR JOSEPH BOTTA | | | Date of Receipt |
| ٠. | Mailing Address 109 ARBOR PL | | | M M / D D / Y Y Y Y |
| | City | State | Zip Code | 11 24 2007 |
| | BRYN MAWR | PA | 19010 | Transaction ID: INC.A.41545 Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 10010 | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALE | S | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) ▼ | 0 0 | | 1 |
| Г | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 60.00 |
| \vdash | | | • | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: (check only one) | PAGE 166/306 |
|--------------------------|--|---------------------------|---|---|--------------------------------------|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 1 | 11c 12 15 16 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any persodress of any political committee to | n for the purpose of solicit solicit contributions from s | ing contributions such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| ۸. | Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX | | | Date of Receipt | |
| | Mailing Address 3380 SADDLEBROOK S | | | 11 24 | 2007 |
| | City LAS VEGAS | State NV | Zip Code 89141 | Transaction ID: IN: Amount of Each Rec | |
| | FEC ID number of contributing federal political committee. | C | 33171 | Amount of Lacrified | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n RM PRACTICE | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1175.00 | | |
| 3. | Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN | | | Date of Receipt | |
| | Mailing Address 5259 FISHERCREST LN | | | 1 1 D D D 2 4 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | RICHMOND | VA | 23231 | Amount of Each Rec | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 200.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FORM | 1 MULARY CONSULTING | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) | | 4800.00 | | |
| | Full Name (Last, First, Middle Initial) MS HEIDI BOWMAN | | | Date of Receipt | |
| | Mailing Address 15 DAWN LANE | | | 1 1 2 4 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | RINGWOOD FEO. ID records and analysis at any state of the state of th | NJ | 07456 | Amount of Each Rec | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR H | n HLTH MGMT | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 720.00 | | |
| S | UBTOTAL of Receipts This Page (optional) | | | | 255.00 |
| T | OTAL This Period (last page this line number on | ly) |) | | |

| SCHEDULE A (FEC Form 3X) | | | Llac concrete cohodula(a) | FOR LINE NUMBER: PAGE 167/306 |
|--------------------------|--|----------------------------|--|--|
| | ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| ••• | EIVIIZED RECEIP I 3 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | o information and the month of the control of the c | | | 13 14 15 16 17 |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | rnot be sold or used by any perso Iress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR CHRISTOPHER BRADBURY | | | Date of Receipt |
| | Mailing Address 3 DEER HORN TRAIL | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41548 |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | l | ENHANCING SOLUTIONS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 240.00 | |
| | Cuter (speedily) | 0 0 | 0 0 0 0 0 0 0 | |
| В. | Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM | | | Date of Receipt |
| | Mailing Address PO BOX 708 | | | 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.41779 |
| | COATESVILLE | PA | 19320 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INFO | R PROCESS ENGINEERIN | G |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 1800.00 | |
| | Other (specify) | 0 0 | 1000.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR DAVID BREEN | | | Date of Receipt |
| | Mailing Address 27 SEALS DR | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41760 |
| | MONROE | NY | 10950 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | 1 | LYTICAL SVCS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| _ | | | | |
| | | | | 110.00 |
| | JBTOTAL of Receipts This Page (optional) | | ······ | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 168 / 306 |
|--------------------------|---|--------------------------|---|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | | Detailed Summary Page | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and ado | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | |
| / | MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MR JOHN BRENNAN | | | Date of Receipt |
| ** | Mailing Address 2 CARMEN LANE | | | M M / D D / Y Y Y Y |
| | City | State | Zip Code | 1 1 2 4 2 0 0 7 Transaction ID: INC.A.41870 |
| | <u>FLEMINGTON</u> | NJ | 08822 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP AUDI | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 240.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR PAUL BRISSON | | | Date of Receipt |
| | Mailing Address 469 MANOR LANE | | | 11 24 2007 |
| | City PEL HAM MANOR | State | Zip Code | Transaction ID: INC.A.41611 |
| | PELHAM MANOR FEC ID number of contributing | NY | 10803 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PRO | n DUCT DEVELOPMENT | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 370.00 | |
| | | | v v v v v v v v | |
| Э. | Full Name (Last, First, Middle Initial) MR RICHARD BROOKLER | | | Date of Receipt |
| | Mailing Address 9 ROMARY 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.41519 |
| | GLEN ROCK | NJ | 07452 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | FINANCE | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) ▼ | | 350.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 60.00 |
| т. | OTAL This Period (last page this line number onl | v) | > | |
| • | Circ inio i choa (last page tills lille humbel off) | J / ······ | ······································ | |

| SCHEDULE A (FEC Form 3X) | | | Llee concrete cohedule(a) | FOR LINE NUMBER: PAGE 169/306 |
|--------------------------|---|-----------------|---|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| An | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may | not be sold or used by any persor | n for the purpose of soliciting contributions |
| <u>\</u> | NAME OF COMMITTEE (In Full) | Tarrio aria aac | areas or arry pointed committee to | Solicit Contributions from Such Committee. |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a k a | Medco Health PAC) |
| | MEDOO HEALITI GOLOTIONO INO. I | JEITIOAL F | TOTION GOIMMITTEL (a.K.a. | Wedoo Fleatiff AO) |
| _ | Full Name (Last, First, Middle Initial) | | | |
| Α. | MR KENNETH BROWN | | | Date of Receipt |
| | Mailing Address 540 GIORDANO DRIVE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41542 |
| | YORKTOWN HEIGHTS | NY | 10598 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 50.00 |
| | Name of Employer | Occupation | <u> </u> | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | TECHNOLOGY | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 1000.00 | |
| | Other (specify) ▼ | 0 0 | 1200.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MS VIVIAN BULGER | | | Date of Receipt |
| | Mailing Address 120 EAST MAIN ST | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41757 |
| | WASHINGTONVILLE | NY | 10992 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 20.00 |
| | rederal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | SR DIR F | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | ' ' | 480.00 | |
| | cale. (epec.ij) 🔻 | 0 0 | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MS MARY BURKE | | | Date of Receipt |
| | Mailing Address 638 LENOX AVE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41607 |
| | WESTFIELD | NJ | 07090 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 10.00 |
| | federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | - | R MEDICARE CLIENT PROD | Σĺμ |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 240.00 | |
| | ☐ Other (specify) ♥ | 0 0 | | |
| Г | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 80.00 |
| \vdash | ago (optional) | | | |

| COUEDING A (FEC Form 2V) | | | | FOR LINE NUMBER: PAGE 170 / 306 |
|--------------------------|---|------------------------------|---|--|
| 51 | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| IT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any perso Iress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR KEVIN BURON | | | Date of Receipt |
| | Mailing Address 25 TIMBERLAND | | | 11 24 7 9 9 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41656 |
| | ALISO VIEJO | CA | 92656 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | n IL MGR GROUP | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 050.00 | 1 |
| | Other (specify) | | 650.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD | | | Date of Receipt |
| | Mailing Address 23 NUTTING PLACE | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41581 |
| | WEST CALDWELL | NJ | 07006 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 25.00 |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | | \dashv |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ' BUSINESS DEVELOPMENT | |
| | Receipt For: | | Year-to-Date V | - |
| | Primary General | Ayyreyale | Teal-10-Date V | - |
| | Other (specify) | ' ' | 600.00 | |
| | Cirici (specify) 🔻 | | | · |
| | Full Name (Last, First, Middle Initial) MRS DOREEN CALDER | | | Date of Receipt |
| ٥. | Mailing Address 441 S ELM STREET | | | M M / D D / Y Y Y Y |
| | Thamily read sees 441 3 ELIVI STREET | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41481 |
| | MAYWOOD | NJ | 07607 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 40.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUS | INESS REQUIREMENTS | 7 |
| | Receipt For: | | Year-to-Date ▼ | |
| | | 55 0 | | 1 |
| | Primary General | | | |
| | | | 960.00 | |
| | Primary ☐ General Other (specify) ▼ | | 960.00 | |
| | | 0 0 | 960.00 | |
| <u>_</u> | | | 0 0 0 0 0 0 0 | 115.00 |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 171 / 306 |
|-------------------------------|---|--------------|-------------------------------------|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| •• | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Δr | y information copied from such Reports and Sta | atemente may | , not be sold or used by any perso | |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| \angle | 5 HAL | | | |
| Α. | Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI | | | Date of Receipt |
| | Mailing Address 119 WASHINGTON AV | ENUE | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41737 |
| | CHATHAM | NJ | 07928 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 50.00 |
| | federal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | VP FINA | ···- | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) | | 700.00 | |
| | | | 0 0 0 0 0 0 0 | 1 |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 3 MEADOW LANE | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41808 |
| | ANNANDALE | NJ | 08801 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 10.00 |
| | federal political committee. | | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n | |
| | | | ILITY PLANNING & DESIGN | N . |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 240.00 | |
| | outer (opes.ij) 🔻 | 0 0 | 0 0 0 0 0 0 | 1 |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MR RAYMOND CARLUCCI | | | Date of Receipt |
| | Mailing Address 24 SHERI DRIVE | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41751 |
| | ALLENDALE | NJ | 07401 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | <u> </u> | | 52.50 |
| MEDCO HEALTH SOLUTIONS GENERA | | | | 32.30 |
| | | Occupation | n | 7 |
| | | GENERA | AL MGR GROUP | |
| | | Aggregate | e Year-to-Date ▼ | |
| | | 1260.00 | | |
| | Other (Specify) ♥ | | 0 0 0 0 0 0 0 | 1 |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 112.50 |
| Г | | | | |
| I T | OTAL This Period (last page this line number of | nlv) | b | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
|-------------------|--|------------------------|---|--|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , - | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and Statem for commercial purposes, other than using the name | nents may e and add | not be sold or used by any perso ress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) | | | |
| / | MEDCO HEALTH SOLUTIONS INC. POLI | TICAL A | CTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MS CATHERINE CASALE | | | Date of Receipt |
| | Mailing Address 16345 HEATHROW DRIVE | Ī | | M M / D D / Y Y Y Y Y 1 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41803 |
| | TAMPA | FL | 33647 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 13.00 |
| | MEDOO HE'ALTH SOLLITIONS | occupation | CT EXEC | |
| | | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 312.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS MARY CASALE | | | Date of Receipt |
| | Mailing Address 822 CEDAR AVE | | | 11 24 2007 |
| | • | State | Zip Code | Transaction ID: INC.A.41661 |
| | FFC ID number of contribution | NJ | 08033 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | MEDOO HE'ALTH SOLLITIONS | ccupation | ı S STRATEGY & MARKETIN | G |
| | | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1 1 | 600.00 | |
| _ | Full Name (Last, First, Middle Initial) MS KAREN CATHCART RUSSELL | | | Date of Receipt |
| ٠. | Mailing Address 148 CLUBHOUSE DR | | | M M / D D / Y Y Y Y |
| | City | Ctata | 7in Codo | 11 24 2007 |
| | • | State SC | Zip Code 29172 | Transaction ID: INC.A.41507 Amount of Each Receipt this Period |
| | FEO. ID worth and for additional and | | | 25.00 |
| | Tederal political committee. | C | | 25.00 |
| | MEDCO HEALTH SOLUTIONS S | | CLINICAL SVCS | |
| | | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | _ | 63.00 |
| _ | | | | |
| Т | OTAL This Period (last page this line number only) | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 173/306 |
|-----------------------------------|--|--------------------|-------------------------------------|------------------------------|--------------------------|
| | EMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b |] 11c |
| | | | Detailed Summary Page | 13 14 | 11c 12 15 16 17 |
| Ar | y information copied from such Reports and Sta | tements may | not be sold or used by any persor | n for the purpose of solicit | ing contributions |
| or | for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from s | such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | NITICAL / | ACTION COMMITTEE (a.k.a. | Medeo Health PAC) | |
| | WEDGO HEALTH SOLOTIONS INC. I C | ZITIOAL A | OTION COMMITTEE (a.K.a. | Wedco Health FAO) | |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Date in | |
| Α. | MR JASON COLE Mailing Address 14917 E BELLA VISTA | | | Date of Receipt | / Y Y Y Y |
| | Maining Address 14917 E BELEA VISTA | | | 11 24 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41645 |
| | VERADALE | WA | 99037 | Amount of Each Red | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n RM PRACTICE | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 350.00 | | |
| | Other (specify) | | | | |
| В. | Full Name (Last, First, Middle Initial) MR FRANK COLIANO | | | Date of Receipt | |
| | Mailing Address 5176 BALDWIN TERRA | CE | | 11 / 24 | 2007 |
| | City State | | Zip Code | Transaction ID: INC.A.41585 | |
| | MARIETTA | GA | 30068 | Amount of Each Red | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | n CCT EXEC | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 360.00 | | |
| | cane. (epeciny) 🗸 | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | 5. (5.). | |
| C. | WILLIAM CONSIDINE Mailing Address 130 WEST 67TH STREE | T #/I | | Date of Receipt | / Y Y Y Y |
| | | _1, #40 | | 11 24 | 2007 |
| City State NEW YORK NY | | Zip Code | Transaction ID: IN | | |
| | | NY | 10023 | Amount of Each Red | ceipt this Period |
| | FEC ID number of contributing federal political committee. | | | | 25.00 |
| | Receipt For: Aggregat | | n BUSINESS PLANNING & DE | V | |
| | | | e Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | | | 600.00 | | |
| | | 0 0 | | | |
| s | UBTOTAL of Receipts This Page (optional) | | > | | 50.00 |
| \vdash | | | <u> </u> | | |
| T | OTAL This Period (last page this line number or | nly) | > | | |

| SCHEDUL | LE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 1/4/306 |
|--------------------------------|--|----------------------------|--|--|
| | RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | | Detailed Summary Page | 13 14 15 16 17 |
| Any information or for commerc | copied from such Reports and Statial purposes, other than using the na | tements may ame and add | not be sold or used by any persordress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF C | COMMITTEE (In Full) | | | |
| MEDCO H | HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (I | _ast, First, Middle Initial) Г СООК | | | Date of Receipt |
| Mailing Add | ress 270 S FRANKLIN TURN | PIKE | | 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.41535 |
| RAMSEY | | NJ | 07446 | Amount of Each Receipt this Period |
| | nber of contributing cal committee. | C | | 25.00 |
| Name of En MEDCO HE | nployer ALTH SOLUTIONS | Occupation DIR HLTI | n H CARE OPS-TECHNOLOG | _ Y |
| Receipt For: | | Aggregate | e Year-to-Date ▼ | |
| Prima Other | ry | | 600.00 | |
| Full Name (I | ast, First, Middle Initial) ORREIA | | | Date of Receipt |
| Mailing Add | ress 30 EAST 81ST STREET | , #9B | | 11 24 2007 |
| City | | State | Zip Code | Transaction ID: INC.A.41893 |
| <u>NEW YOR</u> | <u>RK</u> | NY | 10028 | Amount of Each Receipt this Period |
| | nber of contributing cal committee. | C | | 50.00 |
| Name of En MEDCO HE | ployer EALTH SOLUTIONS | Occupation VP BUSI | n NESS DEV | |
| Receipt For | | Aggregate | e Year-to-Date ▼ | |
| Other | ry | | 700.00 | |
| | _ast, First, Middle Initial) :N COURTMAN | | | Date of Receipt |
| Mailing Add | ress 25 FAIRWAY TRAIL | | | 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.41637 |
| <u>SPARTA</u> | | NJ | 07871 | Amount of Each Receipt this Period |
| | nber of contributing cal committee. | C | | 50.00 |
| Name of Em MEDCO HE | ployer ALTH SOLUTIONS | Occupation VP PHAF | n RMACY NETWORK MGMT | |
| Receipt For: | | Aggregate | Year-to-Date ▼ | |
| Prima Other | ry General (specify) ▼ | | 1200.00 | |
| SUBTOTAL o | f Receipts This Page (optional) | | ····· | 125.00 |
| TOTAL This F | Period (last page this line number or | nlv) | • | |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: (check only one) | PAGE 175/306 |
|-------------------------------------|---|---------------------|---|--|------------------------------------|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11b 13 14 | 11c |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | on for the purpose of solicit solicit contributions from s | ting contributions such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| ۸. | Full Name (Last, First, Middle Initial) MR ROBERT CRAIG | | | Date of Receipt | |
| | Mailing Address 7979 E SANTA CATALIN | IA DR | | 11 24 | 2007 |
| | City SCOTTSDALE | State AZ | Zip Code 85255 | Transaction ID: IN Amount of Each Re | |
| | FEC ID number of contributing federal political committee. | C | 03233 | AIIIOUIII OI EACII Nei | 60.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DI | n R PRODUCT | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 720.00 | | |
| 3. | Full Name (Last, First, Middle Initial) MR ANGELO CUOZZO | | | Date of Receipt | |
| | Mailing Address 19 IDA COURT | | | 1 1 D D 2 4 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | STATEN ISLAND FEC ID number of contributing federal political committee. | C | 10312 | Amount of Each Re | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | n HNOLOGY | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | | |
| C. | Full Name (Last, First, Middle Initial) MS ROSELIN DANIEL | | | Date of Receipt | |
| Mailing Address 17 DEVONSHIRE DRIVE | | | | 11 24 | 2007 |
| | City RANDOLPH | State NJ | Zip Code 07869 | Transaction ID: IN Amount of Each Re | |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR E | n BENEFIT DELIVERY SYS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | | |
| S | UBTOTAL of Receipts This Page (optional) | | | | 110.00 |
| T | OTAL This Period (last page this line number on | ly) |) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 176 / 306 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---------------------|--|--|
| Ar | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may | 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. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | | | |
| ۹. | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 2903 CHUKKAR COURT City PLANT CITY | State FL | Zip Code 33567 | Date of Receipt M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z |
| | FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | C | | 25.00 |
| | Receipt For: Primary General Other (specify) | VP/GM Aggregate | Year-to-Date ▼ 1175.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS MARY DASCHNER Mailing Address 2926 EWING AVE S | | | Date of Receipt 1 1 2 4 2 0 0 7 |
| | City MINNEAPOLIS | State MN | Zip Code | Transaction ID: INC.A.41609 |
| | FEC ID number of contributing federal political committee. | C | 55416 | Amount of Each Receipt this Period |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & G | 1 ENERAL MGR MEDICARE | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4615.20 | |
| Full Name (Last, First, Middle Initial) DR AMITA DASMAHAPATRA Mailing Address 24 CHARLOTTE HILL 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.41530 |
| | BERNARDSVILLE FEC ID number of contributing federal political committee. | C | 07924 | Amount of Each Receipt this Period 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR N | n MEDICAL POLICY & PROG | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 240.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 227.30 |
| Т | OTAL This Period (last page this line number onl | v) | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 177 / 306 |
|--|--------------------|---|---|
| TEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | Detailed Summary Page | 13 14 15 16 17 |
| Any information copied from such Reports and Sta or for commercial purposes, other than using the | atements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | 71 | |
| MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) A. MR ANDREW DAVIS | | | Date of Receipt |
| Mailing Address 5616 BROOK 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.41620 |
| EDINA | MN | 55439 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP MED | n ICARE CLIENT & SALES SU | JP |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 1200.00 | |
| Full Name (Last, First, Middle Initial) MR DANIEL DAVISON | | | Date of Receipt |
| Mailing Address 402 HIGHLAND AVE | | | 1 1 2 4 2 0 0 7 |
| City | State | Zip Code | Transaction ID: INC.A.41752 |
| RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PRIC | | |
| Receipt For: | | e Year-to-Date ▼ | _ |
| Primary General Other (specify) | | 1200.00 | 1 |
| Unier (specify) | | | 1 |
| Full Name (Last, First, Middle Initial) C. MR LUCA DEFLORENTIIS | | | Date of Receipt |
| Mailing Address W62 N1032 FAIRHAVE | N CT | | M " M / D " D / Y " Y " Y " Y |
| City | State | Zip Code | 1 1 2 4 2 0 0 7 Transaction ID: INC.A.41681 |
| CEDARBURG | WI | 53012 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| Receipt For: | | ACCT MGMT e Year-to-Date ▼ | _ |
| Primary General | Aggregate | | 1 |
| Other (specify) ▼ | | 600.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 125.00 |
| TOTAL This Period (last page this line number of | only) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 178 / 306 (check only one) |
|-------------------|---|------------------------|--|--|
| •• | | | Detailed Summary Page | X 11a 11b 11c 12 17 18 17 18 17 18 17 18 17 18 18 |
| An | y information copied from such Reports and Star for commercial purposes, other than using the na | tements may | not be sold or used by any perso | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | | | |
| ۸. | Full Name (Last, First, Middle Initial) MS BARBARA DELLEDONNA | | | Date of Receipt |
| | Mailing Address 199 SANFORD AVE | | | 1 1 2 4 2 0 0 7 |
| | City EMERSON | State NJ | Zip Code 07630 | Transaction ID: INC.A.41789 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR E | n E-COM BUSINESS OPS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO | | | Date of Receipt |
| | Mailing Address 80 HILLSIDE AVENUE | | | 11 24 2007 |
| | City GLEN RIDGE | State | Zip Code | Transaction ID: INC.A.41654 |
| | FEC ID number of contributing federal political committee. | C | 07028 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CO | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | |
| - C. | Full Name (Last, First, Middle Initial) MS TONI DEMANSS | | | Date of Receipt |
| | Mailing Address 32 RED BARN LANE | | | 1 1 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City WEST MILFORD | State NJ | Zip Code 07480 | Transaction ID: INC.A.41869 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 350.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 60.00 |
| T | OTAL This Period (last page this line number or | nly) |) | |

| S | CHEDULE A (FEC Form 3X) | | l la a consueta a charle la (a) | FOR LINE NUMBER: PAGE 179/306 |
|-------------|--|---------------|---|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , - | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the na | tements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| <u>Ş.</u> | NAME OF COMMITTEE (In Full) | arro arra ade | arood or arry pointion committee to | Control Control Control Control |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | NITICAL A | ACTION COMMITTEE (a k a | Medco Health PAC) |
| | WEDGO HEALTH GOLO HOLO ING. I C | , LITTO/ LE / | to non oominin tee (a.n.a | . Medee Health 1 7.0) |
| _ | Full Name (Last, First, Middle Initial) | | | |
| Α. | MS MAUREEN DEMPSEY | | | Date of Receipt |
| | Mailing Address 17 RICHWOOD PLACE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41883 |
| | DENVILLE | NJ | 07834 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | 2 | 4 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ICARE COMPLIANCE | |
| | Receipt For: | | Year-to-Date ▼ | - |
| | Primary General | | | 1 |
| | Other (specify) ▼ | | 600.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MR JOHN DERRICO | | | Date of Receipt |
| Ь. | Mailing Address 195 HACKENSACK AVE | :NII IE | | M M / D D / Y Y Y Y |
| | Maining Addition 195 FIAORENGAOR AVE | INOL | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41845 |
| | HARRINGTON PARK | NJ | 07640 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 25.00 |
| | federal political committee. | C | | 25.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 |
| | MEDCO HEALTH SOLUTIONS | SR DIR N | MARKETING | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 350.00 | |
| | Other (specify) | 0 0 | 000.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MS KAREN DEZEARN | | | Date of Receipt |
| | Mailing Address 3625 PATTERSTONE D | R | | M M / D D / Y Y Y Y |
| | City | Ctata | Zip Code | 11 24 2007 |
| | City ALPHARETTA | State GA | 30022 | Transaction ID: INC.A.41509 Amount of Each Receipt this Period |
| | | | J0022 | Amount of Each neceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | <u> </u> | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | Receipt For: | l | ACCT EXEC Year-to-Date ▼ | - |
| | Primary General | Aggregate | , roal to Date ▼ | 1 |
| | Other (specify) | | 600.00 | |
| | | | | 1 |
| | | | | |
| s | JBTOTAL of Receipts This Page (optional) | | | 75.00 |
| \vdash | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 180 / 306 (check only one) X 11a 11b 11c 12 |
|-------------|---|---------------------|--|--|
| | | | Detailed Summary Page | 13 14 15 16 17 |
| Ar | ly information copied from such Reports and Stati for commercial purposes, other than using the na | ements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| $\frac{}{}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | | | |
| ۸. | Full Name (Last, First, Middle Initial) MR WILLIS DINGLE | | | Date of Receipt |
| | Mailing Address 17826 ARBOR GREENE | DR | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41580 |
| | TAMPA FEC ID number of contributing | FL | 33647 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR H | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1175.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR ROBERT DOLAN | | | Date of Receipt |
| | Mailing Address 9 CRANE AVENUE | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41734 |
| | WEST CALDWELL | NJ | 07006 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BEN | TEFIT DELIVERY SYSTEMS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
|) . | Full Name (Last, First, Middle Initial) MS MERIDITH DORNER | | | Date of Receipt |
| | Mailing Address 4448 CREEK ROAD | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41525 |
| | ALLENTOWN FEC ID number of contributing | PA | 18104 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ACCT MGMT | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 600.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 75.00 |
| _ | | | | |

| SCHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 181 / 306 | |
|---|--------------------------|---|---|
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
| Any information copied from such Reports and Sta or for commercial purposes, other than using the n | atements may | 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. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR H.RONALD DRIZIN Mailing Address 17 DAYBREAK | | | Date of Receipt |
| City | State | Zip Code | 1 1 2 4 2 0 0 7 Transaction ID: INC.A.41793 |
| IRVINE FEC ID number of contributing federal political committee. | CA | 92614 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | TRACT ADMINISTRATOR | |
| Primary General Other (specify) ▼ | Aggregate | 1200.00 | |
| Full Name (Last, First, Middle Initial) MR DANA DUNCAN | | | Date of Receipt |
| Mailing Address 72 HALLEY DR | 01-1- | 7. 0.4. | 111 24 2007 |
| City POMONA | State NY | Zip Code 10970 | Transaction ID: INC.A.41664 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10970 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR 7 | TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | |
| Full Name (Last, First, Middle Initial) C. MR PETER DUNLEAVY | | | Date of Receipt |
| Mailing Address 2 DECKER 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.41549 |
| KINNELON | NJ | 07405 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | ANCE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 550.00 | |
| SUBTOTAL of Receipts This Page (optional) | | ······ | 100.00 |
| TOTAL This Period (last page this line number or | nly) | | |

| Use senarate schedule(s) | FOR LINE NUMBER: PAGE 182/306 |
|---|---|
| or each category of the | (check only one) X 11a 11b 11c 12 |
| Detailed Summary Page | 13 14 15 16 17 |
| ay not be sold or used by any perso ddress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | |
| . ACTION COMMITTEE (a.k.a. | . Medco Health PAC) |
| | Date of Receipt |
| | 11 24 7 2007 |
| · | Transaction ID: INC.A.41576 |
| 66221 | Amount of Each Receipt this Period |
| | 50.00 |
| ion FS SEGMENT LEADER | |
| ate Year-to-Date ▼ | |
| 1200.00 | |
| | Date of Receipt |
| | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Zip Code | Transaction ID: INC.A.41552 |
| 06482 | Amount of Each Receipt this Period |
| | 25.00 |
| ion TECHNOLOGY | |
| ate Year-to-Date ▼ | |
| 350.00 | |
| | Date of Receipt |
| | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Zip Code | Transaction ID: INC.A.41723 |
| 07481 | Amount of Each Receipt this Period |
| | 25.00 |
| ion BENEFIT DELIVERY SYS | |
| ate Year-to-Date ▼ | |
| 600.00 | |
| | 100.00 |
| | |
| | Detailed Summary Page ay not be sold or used by any perso ddress of any political committee to any p |

S

| SCHEDULE A (FEC Form 3X) | | FC | | OR LINE NUMBER: PAGE 183 / 306 | | |
|--------------------------|--|--|--|------------------------------------|--|--|
| | • | Use separate schedule(s) or each category of the | | check only one) | | |
| ITEMIZED RECEIPTS | | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| | | | _ comes community range | 13 14 15 16 17 | | |
| Ar or | ny information copied from such Reports and Stator commercial purposes, other than using the r | not be sold or used by any persor dress of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN | | | Date of Receipt | | |
| | Mailing Address 908 EDGEMEER LANE | | | 11 24 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41821 | | |
| | SOUTHLAKE | TX | 76092 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 34.45 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General | | 1619.15 | | | |
| | Other (specify) | | 1010110 | | | |
| — В. | Full Name (Last, First, Middle Initial) MR MICHAEL EDWARDS | | | Date of Receipt | | |
| | Mailing Address 109 KAREN PLACE | M " M / D " D / Y " Y " Y " Y | | | | |
| | Cit. | Ctata | 7in Oada | 11 24 2007 | | |
| | City WYCKOFF | State | Zip Code | Transaction ID: INC.A.41541 | | |
| | | NJ | 07481 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | |
| | | 10 | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | | | |
| | Receipt For: | _ | Year-to-Date ▼ | - | | |
| | Primary General | | | | | |
| | Other (specify) ▼ | | 650.00 | | | |
| | Full Name (Last, First, Middle Initial) DR WOODY EISENBERG, MD | | | Date of Receipt | | |
| ٠. | Mailing Address 128 SUMMIT AVENUE | | | M M / D D / Y Y Y Y | | |
| | | | | 11 24 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41872 | | |
| | UPPER MONTCLAIR | NJ | 07043 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MEDICAL | n RE CHIEF MEDICAL OFFICE | ER | | |
| | Receipt For: | | e Year-to-Date ▼ | | | |
| | Primary General | - | 1200.00 | | | |
| | Other (specify) | | 12000 | | | |
| Г | | | | | | |
| ٩ | UBTOTAL of Receipts This Page (optional) | | | 134.45 | | |
| \vdash | ODIOTAL OF HOOGING THIS Laye (optional) | | <u> </u> | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 184 / 306 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|--------------------------|---|--|
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON Mailing Address 106 GRAHAM TERRACE | , | | Date of Receipt |
| | | | | 11 24 2007 |
| | City SADDLE BROOK | State NJ | Zip Code 07663 | Transaction ID: INC.A.41724 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | | | CAL SPECIALIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | |
| ₹ | Full Name (Last, First, Middle Initial) MR SCOTT ENOS | | | Date of Receipt |
| | Mailing Address 22 BARNARD RD | | | M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City WARWICK | State RI | Zip Code 02886 | Transaction ID: INC.A.41640 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 02000 | 10.00 |
| | MEDCO HEALTH SOLUTIONS | | IICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 240.00 | |
|) . | Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN | | | Date of Receipt |
| Mailing Address 359 LONG HILL ROAD EAST | | | | M M / D D / Y Y Y Y Y Y 1 1 1 2 4 2 0 0 7 |
| | City BRIARCLIFF MANOR | State NY | Zip Code 10510 | Transaction ID: INC.A.41875 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | MEDCO HEALTH SOLUTIONS | | COMMUNICATIONS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 85.00 |
| | | | | |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 185 / 306 (check only one) |
|----------------------|--|---------------------------|---|--|
| ITEMIZED RECEIPTS | | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| An or | ry information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso lress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL A | CTION COMMITTEE (a.k.a | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN | | | Date of Receipt |
| | Mailing Address 75 TWEED BLVD | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41473 |
| | UPPER GRANDVIEW | NY | 10960 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation CMO SVI | n P MEDICAL&ANLYTC AFFR | S |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ 4615.44 | |
| | Other (specify) | 0 0 | 4013.44 | |
| 3. | 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 Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: INC.A.41626 |
| | PLYMOUTH | MN | 55441 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR A | n ACCT MGMT | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 360.00 | |
| - C. | Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS | | | Date of Receipt |
| | Mailing Address 800 PALISADE AVE APT 706 | | | 11 24 7 2007 |
| | City FORT LEE | State NJ | Zip Code 07024 | Transaction ID: INC.A.41824 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR E | BENEFIT DELIVERY SYS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 600.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 232.31 |
| | . 3 (1 -7 | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 186 / 306 |
|--------------------------|---|----------------------|--|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| II LIMIZED RECEIF 13 | | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | ame and add | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \angle | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MR STEVEN FANDETTI | | | Date of Receipt |
| | Mailing Address 15804 SORAWATER D | R. | | 11 24 7 9 9 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41560 |
| | LITHIA | FL | 33547 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio NATL AC | n CCT EXEC | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | ' ' | 360.00 | |
| | Other (specify) | 0 0 | | |
| В. | 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 1 1 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41612 |
| | MAHWAH | NJ | 07430 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP CARI | n E ENHANCING SOLUTIONS | 3 |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | ' ' | 1200.00 | |
| | Other (specify) | 0 0 | 1 1 1 1 1 1 1 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR THOMAS FEITEL | | | Date of Receipt |
| | Mailing Address 58 APPLE HILL DR | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41657 |
| | GILLETTE | NJ | 07933 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 192.23 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SVP CO | n RP MKTG & E-COMM | |
| | Receipt For: | | e Year-to-Date ▼ | 7 |
| | Primary General | | | 1 |
| | Other (specify) ▼ | | 4613.52 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 257.23 |
| , – | | | ······································ | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 187/306 |
|--------------------------|---|------------------------------|---|--|
| | EMIZED RECEIPTS | or each category of the | | (check only one) |
| ••• | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | . Medco Health PAC) |
| \mathbb{Z} | | | | , |
| Α. | Full Name (Last, First, Middle Initial) | | | Data of Descipt |
| Α. | MS DAWN FELDNER Mailing Address 275 BIRCH STREET | | | Date of Receipt |
| | Walling Address 2/3 BINCH STREET | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41794 |
| | EMERSON | NJ | 07630 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 25.00 |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | 1 | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | INESS REQUIREMENTS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | 7 |
| | Primary General | 1 1 | 600.00 | |
| | U Other (specify) ▼ | | 600.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO | | | Date of Receipt |
| | Mailing Address 464 SPRING AVE. | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41753 |
| | RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | rederal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | _ · | CARD OPS | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | ' ' | 600.00 | |
| | and (openly) V | 0 0 | 0 0 0 0 0 0 0 | ' |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MR DON FISCHER | | | Date of Receipt |
| | Mailing Address 10 TRACY CIRCLE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41550 |
| | CAMPBELL HALL | NY | 10916 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 25.00 |
| | federal political committee. | С | | 23.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 |
| | MEDCO HEALTH SOLUTIONS | 1 ' | OM STRAT & DELIV | |
| Receipt For: Aggr | | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) | | 000.00 | |
| | | | | |
| 6 | UBTOTAL of Receipts This Page (optional) | | | 75.00 |
| \vdash | ODITAL OF HOOGIPES THIS Fage (optional) | | | |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 188 / 306 |
|--|--|--|------------------------------------|--------------------------------------|
| IT | EMIZED RECEIPTS | or each category of the | | (check only one) |
| 11 | EIVIIZED NECEIP I 3 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | zotanou cummary r ugo | 13 14 15 16 17 |
| Δr | y information copied from such Reports and State | monte may | y not be sold or used by any perso | |
| or | for commercial purposes, other than using the na | solicit contributions from such committee. | | |
| abla | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | |
| A. | , | | | Date of Receipt |
| | Mailing Address 465 OLD STONE RD | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41604 |
| | RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period |
| | | | | Through the Later Hooding and Forest |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | 7 |
| | | | CARE OPS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1000.00 | |
| | Other (specify) ▼ | l | 1200.00 | |
| | | | | 1 |
| В. | Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS | | | Date of Receipt |
| | Mailing Address 1933 MT. OLIVE | | | M M / D D / Y Y Y Y |
| | AGOSTA ROAD | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41697 |
| | NEW BLOOMINGTON | ОН | 43341 | Amount of Each Receipt this Period |
| | | <u> </u> | 10011 | Amount of Each receipt this reflect |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | rederal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | า | |
| | MEDCO HEALTH SOLUTIONS | SR DIR H | HLTH CARE OPS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | 1.999 | | |
| | Other (specify) | | 600.00 | |
| | Curior (Specify) | 0 0 | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MR PAUL FORTUNATO, III | | | Date of Receipt |
| | Mailing Address 18 WINDING RIDGE | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41554 |
| | OAKLAND | NJ | 07436 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 10.00 |
| federal political committee. Name of Employer | | C | | 10.00 |
| | | | | |
| | | Occupation | | |
| | | | ACCT EXEC | |
| | | | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | | 240.00 | |
| | | | 0 0 0 0 0 0 | ' |
| | | | | |
| 1 | | | | 85.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ······ | 00.00 |
| \vdash | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: (check only one) | PAGE 189/306 |
|----------------------|---|----------------------------|---|--|--------------------------------------|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11b 13 14 | 11c 12 15 16 17 |
| An or | y information copied from such Reports and Star for commercial purposes, other than using the na | tements may ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of solicit solicit contributions from s | ing contributions such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| ۹. | Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO | | | Date of Receipt | |
| | Mailing Address 9 GREEN HILL TRAIL | | | 111 / 24 | 2007 |
| | TROPHY CLUB | State TX | Zip Code 76262 | Transaction ID: IN: Amount of Each Rec | |
| | FEC ID number of contributing federal political committee. | C | 7 0202 | Amount of Each Flex | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | 1 | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2350.00 | | |
| 3. | Full Name (Last, First, Middle Initial) MR ANDREW FRIEDELL | | | Date of Receipt | |
| | Mailing Address 1434 NARRAGANSETT | BLVD | | 11 24 | 2007 |
| | City CRANSTON | State RI | Zip Code 02905 | Transaction ID: IN | |
| | FEC ID number of contributing federal political committee. | C | 02905 | Amount of Each Rec | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | GOV AFFAIRS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 720.00 | | |
| D. | Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI | | | Date of Receipt | |
| | Mailing Address 24 MOREHOUSE PL | | | 11 24 | 2007 |
| | City NEW PROVIDENCE | State NJ | Zip Code 07974 | Transaction ID: INC Amount of Each Rec | |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP & CO | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1200.00 | | |
| S | UBTOTAL of Receipts This Page (optional) | | | | 130.00 |
| T | OTAL This Period (last page this line number or | nly) |) | | |

S

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 190 / 306 (check only one) X 11a |
|-------------|---|---------------------|--|---|
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements 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. |
| \setminus | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI Mailing Address 720 N. LARRABEE | | | Date of Receipt |
| | APT 1701 City CHICAGO | State IL | Zip Code 60610 | Transaction ID: INC.A.41833 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | AL MGR | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4615.44 | |
| В. | Full Name (Last, First, Middle Initial) MS IRENE GALE | | | Date of Receipt |
| | Mailing Address 3 MAIZE TRAIL | | | 1 1 2 4 2 0 0 7 |
| | City PLACITAS | State NM | Zip Code 87043 | Transaction ID: INC.A.41600 |
| | FEC ID number of contributing federal political committee. | C | 6/043 | Amount of Each Receipt this Period 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| n CLINICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) MS IVY GALLACCHI Mailing Address 11 LAKE AVENUE | | | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: INC.A.41871 |
| | MALTA FEC ID number of contributing federal political committee. | C | 12020 | Amount of Each Receipt this Period |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | n TECHNOLOGY e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 240.00 | |
| | IIRTOTAL of Receipts This Page (optional) | | | 212.31 |

TOTAL This Period (last page this line number only)

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 191 / 306 |
|-----------------|--|--------------------------|--|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| - | - | | Detailed Summary Page | 13 14 15 16 17 |
| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any person dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER | | | Date of Receipt |
| | Mailing Address 842 ASHLER CT | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41795 |
| | COLUMBUS | OH | 43235 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | CT EXEC | 1 |
| | Receipt For: | Aggregate | Year-to-Date ▼ |] |
| | Primary General Other (specify) ▼ | | 370.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO | | | Date of Receipt |
| - | Mailing Address 69 LAKEVIEW DR | | | 1 1 2 4 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.41688 |
| | OLD TAPPAN | NJ | 07675 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLIE | n NT RELATIONS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| - C. | Full Name (Last, First, Middle Initial) MICHAEL GALVIN | | | Date of Receipt |
| | Mailing Address 25 BALLYMEADE ROAD | | | 1 1 2 4 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.41858 |
| | HOPEWELL JUNCTION | NY | 12533 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP/CHI | n EF INFRASTRUCTURE OFF | TB |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 4615.44 | |
| s | UBTOTAL of Receipts This Page (optional) | | > | 267.31 |
| | | | | |
| T | OTAL This Period (last page this line number only | y) | > | |

| 91 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 192/306 |
|-------------|---|---|-----------------------------|---|
| | • | Use separate schedule(s) or each category of the | | (check only one) |
| П | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | on for the purpose of soliciting contributions a solicit contributions from such committee. | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR OMHARAISRIRAM GANGAIKONDAN-IYER | | | Date of Receipt |
| | Mailing Address 9 CAIRNES ROAD | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41864 |
| | MORRIS PLAINS | NJ | 07950 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CAL SPECIALIST | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ 600.00 | 1 |
| | Other (specify) 🔻 | 0 0 | 000.00 | |
| В. | Full Name (Last, First, Middle Initial) MR PETER GAYLORD | | | Date of Receipt |
| | Mailing Address 1201 BRIDGE 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.41469 |
| | ASBURY PARK | NJ | 07712 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP TRE | a EASURY & FINANCIAL EVA | LS |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 |] |
| <u> </u> | Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA | | | Date of Receipt |
| • | Mailing Address 20 BROOKSHIRE DR | | | M M / D D / Y Y Y Y Y 1 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41578 |
| | ROBBINSVILLE | NJ | 08691 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | n LL MGR GROUP | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| _ | | | | 125.00 |
| S | UBTOTAL of Receipts This Page (optional) | |) | 120.00 |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: (check only one) | PAGE 193/306 |
|----------------------|---|---------------------------|---|---|--------------------------------------|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11b 13 14 | 11c 12 15 16 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of solicit solicit contributions from s | ing contributions such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| ۹. | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS | | | Date of Receipt | |
| | Mailing Address 544 DENMOOR COURT | ' | | 11 24 | 2007 |
| | City GALLOWAY | State OH | Zip Code 43119 | Transaction ID: IN0 Amount of Each Rec | |
| | FEC ID number of contributing federal political committee. | C | 10110 | Amount of Each field | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n RM PRACTICE | 1 | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 587.50 | | |
| 3. | Full Name (Last, First, Middle Initial) MR THOMAS GILSON | | | Date of Receipt | |
| | Mailing Address 2 PELL FARM ROAD | | | 11 24 | 2007 |
| | City SADDLE RIVER | State NJ | Zip Code | Transaction ID: INC | |
| | FEC ID number of contributing federal political committee. | C | 07458 | Amount of Each Rec | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4615.44 | | |
| — Э. | Full Name (Last, First, Middle Initial) MR SCOTT GILYARD | | | Date of Receipt | |
| | Mailing Address 305 BERGAMOT DRIVE | | | 11 24 | 2007 |
| | City MEDINA | State MN | Zip Code 55340 | Transaction ID: ING Amount of Each Rec | |
| | FEC ID number of contributing federal political committee. | C | 333-10 | Amount of Each Flee | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation PRES UP | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 384.60 | | |
| S | UBTOTAL of Receipts This Page (optional) | | | | 397.11 |
| T | OTAL This Period (last page this line number on | ly) |) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 194/306 |
|---|---|------------------------------|---|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| • | EWIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any persor dress of any political committee to s | of for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \angle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MS AUDREY GOODMAN | | | Date of Receipt |
| | Mailing Address 26 HILLSIDE AVE. | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41769 |
| | GLEN ROCK | NJ | 07452 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP ORG | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 | 360.00 | |
| | Other (specify) | 0 0 | 000.00 | |
| — В. | Full Name (Last, First, Middle Initial) MR JAMES GORMAN | | | Date of Receipt |
| | Mailing Address 11 WASHBURN RD | | | 11 24 YYYY 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41537 |
| | CANTON | <u>CT</u> | 06022 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| n CLIENT & MKT PROG STRA | - П |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) ▼ | | 000.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR JAMES GRANT, JR | | | Date of Receipt |
| | Mailing Address 1928 BEVERLY 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.41594 |
| | BUFFALO GROVE | IL | 60089 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINA | n NCIAL INSIGHTS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | 1 |
| | Primary General | 1 1 | 650.00 | |
| | Other (specify) | | 00.00 | |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 90.00 |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 195/306 |
|----|--|---------------------|-------------------------------------|---|
| ıт | EMIZED RECEIPTS | | or each category of the | (check only one) |
| •• | | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Ar | y information copied from such Reports and Sta | tements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the na | ame and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | NITIONI / | ACTION COMMITTEE () | M. J. Health BAO |
| | MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Bassist |
| Α. | MR EDWARD GRIX Mailing Address 525 ORANGEBURG RD | | | Date of Receipt |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41615 |
| | PEARL RIVER | NY | 10965 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR E | n E-COM BUSINESS OPS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | 1 |
| | Other (specify) | 0 0 | 000.00 | |
| В. | Full Name (Last, First, Middle Initial) MS GINA GRUHN | | | Date of Receipt |
| | Mailing Address 13 WEATHER VANE DE | RIVE | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41650 |
| | CONVENT STATION | NJ | 07960 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation REGION | n AL VP SALES-SYSTEMED | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | , , , , | 600.00 | 1 |
| | Other (specify) | | | 1 |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Descript |
| C. | MS TRACY GRUNSFELD Mailing Address 264 HARVEST AVE | | | Date of Receipt |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41527 |
| | STATEN ISLAND | NY | 10310 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | SUMER DRIVEN MKTS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | ' ' | 360.00 | |
| | Other (specify) \ | | 0 0 0 0 0 0 0 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 65.00 |
| | | | · | |
| T | OTAL This Period (last page this line number or | ıly) |) | |

S

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 196 / 306 (check only one) |
|-------------|---|---------------------------|--|--|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| | | | Detailed Guillinary Fage | 13 14 15 16 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso ress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \geq | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | CTION COMMITTEE (a.k.a | Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MR RICHARD GUIOR | | | Date of Receipt |
| | Mailing Address 50 BELLEVUE AVE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41490 |
| | <u>SUMMIT</u> | NJ | 07901 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 90.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | NSTALLATION SVCS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 2160.00 | |
| | Guilli (epecily) 🔻 | 0 0 | 0 0 0 0 0 0 0 | |
| В. | Full Name (Last, First, Middle Initial) MR MARK HALLORAN | | | Date of Receipt |
| | Mailing Address 19 KINGS RIDGE ROAD |) | | M M / D D / Y Y Y Y Y 1 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41725 |
| | LONG VALLEY | NJ | 07853 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | IFO OFFICER | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 4615.44 | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 0 0 | |
| <u>С</u> . | Full Name (Last, First, Middle Initial) MR GREGORY HANSEN | | | Date of Receipt |
| | Mailing Address 1659 ISABELLA PARKW | /AY | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41832 |
| | CHASKA | MN | 55318 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP ACCT | SVCS & ADMIN | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| _ | | | | ' |
| | IDTOTAL of Descipto This Descriptor IV | | _ | 332.31 |
| \vdash | JBTOTAL of Receipts This Page (optional) | | ······································ | |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 197/306 |
|-------------|--|------------------------------|---|--|
| | • | | Use separate schedule(s) or each category of the | (check only one) |
| П | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ly information copied from such Reports and Stator commercial purposes, other than using the r | atements may name and add | not be sold or used by any persolress of any political committee to | on for the purpose of soliciting contributions oscilcit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS KELLY HANZAWA | | | Date of Receipt |
| | Mailing Address 1116 OAKCROFT LANE | = | | 11 24 7 9 9 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41796 |
| | SOMERSET | NJ | 08873 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR ACC | n T MGMT OPS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) | | 1 1 1 1 1 1 1 | J |
| — В. | Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW | | | Date of Receipt |
| | Mailing Address 8 PROSPECT PLACE | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41518 |
| | POMPTON PLAINS | NJ | 07444 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | | |
| | Receipt For: | | Year-to-Date ▼ | _ |
| | Primary General | Aggregate | Teal to Bate V | 1 |
| | Other (specify) ▼ | | 600.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS SHANA HART | | | Date of Receipt |
| | Mailing Address 5505 CEDAR CREEK D | RIVE | | 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.41647 |
| | SNYDER | TX | 79549 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | CCT EXEC | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | - | 240.00 | 11 |
| | Other (specify) | | 240.00 | 1 |
| | | | | <u> </u> |
| | | | | 60.00 |
| S | UBTOTAL of Receipts This Page (optional) | |) | - 00.00 |
| 1 | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 198 / 306 (check only one) |
|--------------------------|--|---------------------------|---|---|
| IT | EMIZED RECEIPTS | | or each category of the | |
| •• | LIMIZED RECEIL 10 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| abla | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR PETER HARTY | | | Date of Receipt |
| | Mailing Address 19520 YELLOW WING (| COURT | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41472 |
| | COLORADO SPRINGS | CO | 80908 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP GOV | n ERNMENT AFFAIRS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 1 | 1015 11 | 1 |
| | Other (specify) | | 4615.44 | |
| В. | Full Name (Last, First, Middle Initial) MR BILL HEAD | | | Date of Receipt |
| | Mailing Address 501 SLATERS LANE #816 | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41884 |
| | ALEXANDRIA | VA | 22314 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | GOV AFFAIRS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 | 600.00 | 1 |
| | Other (specify) | 0 0 | 000.00 | |
| <u>с.</u> | Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD | | | Date of Receipt |
| | Mailing Address 13210 N. 11TH AVE. | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41546 |
| | PHOENIX | AZ | 85029 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALE | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 1 | | 1 |
| | Other (specify) ▼ | 0 0 | 600.00 | |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 242.31 |
| \vdash | | | - | - |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 199 / 306 |
|---------------------------------------|---|------------------------------|--|--|
| · · · · · · · · · · · · · · · · · · · | | | Use separate schedule(s) or each category of the | (check only one) |
| П | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | 2 otalioù Garrinal y 1 ago | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and St for commercial purposes, other than using the | atements may name and add | not be sold or used by any persoless of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS EILEEN HEINZ | | | Date of Receipt |
| | Mailing Address 27 DOGWOOD LN | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41825 |
| | MONTVALE | NJ | 07645 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | INESS DEV | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) | | 240.00 | |
| | | | | " |
| В. | Full Name (Last, First, Middle Initial) MR SCOTT HELMUS | | | Date of Receipt |
| | Mailing Address 23 VALLEY 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 | |
| | SUCCASUNNA | NJ | 07876 | Transaction ID: INC.A.41528 Amount of Each Receipt this Period |
| | | 140 | 07070 | Amount of Each Necept this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | NT SOLUTIONS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) ▼ | 0 0 | 1200.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR ERIC HESS | | | Date of Receipt |
| J. | Mailing Address 10 CARLTON RD | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41606 |
| | FLANDERS | NJ | 07836 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP ENGI | n NEERING & OPS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | - | 1200.00 | 11 |
| | Other (specify) | | 1200.00 | |
| _ | | | | |
| | | | | 110.00 |
| S | UBTOTAL of Receipts This Page (optional) | | | 110.00 |
| | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 200 / 306 (check only one) X 11a 11b 11c 12 |
|-------------------|---|--------------------------|--|--|
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso lress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MS JANE HILDEBRANDT Mailing Address 35 CASCADE WAY | | | Date of Receipt |
| | | | | 11 24 2007 |
| | City BUTLER | State NJ | Zip Code 07405 | Transaction ID: INC.A.41624 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07403 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | OM STRAT & DELIV | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | |
| 3 | Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON | | | Date of Receipt |
| | Mailing Address 1 HERITAGE RD | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City FLORHAM PARK | State NJ | Zip Code 07932 | Transaction ID: INC.A.41695 |
| | FEC ID number of contributing federal political committee. | C | 07932 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation REGION | n AL VP PHARMACIES | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1200.00 | |
|) . | Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN | | | Date of Receipt |
| | Mailing Address 974 HILLCREST ROAD | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City RIDGEWOOD | State NJ | Zip Code 07450 | Transaction ID: INC.A.41770 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FACIL | LITIES | |
| _ | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 740.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 125.00 |
| | | | | |

| SCHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 201 / 306 |
|---|---|---|
| ITEMIZED RECEIPTS | or each category of the | (check only one) X 11a 11b 11c 12 |
| | Detailed Summary Page | 13 14 15 16 17 |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name | ents may not be sold or used by any person e and address of any political committee to s | for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | | |
| MEDGO HEALTH SOLUTIONS INC. POLITIONS | TICAL ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN | | Date of Receipt |
| Mailing Address 9 HIRLE ST | | 11 24 7 2007 |
| , | State Zip Code | Transaction ID: INC.A.41619 |
| FFC ID number of contribution | NY 12520 | Amount of Each Receipt this Period |
| federal political committee. | C | 25.00 |
| MEDOO HE'ALTH SOLLITIONS | ccupation ECHNICAL SPECIALIST | |
| | .ggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 600.00 | |
| Full Name (Last, First, Middle Initial) 3. MR ROGER HOLLAND | | Date of Receipt |
| Mailing Address 41 SAINT RAPHAEL | | 11 24 2007 |
| • | State Zip Code | Transaction ID: INC.A.41684 |
| LAGUNA NIGUEL | CA 92677 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | 50.00 |
| MEDOO HE'ALTH SOLLITIONS | ccupation P SALES | |
| | ggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1200.00 | |
| Full Name (Last, First, Middle Initial) C. MR STEPHEN HOLODAK | | Date of Receipt |
| Mailing Address 49 S HILLSIDE AVE | | 1 1 2 4 2 0 0 7 |
| City | State Zip Code | Transaction ID: INC.A.41721 |
| ELMSFORD | NY 10523 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 80.00 |
| MEDOO HE'ALTH SOLLITIONS | ccupation P INTERVENTION DELIVERY SYST | |
| | ggregate Year-to-Date ▼ | 1 |
| Primary General Other (specify) ▼ | 1920.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 155.00 |
| TOTAL This Period (last page this line number only) | <u> </u> | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 202 / 306 (check only one) X 11a 11b 11c 12 13 14 15 16 | 17 |
|----------------------|--|--|--|--|----|
| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions | |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | | | | |
| Α. | Full Name (Last, First, Middle Initial) MS CYNTHIA HORN Mailing Address 9553 ANDREW DR City TWINSBURG FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State OH C Occupation VP CUST Aggregate | | Date of Receipt M M M / 24 / 2007 Transaction ID: INC.A.41902 Amount of Each Receipt this Period 50.00 |] |
| 3. | Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ Mailing Address 30 AVENUE AT PORT IN APT. 415 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 VP BUSI | Zip Code 07093 | 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 . | Full Name (Last, First, Middle Initial) MR JEFFREY HULL Mailing Address 2616 S 3B'S & K RD City GALENA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 43021 DFESSIONAL PRACTICES EYear-to-Date ▼ 605.00 | Date of Receipt M M M / 24 / 2007 Transaction ID: INC.A.41700 Amount of Each Receipt this Period 30.00 |] |
| S | UBTOTAL of Receipts This Page (optional) | | | 130.00 |] |
| т | OTAL This Period (last page this line number onl | v) |) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 203 / 306 |
|-------------------------------------|---|--------------------------|---|--|
| ΙT | EMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | | Detailed Summary Page | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me 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. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. POL | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MS JANE HULSE | | | Date of Receipt |
| | Mailing Address 95 GORDON RD | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41756 |
| | ESSEX FELLS | NJ | 07021 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | MEDOO LIE'NI TILOOLUTIONO | Occupation VP FINAL | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 1200.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR DAVID ISRAEL | | | Date of Receipt |
| Mailing Address 730 COLUMBUS AVENUE | | | | 11 24 2007 |
| | City | State NY | Zip Code | Transaction ID: INC.A.41476 |
| | NEW YORK | | 10025 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | | Occupation VP BUSI | n NESS DEV | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 650.00 | |
| | Full Name (Last First Middle Initial) | | | |
| Э. | Full Name (Last, First, Middle Initial) MS SUSAN ITO | | | Date of Receipt |
| | Mailing Address 6366 SW 90TH STREET | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41486 |
| | GAINESVILLE | FL | 32608 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | MEDCO HEALTH SOLUTIONS | | R CLINICAL SVCS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 150.00 |
| Т | OTAL This Period (last page this line number only | v) | > | |
| - | (| ,, | | |

| SCHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 204 / 306 |
|---|--|---|
| TEMIZED RECEIPTS | or each category of the | (check only one) X 11a 11b 11c 12 |
| | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name | ents may not be sold or used by any person | for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | , | |
| MEDCO HEALTH SOLUTIONS INC. POLIT | FICAL ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle Initial) A. MS TERESE JACKSON | | Date of Receipt |
| Mailing Address 6085 S. PRESTON LANE | | 11 24 2007 |
| , | State Zip Code | Transaction ID: INC.A.41529 |
| | WI 53151 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | 10.00 |
| MEDOO HE'ALTH SOLLITIONS | ccupation ATL ACCT EXEC | |
| Receipt For: | ggregate Year-to-Date ▼ | 1 |
| Primary General Other (specify) ▼ | 240.00 | |
| Full Name (Last, First, Middle Initial) 3. MR WILLIAM JACKSON | | Date of Receipt |
| Mailing Address 56 WARREN RD | | 11 24 2007 |
| • | State Zip Code | Transaction ID: INC.A.41807 |
| | NJ 07052 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | 50.00 |
| MEDCO HE'ALTH SOLLITIONS | ccupation XEC DIR MEDICARE OPS | |
| | ggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 530.00 | |
| Full Name (Last, First, Middle Initial) MR TODD JEFFREY | | Date of Receipt |
| Mailing Address 15 ELIZABETH STREET | | 1 1 2 4 2 0 0 7 |
| , | State Zip Code | Transaction ID: INC.A.41819 |
| DUMONT | NJ 07628 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | 50.00 |
| MEDOO HE'NI TH COLLITIONS | ccupation P PHARM CONTRACT & CONSULT | ING |
| | ggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1200.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 110.00 |
| TOTAL This Period (last page this line number only) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 205/306 | | | |
|---------------|---|--|--|--|---|--|--|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | , – | | | |
| • • | LIVIIZED RECEIF 13 | | Detailed Summary Page | X 11a 11b | 11c 12 | | | |
| _ | | | | 13 14 | 15 16 17 | | | |
| An or | y information copied from such Reports and Statem for commercial purposes, other than using the name | nents may e and add | not be sold or used by any perso ress of any political committee to | n for the purpose of solicit s | such committee. | | | |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. POLI | TICAL A | CTION COMMITTEE (a.k.a. | . Medco Health PAC) | | | | |
| _ | | | (4. 1. | | | | | |
| | Full Name (Last, First, Middle Initial) | | | Data of Danatal | | | | |
| ٦. | ROBERT JINKS Mailing Address 22 PAGE AVE | | | Date of Receipt | | | | |
| | Walling Address 22 PAGE AVE | | | 1 1 2 4 | 2007 | | | |
| | City | State | Zip Code | Transaction ID: IN | C.A.41520 | | | |
| | LYNDHURST | NJ | 07071 | Amount of Each Re | | | | |
| | FEC ID number of contributing | _ | | 1 1 1 | 50.00 | | | |
| | federal political committee. | C | | | 30.00 | | | |
| | Name of Employer | ccupation | | - | | | | |
| | MEDCO HEALTH SOLLITIONS | | NESS REQUIREMENTS | | | | | |
| | | | Year-to-Date ▼ | | | | | |
| | Primary General | | 700.00 | | | | | |
| | Other (specify) ▼ | | 700.00 | | | | | |
| | | | | | | | | |
| 3. | Full Name (Last, First, Middle Initial) MR WILLIAM JOEL | | | Date of Receipt | | | | |
| • | Mailing Address 32 VENTOSA DR | | | M M / D D | / Y | | | |
| | | | | 11 24 | 2007 | | | |
| | City | State | Zip Code | Transaction ID: IN | C.A.41651 | | | |
| | MORRISTOWN | NJ | 07960 | Amount of Each Re | ceipt this Period | | | |
| | FEC ID number of contributing | C | | | 25.00 | | | |
| | federal political committee. | <u> </u> | | | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | ccupation | | | | | | |
| | MEDICO HEALTH SOLUTIONS D | IR ANAI | LYTICAL SVCS | | | | | |
| | | Aggregate | Year-to-Date ▼ | | | | | |
| | Primary General | | 600.00 | | | | | |
| | Other (specify) ▼ | 1 1 | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | |
| Э. | MR RICHARD JONES | | | Date of Receipt | | | | |
| | Mailing Address 12 WADE HAMPTON TRA | IL | | M M / D D | 7 7 7 7 7 | | | |
| | | Ctata | 7:- Oada | 11 24 | 2007 | | | |
| | , | State NV | Zip Code 89052 | Transaction ID: IN | | | | |
| | | IVV | 69032 | Amount of Each Re | celpt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 | | | |
| | | | | | | | | |
| | | Name of Employer Occupation MEDCO HEALTH SOLUTIONS | | | | | | |
| | | P/GM | Year-to-Date ▼ | - | | | | |
| | Primary General | nggregate | Teal-10-Date ▼ | | | | | |
| | Other (specify) ▼ | | 738.52 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| S | UBTOTAL of Receipts This Page (optional) | |) | | 100.00 | | | |
| | | | | | | | | |
| T | OTAL This Period (last page this line number only) | | | | | | | |

| SC | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 206 / 306 | |
|-----------|---|--------------------------|---|--|----|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | |
| | LIMIZED RECEIF 13 | | Detailed Summary Page | X 11a 11b 11c 12 | |
| Λ | information and from such Departs and Ober | | | | 17 |
| or f | y information copied from such Reports and State or commercial purposes, other than using the na | ements may me and add | r not be sold or used by any perso Iress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) | |
| | Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD | | | Date of Receipt | |
| | Mailing Address 16357 VICTORIA CURVE | | | 111 24 2007 | |
| | City | State | Zip Code | Transaction ID: INC.A.41646 | |
| | PRIOR LAKE | MN | 55372 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIE | NT & MKT PROG STRAT | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 600.00 | | |
| | Other (specify) | 0 0 | 000.00 | | |
| 3. | Full Name (Last, First, Middle Initial) MR JOHN KAPIOSKI | | | Date of Receipt | |
| | Mailing Address 8202 MARSH GLEN CT | 11 24 7 2007 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41750 | |
| | TAMPA | FL | 33647 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | N PHARMACY COMPLIANCE | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 1200.00 | | |
| | Full Name (Last, First, Middle Initial) MS BECKY KAUS | | | Date of Receipt | |
| | Mailing Address N81 W18359 TOURS DF | ? | | M M / D D / Y Y Y Y | |
| | - 9 NOT WITCOOD TOOKS DE | | | 11 24 2007 | |
| | City | State | Zip Code | Transaction ID: INC.A.41635 | |
| | MENOMONEE FALLS | WI | 53051 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR C | CLINICAL SVCS | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 600.00 | | |
| | Other (specify) | | 0 0 0 0 0 0 | | |
| SI | JBTOTAL of Receipts This Page (optional) | | | 100.00 |] |
| Τ, | OTAL This Period (last page this line number onl | w) | | | |

| COUEDING A (FEC Forms OV) | | | | FOR LINE NUMBER: PAGE 207/306 |
|---------------------------|--|-----------------------|-------------------------------------|--|
| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| IT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
| ۸۰ | y information copied from such Reports and Sta | tomonto mo | , not be cold or used by any perce | |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR WILLIAM KEELER | | | Date of Receipt |
| | Mailing Address 63 MOUNTAIN GLEN F | ROAD | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41840 |
| | RINGWOOD | NJ | 07456 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | - | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNIC | n CAL SPECIALIST | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | | 600.00 | |
| | | | | |
| — В. | Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III | | | Date of Receipt |
| | Mailing Address 1970 WOODLANDS PL | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41689 |
| | POWELL | ОН | 43065 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | AL MGR GROUP | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 675.00 | |
| | Other (specify) | 0 0 | 0.000 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MR KEVIN KELLY | | | Date of Receipt |
| | Mailing Address 251 POPLAR AVE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41510 |
| | HACKENSACK | NJ | 07601 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | 1 |
| | | | CLIENT SVC DELIVERY | _ |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) ▼ | | 000.00 | |
| _ | | | | |
| | | | | 75.00 |
| s | UBTOTAL of Receipts This Page (optional) | | | 75.00 |
| \vdash | | | <u> </u> | - |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 208/306 | |
|--------------------------|--|--------------------------|-------------------------------------|-----------------------------|-------------------|
| | ITEMIZED RECEIPTS | | or each category of the | (check only one) | . – |
| •• | LIMIZED REGEN 13 | | Detailed Summary Page | X 11a 11b | 11c 12 |
| Δ. | by information conicd from auch Donorto and Sta | tomonto mo | , not be cold or used by any perce | n for the purpose of solice | 15 16 17 |
| or | ny information copied from such Reports and Sta for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from | such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| _ | Full Name (Last, First, Middle Initial) | | | 1 | |
| A. | MR PETER KENNY | | | Date of Receipt | |
| | Mailing Address 32 ADDISON DR | | | M M / D D | |
| | Cit. | 01-1- | 7:- Oada | 11 24 | 2007 |
| | City FAIRFIELD | State NJ | Zip Code 07004 | Transaction ID: IN | |
| | | INU | 07004 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR ACC | | | |
| | Receipt For: | | e Year-to-Date ▼ | | |
| | Primary General | | 005.00 | 1 | |
| | Other (specify) | | 225.00 | | |
| | | | | | |
| В. | Full Name (Last, First, Middle Initial) MS LISA KETNER | | | Date of Receipt | |
| | Mailing Address 7 POINT VIEW | | | M M / D D | / Y Y Y Y |
| | | | | 11 24 | 2007 |
| | City State | | Zip Code | Transaction ID: IN | C.A.41677 |
| | OAKLAND | NJ | 07436 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing | С | | | 50.00 |
| | federal political committee. | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | |
| | | l | BER STRATEGY | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | |
| | Other (specify) | | 1200.00 | | |
| | Calc. (cpss.ij) \(\psi | 0 0 | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER | | | Date of Receipt | |
| • | Mailing Address 121 CONKLING TOWN | ROAD | | M M / D D | / Y Y Y Y Y |
| | | | | 11 24 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41809 |
| | CHESTER | NY | 10918 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 50.00 |
| | Name of Employer Oct MEDCO HEALTH SOLUTIONS DI | | | | |
| | | | n H MGMT | | |
| | | | Year-to-Date ▼ | _ | |
| | Primary General | 7.99.094.0 | | 1 | |
| Other (specify) ▼ | | | 1200.00 | | |
| _ | | | | | |
| | | | | | 125.00 |
| S | UBTOTAL of Receipts This Page (optional) | | 125.00 | | |
| | | | | | |
| ΙŢ | OTAL This Period (last page this line number or | 1IY) | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 209 / 306 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------------------|---|---------------------------------|--|--|
| Ar or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any person dress of any political committee to | n for the purpose of soliciting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | | | |
| A . | Full Name (Last, First, Middle Initial) KENNETH KLEPPER Mailing Address 295 GLEN PLACE City FRANKLIN LAKES FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) Contributing federal Primary General Other (Specify) MR JON KLINE Mailing Address 36 CORTLAND TL City MAHWAH FEC ID number of contributing | Aggregate State NJ | Zip Code 07417 CHIEF OPERATING OFFICE Year-to-Date ▼ 4615.20 Zip Code 07430 | Date of Receipt M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z |
| | Receipt For: Primary Other (specify) | | n PLANNING e Year-to-Date ▼ 1212.96 | 50.54 |
| D. | Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN Mailing Address 555 FORBUSH STREET City BOONTON 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 07005 | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: INC.A.41801 Amount of Each Receipt this Period 25.00 |
| s | UBTOTAL of Receipts This Page (optional) | | > | 267.84 |
| Т | OTAL This Period (last page this line number on | lv) | | |

| SCHEDULE A (FEC Form 3 | X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 210 / 306 | |
|---|---------------------|---|---|--|
| ITEMIZED RECEIPTS | • | or each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 | |
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | | | | |
| Full Name (Last, First, Middle Initial) MS KATHLEEN KORDUCKI Mailing Address 920 CLARK STRE | ET | | Date of Receipt 1 1 2 4 2 0 0 7 | |
| City BOWLING GREEN | State OH | Zip Code 43402 | Transaction ID: INC.A.41534 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | | 50.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | | ACCT EXEC | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1200.00 | | |
| Full Name (Last, First, Middle Initial) MS JOANN KRENITSKY Mailing Address 143 DEERFIELD | reddace | | Date of Receipt | |
| | | | | |
| City MAHWAH | State NJ | Zip Code 07430 | Transaction ID: INC.A.41564 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 07400 | 25.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR E | n BUS PLANNING & ADMIN | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | | |
| Full Name (Last, First, Middle Initial) C. MS BARBARA KRZAK | | | Date of Receipt | |
| Mailing Address 495 ISLAND WAY | , | | M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| City FRANKLIN LAKES | State NJ | Zip Code | Transaction ID: INC.A.41730 | |
| FEC ID number of contributing federal political committee. | C | 07417 | Amount of Each Receipt this Period 55.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP E-CC | n M STRATEGY & DELIVERY | ′ | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1320.00 | | |
| SUBTOTAL of Receipts This Page (option | al) | | 130.00 | |
| TOTAL This Period (last page this line nu | mber only) | > | | |

| COLLEDING A (FEO Forms OV) | | 1 | | FOR LINE NUMBER: PAGE 211 / 306 |
|----------------------------|---|------------------------------|---|---|
| 51 | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| IT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR MICHAEL KRZAN | | | Date of Receipt |
| | Mailing Address 2735 YORK RD | 11 24 7 2007 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41782 |
| | COLUMBUS | OH | 43221 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation REGION. | 1 AL VP PHARMACIES | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 1200.00 | |
| | Other (specify) ▼ | 0 0 | 1200.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MR MANOJ KUMAR | | | Date of Receipt |
| | Mailing Address 7 SUNRISE WAY | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41719 |
| | TOWACO | NJ | 07082 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIE | n ENT REQUIREMENTS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | 111 | | 1 |
| | Other (specify) | | 600.00 | |
| _ | Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER | | | Date of Receipt |
| J . | Mailing Address 7017 COBALT WAY | | | M M / D D / Y Y Y Y |
| | Walling Address 7017 COBALT WAT | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41679 |
| | CITRUS HEIGHTS | CA | 95621 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 125.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| OVERNMENT AFFAIRS | |
| | Receipt For: | 1 | Year-to-Date ▼ | 7 |
| | Primary General | 23 0 | | 1 |
| | Other (specify) ▼ | 1 | 2700.00 | |
| | | | | 1 |
| | | | | |
| 0 | UBTOTAL of Receipts This Page (optional) | | | 200.00 |
| \vdash | ODITION TO CEIPLE THIS Tage (Optional) | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 212 / 306 (check only one) X 11a 11b 11c 12 |
|------------------------------------|--|-------------------------|--|--|
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the nar | ments may me and add | not be sold or used by any perso ress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | ITICAL A | CTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) JOSEPH LENZ | | | Date of Receipt |
| | Mailing Address 6 SHERMAN AVE | | | 11 24 2007 |
| | City WALDWICK | State NJ | Zip Code | Transaction ID: INC.A.41876 |
| | FEC ID number of contributing federal political committee. | C | 07463 | Amount of Each Receipt this Period 25.00 |
| | MEDCO HEALTH SOLUTIONS | | MARKET STRATEGY | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 600.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR ROBERT LONG Mailing Address 18 HARLIND TERRACE | | | 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.41670 |
| | RAMSEY FEC ID number of contributing federal political committee. | C | 07446 | Amount of Each Receipt this Period 50.00 |
| | MEDOO HE'ALTH SOLLITIONS | Occupation | ACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 625.00 | |
|). | Full Name (Last, First, Middle Initial) MR ROSS LUCE | | | Date of Receipt |
| Mailing Address 1066 WEST GROVE CT | | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City GIBSONIA | State PA | Zip Code 15044 | Transaction ID: INC.A.41575 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 15.00 |
| | MEDCO HEALTH SOLUTIONS | Occupation VP OPS | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 705.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | ······ | 90.00 |
| | | | <u> </u> | |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 213 / 306 |
|---------------------------------------|---|--------------------------|---|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | · · · | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any person | n for the purpose of soliciting contributions |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | arrie ariu auc | diess of any political committee to | Solicit Contributions from Such Committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | ACTION COMMITTEE (a.k.a. | Madaa Haalth BAC) | |
| | MEDGO HEALTH SOLUTIONS INC. PC | JLI II CAL F | ACTION COMMITTEE (a.k.a. | Medco Health FAC) |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | |
| A. | MS DEBRA LUDGATE | | | Date of Receipt |
| | Mailing Address 238 WOODLAND AVE | | | M M / D D / Y Y Y Y |
| | City | Ctoto | 7in Cada | 11 24 2007 |
| | City SUMMIT | State NJ | Zip Code | Transaction ID: INC.A.41623 |
| | | INJ | 07901 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | MARKETING | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| | Other (specify) | | | |
| | Full Name (Last, First, Middle Initial) | | | <u> </u> |
| В. | MS VERONA MACMAHON | | | Date of Receipt |
| | Mailing Address 1504 WEST CULLOM A | VE | | M M / D D / Y Y Y Y |
| | UNIT G | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41822 |
| | CHICAGO | IL | 60613 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | rederal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | DIR ACC | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| | Other (specify) | | | |
| _ | Full Name (Last, First, Middle Initial) | | | + |
| C. | MR MICHAEL MAHON | | | Date of Receipt |
| | Mailing Address 64 PHEASANT HILL DR | RIVE | | M M / D D / Y Y Y Y |
| | 01. | 01-1- | 7'- 0 - 1- | 11 24 2007 |
| | City WEST HARTFORD | State CT | Zip Code | Transaction ID: INC.A.41878 |
| | • | CI | 06107 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | DIR SALI | | 4 |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 240.00 | |
| | Curior (opcony) 🔻 | | 0 0 0 0 0 0 0 | |
| Г | L | | | |
| s | JBTOTAL of Receipts This Page (optional) | | | 60.00 |
| \vdash | | | | |

| IT | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 214 / 306 (check only one) X |
|-----------|---|----------------------------|---|--|
| An or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | / not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR KENNETH MALLEY | | | Date of Receipt |
| | Mailing Address 764 W. SADDLE RIVER | ROAD | | 11 24 2007 |
| | City HO HO KUS | State NJ | Zip Code | Transaction ID: INC.A.41608 |
| | FEC ID number of contributing federal political committee. | C | 07423 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | 1 | DUCT & CHANNEL MKTING | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1200.00 | |
| В. | Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO | | | Date of Receipt |
| | Mailing Address 33 HICKORY TAVERN RD | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41488 |
| | GILLETTE FEC ID number of contributing federal political committee. | NJ C | 07933 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINA | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1200.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS ILENE MARCUS | | | Date of Receipt |
| 0. | Mailing Address 97 BLUEBERRY DR | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City WOODCLIFF LAKE DR | State NJ | Zip Code 07675 | Transaction ID: INC.A.41739 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n FINANCE | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 110.00 |

| S | SCHEDULE A (FEC Form 3X) | | Llas asserta ashadula(a) | FOR LINE NUMBER: PAGE 215/306 |
|--------------|--|----------------------------|--|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| ••• | EIVIIZED RECEIP I 3 | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | L | 13 14 15 16 17 |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | not be sold or used by any persol dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| \mathbb{Z} | | | | , |
| Α. | Full Name (Last, First, Middle Initial) | | | Date of Receipt |
| Α. | MR GARY MARGIOTTA Mailing Address 8 HEATHER HILL WAY | | | M M / D D / Y Y Y Y |
| | Maining / Mainin | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41602 |
| | MENDHAM | NJ | 07945 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 10.00 |
| | federal political committee. | | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n | 7 |
| | MEDCO HEALTH SOLUTIONS | ASST CC | DUNSEL | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 240.00 | |
| | Other (specify) | | 240.00 | |
| | Full Name (Last, First, Middle Initial) | | | + |
| В. | MR JOSEPH MARINELLI | | | Date of Receipt |
| | Mailing Address 351 SOUND BEACH AVENUE | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41561 |
| | OLD GREENWICH | CT | 06870 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | Receipt For: | | DICARE OPS e Year-to-Date ▼ | _ |
| | Primary General | Aggregate | r rear-to-Date ▼ | |
| | Other (specify) | | 600.00 | |
| | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Bassist |
| C. | MS TAMARA MARSHALL Mailing Address W144 N7150 TERRACE | . החויר | | Date of Receipt |
| | WIAMING Address W 144 N / 150 TERRACE | DRIVE | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41631 |
| | MENOMONEE FALLS | WI | 53051 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | 1 1 1 1 1 1 | 50.00 |
| | federal political committee. | | | 00.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n | 7 |
| | MEDCO HEALTH SOLUTIONS | SR NATL | ACCT EXEC | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 625.00 | |
| | Other (specify) ▼ | | 323.33 | |
| Г | | | | |
| S | JBTOTAL of Receipts This Page (optional) | | | 85.00 |
| \vdash | age (optional) | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 216 / 306 |
|--|----------------------|---|---|
| TEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | Detailed Summary Page | 13 14 15 16 17 |
| Any information copied from such Reports and St or for commercial purposes, other than using the | atements 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 INC. P | OLITICAL / | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) A. MR TODD MARTIN | | | Date of Receipt |
| Mailing Address 11825 SHEPPARDS CI | ROSSING | | 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.41588 |
| CLARKSVILLE FEC ID number of contributing federal political committee. | C | 21029 | Amount of Each Receipt this Period 192.30 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio GENERA | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4615.20 | |
| Full Name (Last, First, Middle Initial) MR ROBERT MATCHETT | | | Date of Receipt |
| Mailing Address 27 LAKEVILLE RD | | | 111 / 24 / Y Y Y Y Y Y Y |
| City <u>SUSSEX</u> | State NJ | Zip Code 07461 | Transaction ID: INC.A.41544 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07701 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR TEC | n HNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | |
| Full Name (Last, First, Middle Initial) C. MR JEFFREY MAY | | | Date of Receipt |
| Mailing Address 137 WASHINGTON AV | Έ | | 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.41773 |
| HILLSDALE FEC ID number of contributing | NJ | 07642 | Amount of Each Receipt this Period |
| federal political committee. | C | | 192.30 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | JG DISTRIB & CONTROL | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4615.20 | |
| SUBTOTAL of Receipts This Page (optional) | | | 409.60 |
| TOTAL This Period (last page this line number of | only) | | |

| 9 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 217/306 |
|-------------------|---|------------------------------|---|---|
| · · | | | Use separate schedule(s) or each category of the | (check only one) |
| ITEMIZED RECEIPTS | | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | Dotailou Guillinary F ago | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and St for commercial purposes, other than using the | atements may name and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR TERENCE MAYTIN | | | Date of Receipt |
| | Mailing Address 496 FRANKLIN AVE | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41583 |
| | WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | E-COM STRAT & DELI | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | |
| — В. | Full Name (Last, First, Middle Initial) MS PATRICIA MAZZONE | | | Date of Receipt |
| | Mailing Address 56 PENOBSCOT ST | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41676 |
| | CLIFTON | NJ | 07013 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | PRODUCT SVCS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 600.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE | | | Date of Receipt |
| | Mailing Address 11 JARDINE 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.41613 |
| | MORRIS PLAINS | NJ | 07950 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALE | n S STRATEGY & MARKETIN | NG |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 85.00 |
| \vdash | , | | • | - |

| S | CHEDULE A (FEC Form 3X) | | l la a agravata a abadula(a) | FOR LINE NUMBER: PAGE 218 / 306 |
|-------------|---|---------------|--|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and State for commercial purposes, other than using the na | tements may | not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions |
| <u></u> | NAME OF COMMITTEE (In Full) | | are or any point our committee to | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | NITICAL A | ACTION COMMITTEE (a k a | Medco Health PAC) |
| | WEDGO HEXETH GOLOTIONO INC. I C | , LITTO, LL 7 | to non oominin tee (a.n.a | . Medee Health 1 7.0) |
| _ | Full Name (Last, First, Middle Initial) | | | |
| Α. | MR THOMAS MCDONALD | | | Date of Receipt |
| | Mailing Address 0-45 27TH ST | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41722 |
| | FAIR LAWN | NJ | 07410 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | า | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | HNOLOGY | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 000.00 | 1 |
| | Other (specify) | | 600.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH | | | Date of Receipt |
| | Mailing Address 87 ROSELAWN RD | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41678 |
| | HIGHLAND MILLS | NY | 10930 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 192.00 |
| | federal political committee. | • | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | า | 7 |
| | | VP & CO | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | ' ' | 4608.00 | |
| | Other (specify) | | 0 0 0 0 0 0 0 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MR STEVEN MCNAMARA | | | Date of Receipt |
| | Mailing Address 112 GREEN TERRACE | WAY | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41815 |
| | WEST MILFORD | NJ | 07480 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | С | | 192.31 |
| | Name of Employer | Occupation | า | + |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | SINESS OPS | |
| | Receipt For: | | Year-to-Date ▼ | 7 |
| | Primary General | | 4045.44 | 1 |
| | Other (specify) ▼ | | 4615.44 | |
| _ | | | | |
| | | | | 409.31 |
| S | UBTOTAL of Receipts This Page (optional) | | <u> </u> | 703.01 |
| 1 | | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 219/306 |
|--|---------------------|---|---|
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X |
| Any information copied from such Reports and St or for commercial purposes, other than using the | atements may | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | | | |
| Full Name (Last, First, Middle Initial) MS BARBARA MENZEL Mailing Address 921 AMARYLLIS AVE | | | Date of Receipt 1 1 2 4 2 0 0 7 |
| City ORADELL | State NJ | Zip Code 07649 | Transaction ID: INC.A.41526 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | INESS PLANNING & ADMIN | |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 600.00 | |
| Full Name (Last, First, Middle Initial) DAVID MILLER | | | Date of Receipt |
| Mailing Address 7 CLOVER LANE | | | 11 24 2007 |
| City RANDOLPH | State NJ | Zip Code 07869 | Transaction ID: INC.A.41494 |
| FEC ID number of contributing federal political committee. | C | 07009 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP LABC | n DR RELATIONS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 625.00 | |
| Full Name (Last, First, Middle Initial) C. MRS KAREN MILLER | | | Date of Receipt |
| Mailing Address 34 MACKENZIE LANE | NORTH | | 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.41487 |
| DENVILLE FEC ID number of contributing federal political committee. | NJ C | 07834 | Amount of Each Receipt this Period 30.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n FINANCE | |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 720.00 | |
| SUBTOTAL of Receipts This Page (optional) | | ····· | 105.00 |
| TOTAL This Period (last page this line number of | only) | > | |

| S | CHEDULE A (FEC Form 3X) | | l la a agravata a abadula(a) | FOR LINE NUMBER: PAGE 220 / 306 |
|-------------|---|------------------------------|---|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EINIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and States for commercial purposes, other than using the r | atements may name and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| <u></u> | NAME OF COMMITTEE (In Full) | | are or any point our committee to | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a k a | Medco Health PAC) |
| | | | | |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | MR GIOVANNI MINARDI | | | Date of Receipt |
| | Mailing Address 12 LINCOLN ROAD | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41830 |
| | KINNELON | NJ | 07405 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | С | | 25.00 |
| | Name of Employer | Occupation | 2 | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | - E-COM STRAT & DELI | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | | |
| | Other (specify) ▼ | | 600.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) MR BHUPESH MISTRY | | | Date of Receipt |
| ٥. | Mailing Address 106 HAMBURG ROAD | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41499 |
| | PARSIPPANY | NJ | 07054 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 25.00 |
| | federal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | 1 | CAL SPECIALIST | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| | Carior (opcomy) 🔻 | 0 0 | 0 0 0 0 0 0 0 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MS JULIANA MOLEK | | | Date of Receipt |
| | Mailing Address 17584 WEXFORD DR | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41595 |
| | EDEN PRAIRIE | MN | 55347 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | С | | 25.00 |
| | Name of Employer | Occupation | า | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | 1 ' | SPECIAL MARKETS | |
| | Receipt For: | - | Year-to-Date ▼ | 7 |
| | Primary General | 1 1 | E0E 00 | |
| | Other (specify) | | 525.00 | |
| _ | | | | |
| _ | UDTOTAL of Desciots This Description in | | | 75.00 |
| | UBTOTAL of Receipts This Page (optional) | | ······ | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 221 / 306 |
|-----------|--|---------------------|-------------------------------------|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| An | y information copied from such Reports and State for commercial purposes, other than using the nar | ements may | not be sold or used by any perso | |
| or | | me and add | Iress of any political committee to | solicit contributions from such committee. |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR PETER MONKHOUSE | | | Date of Receipt |
| | Mailing Address 1320 BRONCO CIR | Stata | 7in Codo | 11 24 2007 |
| | City WARRINGTON | State PA | Zip Code 18976 | Transaction ID: INC.A.41605 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | MEDOO DE'ALTH SOLLITIONS | Occupation SR DIR E | n BENEFIT DELIVERY SYS | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 600.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY | | | Date of Receipt |
| | Mailing Address 86 WELLINGTON AVENU | | | 111 24 2007 |
| | CHORT LILLS | State | Zip Code | Transaction ID: INC.A.41477 |
| | SHORT HILLS | NJ | 07078 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.00 |
| | MEDCO HEALTH SOLUTIONS | | RMACEUTICAL CONTRAC | TNG |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4608.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS THERESA MORMILE | | | Date of Receipt |
| | Mailing Address 59 VALLEY VIEW TER | | | M M M / D D / Y Y Y Y 1 1 2 4 |
| | City | State | Zip Code | Transaction ID: INC.A.41774 |
| | MONTVALE | NJ | 07645 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | MEDCO HEALTH SOLUTIONS | Occupation VP FINAL | NCE | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 280.00 | |
| s | UBTOTAL of Receipts This Page (optional) | |) | 267.00 |
| T | OTAL This Period (last page this line number only | v) | > | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 222 / 306 (check only one) X 11a 11b 11c 12 |
|----------------------|--|--------------------------|--|--|
| Ar or | ly information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso lress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR RICHARD MOUNTJOY | | | Date of Receipt |
| | Mailing Address 2 STONEBRIDGE RD | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41810 |
| | SPARTA FEC ID number of contributing federal political committee. | NJ C | 07871 | Amount of Each Receipt this Period 20.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 480.00 | |
| ₹ | Full Name (Last, First, Middle Initial) MR KEVIN MURPHY, JR | | | Date of Receipt |
| ٠. | Mailing Address 80 PARKWAY | | | 1 1 2 4 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.41531 |
| | FAIRFIELD FEC ID number of contributing federal political committee. | CT | 06824 | Amount of Each Receipt this Period 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | STRATEGY & DEVELOPM | ENT |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 3067.30 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS BECKY NAGLE | | | Date of Receipt |
| | Mailing Address 64 WALTER AVE | | | 11 24 YYYY 2007 |
| | City HASBROUCK HEIGHTS | State NJ | Zip Code 07604 | Transaction ID: INC.A.41532 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CLINICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 237.30 |
| | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 223 / 306 (check only one) X 11a 11b 11c 12 15 16 17 |
|-------------------|---|--|--|--|
| Ar or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame 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. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| A . | Full Name (Last, First, Middle Initial) MS ARLENE NELSON Mailing Address 17 GARFIELD PLACE City RIDGEWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) Contributing federal political committee. Primary General Other (specify) MR MICHAEL NICODEMO Mailing Address 407 MEER AVE City WYCKOFF | State NJ C Occupation VP FINAl Aggregate State NJ | | Date of Receipt M |
| | FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | n M STRATEGY & DELIVERY Year-to-Date ▼ 240.00 | 10.00 |
| C. | 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) | | Zip Code 07436 on TING & STRATEGIC ANAL e Year-to-Date ▼ | Date of Receipt M M M / 24 / 2007 Transaction ID: INC.A.41669 Amount of Each Receipt this Period 25.00 |
| s | UBTOTAL of Receipts This Page (optional) | | > | 60.00 |
| т | OTAL This Period (last page this line number on | lv) |) | |

| S | CHEDULE A (FEC Form 3X) | | Llas asperata asbadula(a) | FOR LINE NUMBER: PAGE 224 / 306 |
|-------------|--|----------------------------|---|---|
| | • | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ly information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS COLLEEN O'BRIEN | | | Date of Receipt |
| | Mailing Address 30 BELCHER ROAD | | | 11 24 7 9 9 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41683 |
| | WARWICK | NY | 10990 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | ' ' | 240.00 | |
| | Other (specify) | | 240.00 | |
| — В. | Full Name (Last, First, Middle Initial) MR CHARLES OESTREICHER | | | Date of Receipt |
| | Mailing Address 6 PARK DR SOUTH | | | M M / D D / Y Y Y Y Y Y Y Y 1 1 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41798 |
| | RYE | NY | 10580 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP E-CC | n DM STRATEGY & DELIVERY | ′ |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | ' ' | 1200.00 | |
| | Other (specify) ▼ | 0 0 | 1200.00 | |
| | Full Name (Last, First, Middle Initial) MR SUNNY OGBONDA | | | Date of Receipt |
| ٥. | Mailing Address 79 LAUREL WOOD CO | LIRT | | M M / D D / Y Y Y Y |
| | The state of the s | OTT | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41500 |
| | ROCKAWAY TOWNSHIP | NJ | 07866 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUS | n SINESS REQUIREMENTS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | 7 |
| | Primary General | | 050.00 | 1 |
| | Other (specify) | | 350.00 | |
| Г | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 85.00 |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 225 / 306 |
|-----------|--|------------------------------|---|--|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| • • • | EINIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| or | y information copied from such Reports and State for commercial purposes, other than using the r | atements may name and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | . Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR MELVIN OHL | | | Date of Receipt |
| | Mailing Address 274 E FRANKLIN TPKE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41747 |
| | RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CUREMENT & INVENTORY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
| | Other (specify) | 0 0 | | |
| В. | Full Name (Last, First, Middle Initial) MS CLAUDINE OLSEN | | | Date of Receipt |
| | Mailing Address 4 HIGHGATE 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.41790 |
| | SUFFERN | NY | 10901 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR A | n ACCT MGMT | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1 1 | 600.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) ALEXANDER ONIK | | | Date of Receipt |
| | Mailing Address 1 SCHINDLER CT | | | 11 |
| | City | State | Zip Code | Transaction ID: INC.A.41879 |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | - | CAL SPECIALIST | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| | | | | 100.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ······ | 1, |

| S | CHEDULE A (FEC Form 3X) | | Llas apparata aphadula(a) | FOR LINE NUMBER: PAGE 226 / 306 |
|------------|---|------------------------------|---|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DI ITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| | | | (41.11.1 | |
| | Full Name (Last, First, Middle Initial) | | | D. (D.) |
| Α. | MS NATALYA ONIK | | | Date of Receipt |
| | Mailing Address 1 SCHINDLER CT | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41653 |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 25.00 |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | n | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | HNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 1 | 600.00 | |
| | Other (specify) | | 600.00 | |
| | Full Name (Lock First Middle Lettin) | | | |
| В. | Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA | | | Date of Receipt |
| | Mailing Address 4 TEAK COURT | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41736 |
| | RINGWOOD | NJ | 07456 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | rederal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | · - | R TECHNOLOGY | _ |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | ' ' | 1200.00 | |
| | caner (epecary) 🔻 | 0 0 | 1 0 1 1 0 1 1 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MS DAWN PAGANO | | | Date of Receipt |
| | Mailing Address 185 PASCACK ROAD | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41735 |
| | PARK RIDGE | NJ | 07656 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 1 1 1 1 1 | 50.00 |
| | federal political committee. | C | | 50.00 |
| | Name of Employer | Occupation | n | ┥ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | & INSTALLATION SVCS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1200.00 | |
| | Other (specify) ▼ | | 1200.00 | |
| | | | | |
| | LIPTOTAL of Possints This Page (entire -1) | | | 125.00 |
| \vdash | UBTOTAL of Receipts This Page (optional) | | ······ | |
| | | | | |

| SCHEDULE A (FEC Form 3 | BX) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 227 / 306 | |
|---|---------------------|-------------------------------------|--|---|
| ITEMIZED RECEIPTS | • | or each category of the | (check only one) | |
| | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 1 | 7 |
| Any information copied from such Reports or for commercial purposes, other than using | and Statements may | not be sold or used by any perso | | Ħ |
| | ng the name and add | dress of any political committee to | solicit contributions from such committee. | _ |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS II | NC. POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| Full Name (Last, First, Middle Initial) A. MR RICHARD PAGANO | | | Date of Receipt | |
| Mailing Address 185 PASCACK R | | | 11 24 2007 | |
| City | State | Zip Code | Transaction ID: INC.A.41731 | |
| PARK RIDGE FEC ID number of contributing | NJ | 07656 | Amount of Each Receipt this Period | 1 |
| federal political committee. | С | | 25.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | | BUSINESS REQUIREMENTS | S | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | |
| Other (specify) ▼ | | 600.00 | | |
| Full Name (Last, First, Middle Initial) 3. MRS MICHELE PAIGE | | | Date of Receipt | _ |
| Mailing Address 12 MILLBROOK (| 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.41648 | |
| LIVINGSTON | NJ | 07039 | Amount of Each Receipt this Period | 1 |
| FEC ID number of contributing federal political committee. | C | | 25.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR N | n MARKET STRATEGY | | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | |
| Other (specify) | | 600.00 | | |
| Full Name (Last, First, Middle Initial) MR RICHARD PALOMBO | I | | Date of Receipt | |
| Mailing Address 19 E. HOLLYWO | OD 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.41844 | |
| BEESLEY'S POINT | NJ | 08223 | Amount of Each Receipt this Period | 1 |
| FEC ID number of contributing federal political committee. | С | | 9.61 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PRC | n DFESSIONAL PRACTICES | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | | 230.64 | | |
| SUBTOTAL of Receipts This Page (optio | nal) | | 59.61 | |
| 1 0-(-1 | · | <u> </u> | | 1 |
| TOTAL This Period (last page this line nu | mber only) | | | L |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 228 / 306 (check only one) X |
|----------------------|--|---|--|--|
| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| A . | Full Name (Last, First, Middle Initial) MR JAY PATEL Mailing Address 14 BROWNSTONE TERM City HAWTHORNE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) City MAHWAH City MAHWAH FEC ID number of contributing | State NJ C Occupation DIR E-CO Aggregate IVE State NJ | Zip Code 07506 DM STRAT & DELIV Year-to-Date ▼ 600.00 Zip Code 07430 | Date of Receipt Transaction ID: INC.A.41868 Amount of Each Receipt this Period 25.00 Date of Receipt 1 1 2 4 2 0 0 7 Transaction ID: INC.A.41517 Amount of Each Receipt this Period |
| | federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | or CCT EXEC • Year-to-Date ▼ 240.00 | 10.00 |
| D. | Full Name (Last, First, Middle Initial) MR ROBERT PELLEGRINI Mailing Address 211 WILTSIE COURT City WYCKOFF FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07481 TECHNOLOGY 9 Year-to-Date ▼ 300.00 | Date of Receipt M M / 24 / 2007 Transaction ID: INC.A.41616 Amount of Each Receipt this Period 20.00 |
| s | UBTOTAL of Receipts This Page (optional) | | > | 55.00 |
| т | OTAL This Period (last page this line number only | v) | . | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 229 / 306 |
|------------|---|----------------------------|---|---|------------------------------------|
| | ITEMIZED RECEIPTS | | or each category of the | (check only one) | |
| ••• | LIVIIZED NECEIF 13 | | Detailed Summary Page | X 11a 11b | 11c 12 |
| | | | | 13 14 | 15 16 17 |
| An | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | not be sold or used by any perso dress of any political committee to | on for the purpose of solicit solicit contributions from s | ting contributions such committee. |
| | NAME OF COMMITTEE (In Full) | | 71 | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| | Call Name (Lost Civet Middle Initial) | | | 1 | |
| A. | Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY | | | Date of Receipt | |
| | Mailing Address 4769 STAVANGER LAN | IE | | 11 24 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | LAS VEGAS | NV | 89147 | Amount of Each Re | |
| | | | 03147 | Amount of Each Ne | ceipi illis Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | <u> </u> | | |
| | MEDCO HEALTH SOLUTIONS | DIR PRO | DUCT DEVELOPMENT | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General | | 600.00 | 1 | |
| | Other (specify) ▼ | 0 0 | 000.00 | | |
| В. | Full Name (Last, First, Middle Initial) MR NATHAN PETERSON | | | Date of Receipt | |
| | Mailing Address 1771 PRESCOTT LANE | | | M M / D D | / Y Y Y Y |
| | | | | 1 1 2 4 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41627 |
| | CHASKA | MN | 55318 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | · · | I 0 .: | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | | |
| | Receipt For: | 1 | CCT EXEC • Year-to-Date ▼ | - | |
| | Primary General | Aggregate | Fical-to-Date V | 1 | |
| | Other (specify) | | 600.00 | | |
| | | | | 4 | |
| C. | Full Name (Last, First, Middle Initial) MR THOMAS PETTYES | | | Date of Receipt | |
| | Mailing Address 8522 UPLAND LN NOR | TH | | 1 1 2 4 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41582 |
| | MAPLE GROVE | MN | 55311 | Amount of Each Re | |
| | FEC ID number of contributing | | | | 50.00 |
| | federal political committee. | C | | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | n IL MGR GROUP | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 1200.00 | 1 | |
| | Other (specify) ▼ | | 1200.00 | | |
| | | | | | |
| _ | | | | | 100.00 |
| S | JBTOTAL of Receipts This Page (optional) | | ······ | - | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 230 / 306 |
|--------------------------|---|--------------------------|---|--|
| ΙT | EMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | | Detailed Summary Page | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and ado | 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. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN | | | Date of Receipt |
| | Mailing Address 29 BLACKWELL 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.41489 |
| | MORRISTOWN | NJ | 07960 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 1800.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS JANET PORAT | | | Date of Receipt |
| | Mailing Address 5 CRABAPPLE CT | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41586 |
| | MONSEY FEC ID number of contributing | NY | 10952 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUS | n INESS REQUIREMENTS | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 600.00 | |
| C. | Full Name (Last, First, Middle Initial) MS LYDIA POTTER | | | Date of Receipt |
| | Mailing Address 19642 S.W. 88 LOOP | | | 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.41800 |
| | DUNNELLON EEC ID number of contributing | FL | 34432 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR OPS | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 600.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 125.00 |
| Т | OTAL This Period (last page this line number onl | v) | > | |
| • | | ,, | ······ | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 231 / 306 (check only one) X |
|---|--|-----------------------------------|--|--|
| An | y information copied from such Reports and Stater for commercial purposes, other than using the nam | ments may ne and add | r not be sold or used by any person lress of any political committee to | n for the purpose of soliciting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI | | | |
| Α. | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | Zip Code 43065 CARE OPS/FORMULARY/0 Year-to-Date ▼ | Date of Receipt M M 24 2007 Transaction ID: INC.A.41701 Amount of Each Receipt this Period 50.00 |
| | Primary General Other (specify) ▼ | 0 0 | 1200.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE Mailing Address 875 ALEXANDRIA CT City RAMSEY | State NJ | Zip Code 07446 | Date of Receipt M M |
| | FEC ID number of contributing federal political committee. | С | | 192.30 |
| | MEDCO HEALTH SOLUTIONS | Occupation SVP HR Aggregate | Year-to-Date ▼ 4615.20 | |
| Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET Mailing Address 135 HOLLYBERRY DRIVE | | | | Date of Receipt 1 1 2 4 2 0 0 7 |
| | City HOPEWELL JUNCTION FEC ID number of contributing federal political committee. | State NY | Zip Code 12533 | Transaction ID: INC.A.41766 Amount of Each Receipt this Period 25.00 |
| | MEDCO HEALTH SOLUTIONS | | CONTRACT ADMINISTRATION Year-to-Date 600.00 | DN |
| s | UBTOTAL of Receipts This Page (optional) | | > | 267.30 |
| T | OTAL This Period (last page this line number only) |) | > | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
|-------------|--|----------------|---|--|
| | | | Detailed Summary Page | X 11a 11b 11c 12 17 13 14 15 16 17 17 17 17 17 17 17 |
| Ar | ny information copied from such Reports and Statemen for commercial purposes, other than using the name a | nts may | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITIC | CAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR MARK PROULX | | | Date of Receipt |
| | Mailing Address 20 BRANDY RIDGE ROAD | | | 1 1 2 4 2 0 0 7 |
| | , | ate | Zip Code | Transaction ID: INC.A.41835 |
| | SPARTA N. FEC ID number of contributing federal political committee. | | 07871 | Amount of Each Receipt this Period 192.31 |
| | MEDOO HE'ALTH COLLITIONS | upatio P PH | n ARMACY & CUST SVC OPS | |
| | Receipt For: Primary General Other (specify) ▼ | gregate | e Year-to-Date ▼ 4615.44 | |
| В. | Full Name (Last, First, Middle Initial) SYED QUADRI | | | Date of Receipt |
| | Mailing Address 6040 KENNEDY BLVD EAST APT 30N | | 7'. 0.4 | 1 1 2 4 2 0 0 7 |
| | City Sta WEST NEW YORK N. | ate J | Zip Code 07093 | Transaction ID: INC.A.41829 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 25.00 |
| | MEDCO HE'ALTH SOLLITIONS | upatio | n VACY | |
| | | gregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 350.00 | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) MR GILBERT RAINES | | | Date of Receipt |
| | Mailing Address 800 SANDY TRAIL | | | 11 24 2007 |
| | City Sta | ate x | Zip Code 76248 | Transaction ID: INC.A.41854 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 70240 | 25.00 |
| | MEDOO HE'ALTH COLLITIONS | upatio | n | |
| | Receipt For: Primary General Other (specify) ▼ | gregate | e Year-to-Date ▼ 485.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 242.31 |
| 7 | OTAL This Period (last page this line number only) | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 233 / 306 |
|---|---------------------------|---|--|
| TEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Any information copied from such Reports and Stat or for commercial purposes, other than using the na | ements may ame 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. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) A. MS FRANCES RAO | | | Date of Receipt |
| Mailing Address 19 ROSS 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.41512 |
| SCARSDALE FEC ID number of contributing federal political committee. | C | 10583 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | |
| Full Name (Last, First, Middle Initial) 3. MS JOANN REED | | | Date of Receipt |
| Mailing Address 4 ANTLER CT | 11 24 7 2007 | | |
| City MATAWAN | State NJ | Zip Code 07747 | Transaction ID: INC.A.41755 |
| FEC ID number of contributing federal political committee. | C | 07747 | Amount of Each Receipt this Period 65.38 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP FINA | ANCE & CHIEF FIN OFFCR | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4869.24 | |
| Full Name (Last, First, Middle Initial) C. MRS MONICA REED | | | Date of Receipt |
| Mailing Address 8475 DUNHAM STATION | N DRIVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State FL | Zip Code | Transaction ID: INC.A.41659 |
| TAMPA FEC ID number of contributing federal political committee. | C | 33647 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n RM PRACTICE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1175.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 115.38 |
| TOTAL This Period (last page this line number on | ly) |) | |

| SCHEDULE A (FEC Form 3X) | | | Llas concrete cobodulo(s) | FOR LINE NUMBER: PAGE 234 / 306 |
|--------------------------|---|------------------------------|---|---|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EINIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | / not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| <u></u> | NAME OF COMMITTEE (In Full) | | are or any point and committee to | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DI ITICAL A | ACTION COMMITTEE (a k a | Medco Health PAC) |
| | | | (aa | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| A. | MR THOMAS REINCKENS | | | Date of Receipt |
| | Mailing Address 22 BARTLETT AVE. | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41603 |
| | NORWALK | CT | 06850 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 50.00 |
| | Name of Canalassa | 10 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | R RECONCILIATION | |
| | Receipt For: | - | Year-to-Date ▼ | _ |
| | Primary General | , iggi ogaic | Tour to Bate V | 1 |
| | Other (specify) ▼ | | 650.00 | |
| | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 8 CARLA ANN CT | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41802 |
| | FLANDERS | NJ | 07836 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 50.00 |
| | Name of Employer | l Ossumation | • | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PRO | UREMENT & INVENTORY | |
| | Receipt For: | | Year-to-Date ▼ | - |
| | Primary General | 1 99 19 | | 1 |
| | Other (specify) ▼ | | 1200.00 | |
| | | | | |
| C. | Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS | | | Date of Receipt |
| C. | Mailing Address 412 RIVER MEWS LAN | | | M M / D D / Y Y Y Y |
| | Walling Address 412 RIVER MEWS LAIN | IE | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41851 |
| | EDGEWATER | NJ | 07020 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 70.00 |
| | federal political committee. | C | | 70.00 |
| | Name of Employer | Occupation | n | \dashv |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | R TECHNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1000.00 | 1 |
| | Other (specify) ▼ | | 1680.00 | |
| _ | | | | |
| | | | | 170.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ······ | 170.00 |
| 1 | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 235 / 306 (check only one) X 11a 11b 11c 12 |
|-----------------------------------|---|--------------------------|---|--|
| | | | Detailed Summary Page | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may me and ado | not be sold or used by any perso lress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR DAVID ROBARGE | | | Date of Receipt |
| | Mailing Address 4565 QUEENSLAND LN | N | | 1 1 2 4 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.41543 |
| | MINNEAPOLIS FEC ID number of contributing | MN | 55446 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIN | n IICAL SVCS | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) ▼ | | 600.00 | |
| | Full Name (Last, First, Middle Initial) MS SORAYA RODRIGUEZ-BALZAC | | | Date of Receipt |
| J . | Mailing Address 22 PAPOOSE TRAIL | | | 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.41850 |
| | ANDOVER | NJ | 07821 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PUB | LIC AFFAIRS | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| - C. | Full Name (Last, First, Middle Initial) MR MICHAEL ROMANZO | | | Date of Receipt |
| Mailing Address 96 LEHMANN STREET | | | | M M / D D / Y Y Y Y Y Y 1 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41601 |
| | MAHWAH FFG ID number of contributing | NJ | 07430 | Amount of Each Receipt this Period |
| MEDOO HE'ALTH COLUTIONS | | C | | 192.30 |
| | | | ENT SYSTEMED | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 4615.20 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 242.30 |
| _ | 1 | | | |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 236 / 306 | | |
|-------------|--|--|--|---|--|--|
| • | | Use separate schedule(s) or each category of the | | (check only one) | | |
| П | ITEMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | |
| | | | | 13 14 15 16 17 | | |
| Ar or | ly information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MS DONNA ROSEN | | | Date of Receipt | | |
| | Mailing Address 7 RED OAK LANE | | | 1 1 2 4 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41767 | | |
| | KINNELON | NJ | 07405 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CLINICAL TECH | | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | 7 | | |
| | Other (specify) ▼ | | 1200.00 | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| В. | | | | Date of Receipt | | |
| | Mailing Address 16725 OLIVE CIRCLE | | | 1 1 2 4 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41503 | | |
| | FOUNTAIN VALLEY | CA | 92708 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 10.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | n CCT EXEC | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | | 240.00 | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR RICHARD RUBINO | | | Date of Receipt | | |
| | Mailing Address 5201 RIO VISTA DRIVE | <u> </u> | | M M / D D / Y Y Y Y Y 1 1 1 2 4 2 0 0 7 | | |
| | City | State | Zip Code | Transaction ID: INC.A.41763 | | |
| | MAHWAH | NJ | 07430 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 193.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & C | n ONTROLLER | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | | 4632.00 | | | |
| Г | | | | 253.00 | | |
| S | UBTOTAL of Receipts This Page (optional) | | <u> </u> | 293.00 | | |

| SC | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 237 / 306 |
|---------------|---|-------------------------|--|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| | LIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| An or | y information copied from such Reports and State for commercial purposes, other than using the nar | ments may ne and add | not be sold or used by any persor lress of any political committee to | of the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. POL | LITICAL A | CTION COMMITTEE (a.k.a. | Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) | | | |
| ٩. | MR STEVEN RUSSEK | | | Date of Receipt |
| | Mailing Address 21 SKY TOP RIDGE | | | 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.41618 |
| | OAKLAND | NJ | 07436 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 50.00 |
| | MEDCO HE'AI TH SOLLITIONS | Occupation | | 7 |
| | | | MULARY & COVERAGE MGI | <u>И</u> Т |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | _ · · · | 1200.00 | |
| | Cities (Specify) | | | |
| 3. | Full Name (Last, First, Middle Initial) MR ANTHONY RUSSO | | | Date of Receipt |
| ٠. | Mailing Address 66 FINCH RD | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41712 |
| | RINGWOOD | NJ | 07456 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 20.00 |
| | federal political committee. | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 1 |
| | | VP PROF | | _ |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) | · · | 480.00 | |
| | Cities (Specify) | 0 0 | | |
| ` | Full Name (Last, First, Middle Initial) MS MARY RYAN | | | Date of Receipt |
| | Mailing Address 456 RICHMOND AVENUE | = | | M M / D D / Y Y Y Y |
| | | _ | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41754 |
| | MAPLEWOOD | NJ | 07040 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 78.34 |
| | | | | |
| | MEDOO DE'ALTH COLLITIONS | Occupation VP PHAF | NACY REGULATORY | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | 1 |
| | Primary General | | 1000.10 | |
| | Other (specify) ▼ | 0 0 | 1880.16 | |
| | | | | |
| SI | JBTOTAL of Receipts This Page (optional) | | | 148.34 |
| _ | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) X 11a 11b 11b 13 | PAGE 238 / 306 11c |
|-------------------|--|------------------------|---|--|----------------------|
| Ar or | y information copied from such Reports and Statem for commercial purposes, other than using the name | nents may e and add | not be sold or used by any perso dress of any political committee to | n for the purpose of solici | ting contributions |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITIONS | TICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| A. 3. | ALLISON PARK 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 SARDONE | | Zip Code 15101 INESS REQUIREMENTS Year-to-Date 600.00 | Date of Receipt M M M / 24 Transaction ID: IN Amount of Each Re | 2 0 0 7 C.A.41783 |
| | WEST ORANGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS ORANGE ORANGE ORANGE | | Zip Code 07052 CLINICAL THERAPEUTICS Year-to-Date ▼ | Transaction ID: IN Amount of Each Re | |
| C . | RIDGEWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS ON S | | Zip Code 07450 07450 BUS PLANNING & ADMIN 9 Year-to-Date ▼ | Date of Receipt M M M / 24 Transaction ID: IN Amount of Each Re | |
| s | UBTOTAL of Receipts This Page (optional) | | > | | 75.00 |
| Т | OTAL This Period (last page this line number only) | | > | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 239 / 306 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------------------|---|---------------------------|--|--|
| Ang | v information copied from such Reports and Stat or commercial purposes, other than using the na | ements may ame and ado | / not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| Α. | 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) | | Zip Code 07825 OPHARM OPS PYear-to-Date ▼ | Date of Receipt M M M / 24 / 2007 Transaction ID: INC.A.41759 Amount of Each Receipt this Period 25.00 |
| 3. | Full Name (Last, First, Middle Initial) MS TRINA SAYLER Mailing Address 56 LAKESIDE DRIVE City RAMSEY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | _ | Zip Code 07446 07446 TECHNOLOGY e Year-to-Date ▼ | Date of Receipt M M Z 4 Z 0 0 7 Transaction ID: INC.A.41816 Amount of Each Receipt this Period 15.00 |
| C. | 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) | | Zip Code 07452 07452 01 2YTICAL SVCS 2 Year-to-Date ▼ | Date of Receipt M M M / 24 |
| SI | JBTOTAL of Receipts This Page (optional) | | | 90.00 |
| TC | OTAL This Period (last page this line number on | lv) | > | |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 240 / 306 |
|-------------------|--|--|--|--|
| • | | Use separate schedule(s) or each category of the | | (check only one) |
| ITEMIZED RECEIPTS | | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ly information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any persol dress of any political committee to | on for the purpose of soliciting contributions oscilcit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR FRANK SCHULTE | | | Date of Receipt |
| | Mailing Address 2121 AMERICA'S CUP | CIR | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41597 |
| | LAS VEGAS | NV | 89117 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | 1 1 - 0 1 0 1 1 | AL VP PHARMACIES | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | | 1175.00 | |
| | Cure (epoon) \ | 0 0 | 1 1 1 1 1 1 1 | 1 |
| — В. | Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ | | | Date of Receipt |
| | Mailing Address 3556 DAVIS | | | M M / D D / Y Y Y |
| | 011 | 01-1- | 7'- 0-1- | 11 24 2007 |
| | City EVANSTON | State | Zip Code | Transaction ID: INC.A.41539 |
| | | IL | 60203 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DI | n R CLINICAL SVCS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | 7 |
| | Primary General | - | 980.00 | 1 |
| | Other (specify) ▼ | | 960.00 | 1 |
| <u> </u> | Full Name (Last, First, Middle Initial) MS CYNTHIA SCOTT | | | Date of Receipt |
| | Mailing Address 13150 FLAMINGO COL | JRT | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41492 |
| | APPLE VALLEY | MN | 55124 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLIN | n ICAL PROG DEV | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1200.00 | 1 |
| | Other (specify) | 0 0 | 1200.00 | 1 |
| _ | | | | |
| | | | | 125.00 |
| S | UBTOTAL of Receipts This Page (optional) | |) | 120.00 |
| 1 | | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 241/306 | |
|--------------------------|--|---|-------------------------------------|---|--------------------------------|
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a 11b | 11c 12 | |
| Ar | y information copied from such Reports and Sta | atements may | not be sold or used by any perso | n for the purpose of solici | 15 16 17 ting contributions |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from | such committee. |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| Α. | Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT | | | Date of Receipt | |
| | Mailing Address 7330 EVEREST LANE - | NORTH | | M M / D D D 1 1 1 2 4 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41804 |
| | MAPLE GROVE | MN | 55311 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL | n - ACCT EXEC | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | |
| | Other (specify) | | 650.00 | | |
| В. | Full Name (Last, First, Middle Initial) MR LEONARD SCOTT | | | Date of Receipt | |
| | Mailing Address 13514 MOTTLESTONE | 1 1 2 4 | 2007 | | |
| | City | State | Zip Code | Transaction ID: IN | C.A.41690 |
| | PICKERINGTON | OH | 43147 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation REG DIF | n R ACCT MGMT | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS MONICA SCOZZARE | | | Date of Receipt | |
| | Mailing Address 3021 E MILLCREEK RC | DAD | | M M / D D D D D D D D D D D D D D D D D | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41485 |
| | SALT LAKE CITY | UT | 84109 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.0 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | - | R CLINICAL SVCS | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1200.00 | 1 | |
| | | 1 0 0 | | 1 | |
| s | UBTOTAL of Receipts This Page (optional) | |) | | 125.00 |
| Т | OTAL This Period (last page this line number o | nly) | | | |

| S | CHEDULE A (FEC Form 3X) | | Llag apparata aphadula(a) | FOR LINE NUMBER: PAGE 242 / 306 |
|------------------------------|---|----------------|--|--|
| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any personal ress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| <u>~</u> | NAME OF COMMITTEE (In Full) | arric aria add | ress or any political committee to | Solicit Schilibations from Sach Schilintes. |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| | MEDOO HEALTH SOLOTIONS INC. I C | LITIOAL F | CTION COMMITTEE (a.K.a. | inedco riealti i AO) |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | MR ROBERT SENDEWICZ | | | Date of Receipt |
| | Mailing Address 1220 CROSSING WAY | | | 1 1 2 4 2 0 0 7 |
| | City | Ctata | Zin Codo | |
| | City WAYNE | State NJ | Zip Code | Transaction ID: INC.A.41514 |
| | | INU | 07470 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | ECHNOLOGY | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| | Other (specify) | 0 0 | | |
| | Full Name (Last, First, Middle Initial) | | | <u> </u> |
| В. | MR GEORGE SERPIKOV | | | Date of Receipt |
| | Mailing Address 66 PROSPECT AVE | | | M M / D D / Y Y Y Y |
| | | | 7.0.1 | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41826 |
| | WESTWOOD | NJ | 07675 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | rederal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | NESS DEV | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 1200.00 | |
| | Other (specify) | 0 0 | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MR THOMAS SHANAHAN, III | | | Date of Receipt |
| | Mailing Address 266 BRUSHY CREEK A | VΕ | | M M / D D / Y Y Y Y |
| | 01. | 01-1- | 7'- O-d- | 11 24 2007 |
| | City | State NV | Zip Code | Transaction ID: INC.A.41675 |
| | LAS VEGAS | INV | 89148 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 45.00 |
| rederal political committee. | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | DIR OPS | | 4 |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) | | 1840.45 | |
| | Curior (openity) | | 0 0 0 0 0 0 0 | |
| Г | L | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 120.00 |
| \vdash | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 243/306 |
|--------------------------|---|-------------------------|---|---|------------------------------------|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b |] 11c | |
| | | | Detailed Summary Page | 13 14 | 15 16 17 |
| Ar | ny information copied from such Reports and St for commercial purposes, other than using the | atements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of solicities solicities solicities solicities solicities and solicities solicities are solicities solicities. | ting contributions such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | · | | |
| | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| Α. | Full Name (Last, First, Middle Initial) MR JOHN SHEA | | | Date of Receipt | |
| | Mailing Address 62 FRANKLIN TURNPI | KE | | M M / D D D 1 1 1 2 4 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41498 |
| | ALLENDALE | NJ | 07401 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 40.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CO | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 960.00 |] | |
| В. | Full Name (Last, First, Middle Initial) MR FRANK SHEEHY | | | Date of Receipt | |
| | Mailing Address 119 HAMILTON RD | | | 1 1 2 4 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41555 |
| | RIDGEWOOD | NJ | 07450 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 2400.00 | | |
| _ | Full Name (Last, First, Middle Initial) ALEXANDER SHEKHDAR | | | Date of Receipt | |
| U. | Mailing Address 211 CROYDON AVENI | IIE | | M M / D D | / Y Y Y Y Y |
| | | | | 11 24 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | ROCKVILLE | MD | 20850 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | INESS & MKT DEV | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ | |
| | Primary General Other (specify) ▼ | | 210.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 105.00 |
| | | | | | |
| T | OTAL This Period (last page this line number of | only) | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 244 / 306 (check only one) |
|--|--|---------------------------|---|--|
| | | | or each category of the | |
| •• | EMIZED RECEIL TO | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ly information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Α. | - | | | Date of Receipt |
| | Mailing Address 139 GATES AVENUE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41478 |
| | MONTCLAIR | NJ | 07042 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MANAGI | n NG COUNSEL | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1000 | |
| | Other (specify) | | 1200.00 | |
| В. | Full Name (Last, First, Middle Initial) MR JAMES SHIVAS | | | Date of Receipt |
| | Mailing Address 18 PROSPECT AVE | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41639 |
| | NORTH ARLINGTON | NJ | 07031 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) ▼ | 0 0 | 600.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III | | | Date of Receipt |
| | Mailing Address 150 CLAREMONT 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.41568 |
| | LONG BEACH | CA | 90803 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALE | | |
| | Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 100.00 |
| $\overline{}$ | | | <u> </u> | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate sche or each category o Detailed Summary | f the Contect only one) | | |
|---|--|---|--|--|
| Any information copied from such Reports and Sta or for commercial purposes, other than using the n | ements may not be sold or used bame and address of any political co | y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee. | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL ACTION COMMITT | EE (a.k.a. Medco Health PAC) | | |
| Full Name (Last, First, Middle Initial) MS ANNE SIGILLITO Mailing Address 178 LEXINGTON AVE. City WESTWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State Zip Code NJ 07675 C Occupation SR DIR GENERIC STRAT a Aggregate Year-to-Date | Date of Receipt M M / 24 / 2007 Transaction ID: INC.A.41482 Amount of Each Receipt this Period 10.00 | | |
| Primary General Other (specify) ▼ | | 240.00 | | |
| Full Name (Last, First, Middle Initial) MS JODI SILBERMANN Mailing Address 16 TULIP LANE 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 | | |
| RANDOLPH FEC ID number of contributing federal political committee. | NJ 07869 | Amount of Each Receipt this Period 10.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SR DIR FINANCE Aggregate Year-to-Date ▼ | 240.00 | | |
| Full Name (Last, First, Middle Initial) JEFFREY SIMEK Mailing Address 704 SAW PALMETTO C | JEFFREY SIMEK | | | |
| City PORT ORANGE FEC ID number of contributing federal political committee. | State Zip Code FL 32128 C | Transaction ID: INC.A.41655 Amount of Each Receipt this Period 192.31 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP CORP COMMUNICATIO Aggregate Year-to-Date ▼ | DNS 315.44 | | |
| SUBTOTAL of Receipts This Page (optional) | 212.31 | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 246 / 306 |
|----------------------|--|--------------------------|---|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) X 11a 11b 11c 12 |
| _ | | | Detailed Summary Page | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) MR LEE SIMON | | | Date of Receipt |
| | Mailing Address 2390 GREENVIEW ROA | D | | 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.41811 |
| | NORTHBROOK FEC ID number of contributing federal political committee. | C | 60062 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | n NL MGR GROUP | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1200.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR JEFFREY SINKO | | | Date of Receipt |
| | Mailing Address 10 CHERRY TREE LANE | 11 24 7 2007 | | |
| | City KINNELON | State NJ | Zip Code 07405 | Transaction ID: INC.A.41685 |
| | FEC ID number of contributing | | 07405 | Amount of Each Receipt this Period |
| | federal political committee. | С | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP & CO | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1200.00 | |
|) . | Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO | | | Date of Receipt |
| | Mailing Address 564 DALE COURT EAST | - | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41513 |
| | RIVER VALE | NJ | 07675 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR 1 | 1 FECHNOLOGY | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 720.00 | |
| s | UBTOTAL of Receipts This Page (optional) | 130.00 | | |
| т | OTAL This Period (last page this line number onl | (v) | > | |
| • | This i choo (last page this line humber on | J / ······ | ······································ | |

| 9 | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 247/306 |
|-----------|---|------------------------|---|--|
| | ` | | Use separate schedule(s) or each category of the | (check only one) |
| П | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and St for commercial purposes, other than using the | atements may | 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) | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR DAVID SITVER | | | Date of Receipt |
| | Mailing Address 24 YORKSHIRE AVE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41638 |
| | SUFFERN | NY | 10901 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | rechnology | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) | | 1 1 1 1 1 1 1 | J |
| — В. | Full Name (Last, First, Middle Initial) ANN SMITH | | | Date of Receipt |
| | Mailing Address 437 GLENDALE RD | | | M M / D D / Y Y Y |
| | 20 | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41641 |
| | WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n PUBLIC AFFAIRS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | 7 |
| | Other (specify) | 0 0 | 000.00 | |
| | Full Name (Last, First, Middle Initial) MS COLLEEN SMITH | | | Date of Receipt |
| ٠. | Mailing Address 1241 CHENILLE CIR | | | M M / D D / Y Y Y Y Y 1 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41621 |
| | WESTON | FL | 33327 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 00027 | |
| | federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CLINICAL SVCS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 240.00 | |
| | Other (specify) | - | | J |
| | | | | |
| _ | IIDTOTAL of Docainto This Dane (auticus II) | | | 60.00 |
| \vdash | UBTOTAL of Receipts This Page (optional) | | | |

| SCHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 248 / 306 | | | | |
|---|---|---|--|--|--|--|
| TEMIZED RECEIPTS | or each category of the | (check only one) X 11a 11b 11c 12 | | | | |
| | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | | |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name | nents may not be sold or used by any person e and address of any political committee to so | for the purpose of soliciting contributions | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | |
| MEDCO HEALTH SOLUTIONS INC. POLI | TICAL ACTION COMMITTEE (a.k.a. I | Medco Health PAC) | | | | |
| Full Name (Last, First, Middle Initial) MR ROBERT SMITH | | Date of Receipt | | | | |
| Mailing Address 40 JOSHUA DR T | | 11 24 2007 | | | | |
| City RAMSEY | State Zip Code NJ 07446 | Transaction ID: INC.A.41781 | | | | |
| CCCID as impose of contribution | NJ 07446 C | Amount of Each Receipt this Period 50.00 | | | | |
| MEDOO DEALTH COLLITIONS | ccupation P OPS | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 2400.00 | | | | | |
| Full Name (Last, First, Middle Initial) 3. MR DAVID SNOW, JR | | Date of Receipt | | | | |
| Mailing Address 23 CEDAR GATE ROAD | | 11 24 2007 | | | | |
| City | State Zip Code | Transaction ID: INC.A.41843 | | | | |
| DARIEN | CT 06820 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 192.31 | | | | |
| MEDOO HE'ALTH SOLLITIONS | ccupation CHAIRMAN & CEO | | | | | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | | | | | |
| Other (specify) ▼ | 4615.44 | | | | | |
| Full Name (Last, First, Middle Initial) MR ALAN SOKALER | | Date of Receipt | | | | |
| Mailing Address 30 MICHELLE WAY | | 11 24 2007 | | | | |
| City | State Zip Code | Transaction ID: INC.A.41867 | | | | |
| FEO ID words or of contribution | NJ 07058 | Amount of Each Receipt this Period | | | | |
| - Toderai politicai committee. | C | 50.00 | | | | |
| MEDCO HEALTH SOLUTIONS V | ccupation P FINANCE | | | | | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | | | | | |
| Other (specify) | 1200.00 | | | | | |
| SUBTOTAL of Receipts This Page (optional) | ····· | 292.31 | | | | |
| FOTAL This Period (last page this line number only) | | | | | | |

| SI | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 249/306 |
|----------|---|------------------------------|---|---|
| | ` ' | | Use separate schedule(s) or each category of the | (check only one) |
| П | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and St for commercial purposes, other than using the | atements may name and ado | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE | | | Date of Receipt |
| | Mailing Address 21625 E. MERIWETHE | R LANE | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41703 |
| | LIBERTY LAKE | WA | 99019 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 612.50 | 1 |
| | Other (specify) ▼ | | 012.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MR RALPH STAIANO | | | Date of Receipt |
| | Mailing Address 32 ALDEN RD | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41493 |
| | MONROE | NY | 10950 | Amount of Each Receipt this Period |
| | | | 10000 | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | BUSINESS REQUIREMENT | <u>S </u> |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) | | 600.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Booking |
| U. | MR CHRISTOPHER STATEN Mailing Address 7 FOREST LAKE DR | | | Date of Receipt |
| | Walling Address / FOREST LAKE DR | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41765 |
| | WEST HARRISON | NY | 10604 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GROUP | n VP FINANCE | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 1200.00 | 1 |
| | Other (specify) | | 1200.00 | 1 |
| | | | | |
| _ | LIDTOTAL of Descripto This Descriptor II | | | 100.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ······· | |

SCHEDULE A (FEC Form 3X)

PAGE 250 / 306 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** <u>|</u>17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) Full Name (Last, First, Middle Initial) MS JILL STEARNS Date of Receipt Mailing Address 13130 HALSELL DR 2007 24 City State Zip Code Transaction ID: INC.A.41813 **AUSTIN** TX 78732 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC Aggregate Year-to-Date ▼ Receipt For: Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. MR CRAIG STEEL Date of Receipt Mailing Address 122 DEMAREST AVENUE 24 2007 City State Zip Code Transaction ID: INC.A.41589 **EMERSON** NJ 07630 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) C. MS SUSAN STEELE Date of Receipt Mailing Address 501 CONTINENTAL DR 1.1 24 2007 Citv State Zip Code Transaction ID: INC.A.41903 SAGAMORE HILLS OH 44067 Amount of Each Receipt this Period FEC ID number of contributing 25.00 C federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)

| SCHEDULE A (FEC Form 3X) Use separate sche | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 251 / 306 |
|---|---|------------------------------|--|---|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| 11 | EIVIIZED RECEIP I 3 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | not be sold or used by any person dress of any political committee to s | for the purpose of soliciting contributions olicit contributions from such committee. |
| <u></u> | NAME OF COMMITTEE (In Full) | | are or any pointed committee to e | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| | WEDOO HEAETH GOLO HONO INC. I | JEITIOAL A | COTION OCIVIIVITTEE (a.K.a. | wiedco rieaiti i Aoj |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | MR STANLEY STEFANSKI | | | Date of Receipt |
| | Mailing Address 24 CASTLETON DRIVE | | | M M / D D / Y Y Y Y |
| | Cit. | 01-1- | 7in Code | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41479 |
| | HIGHLAND MILLS | NY | 10930 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 10.00 |
| | federal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | า | 1 |
| | MEDCO HEALTH SOLUTIONS | SR DIR E | BUSINESS PLANNING & DE\ | / |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 240.00 | |
| | Other (specify) | | 240.00 | |
| | | | | |
| R | Full Name (Last, First, Middle Initial) MS AMY STEINKELLNER | | | Date of Receipt |
| υ. | Mailing Address 1740 HIGHLAND DRIVE | = | | M M / D D / Y Y Y Y |
| | Walling Address 1740 Fild ILAND DITTY | _ | | 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41633 |
| | ELM GROVE | WI | 53122 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 50.00 |
| | federal political committee. | C | | 50.00 |
| | Name of Employer | Occupation | n | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ICAL SVCS | |
| | Receipt For: | - | Year-to-Date ▼ | |
| | Primary General | 00 0 | | |
| | Other (specify) ▼ | | 1200.00 | |
| | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Bassint |
| C. | DR GLEN STETTIN | | | Date of Receipt |
| | Mailing Address 8 MILL GLEN CT | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41831 |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 100.01 |
| | federal political committee. | C | | 192.31 |
| | Name of Employer | Occupation | 2 | - |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | CLIN & THERAP SOL GROU | IP |
| | Receipt For: | | Year-to-Date ▼ | 4 |
| | Primary General | 199.195 | | |
| | Other (specify) ▼ | | 4615.44 | |
| | | | | |
| | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | . | 252.31 |
| \vdash | , | | | |

PAGE 252 / 306 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** <u>|</u>17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) Full Name (Last, First, Middle Initial) MR GERARD STOCKER, JR Date of Receipt Mailing Address 80 ALGONQUIN TRL 2007 24 City State Zip Code Transaction ID: INC.A.41590 OAKLAND 07436 NJ Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC Aggregate Year-to-Date ▼ Receipt For: Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. MS JANNA STOUL Date of Receipt Mailing Address 4 APACHE WAY 24 2007 City State Zip Code Transaction ID: INC.A.41504 **MONTVILLE** NJ 07045 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) C. MR SCOTT STRATTON Date of Receipt Mailing Address 351 TIMBERLANE DRIVE 1.1 24 2007 Citv State Zip Code Transaction ID: INC.A.41874 **ORANGE** CT 06477 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PRODUCT DEVELOPMENT Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 253 / 306 |
|-------------|---|---------------------|-------------------------------------|---|
| ıт | EMIZED RECEIPTS | | or each category of the | (check only one) |
| •• | LIMIZED REGEN 13 | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar | ny information copied from such Reports and Stati | ements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the na | me and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Descript |
| Α. | MS PATRICIA STRETE Mailing Address 19275 PAVER BARNES | ROAD. | | Date of Receipt |
| | | ПОЛЬ | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41538 |
| | MARYSVILLE | OH | 43040 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIN | n NICAL THERAPEUTICS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 600.00 | |
| | Other (specify) | 0 0 | 000.00 | |
| В. | Full Name (Last, First, Middle Initial) MS COLEEN SULLIVAN | | | Date of Receipt |
| | Mailing Address 38 BARKMILL TERRACE | Ī | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41812 |
| | MONTVILLE | NJ | 07045 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR E | n BUSINESS REQUIREMENTS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 0 | |
| _ | Full Name (Last, First, Middle Initial) MS CYNTHIA SULLIVAN | | | Date of Receipt |
| ٥. | Mailing Address 21 DENISE DRIVE | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41764 |
| | KINNELON | NJ | 07405 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ANCIAL PLANNING | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 2584.60 | |
| | ☐ Other (specify) ♥ | 0 0 | 0 0 0 0 0 0 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 242.30 |
| | OTAL This Deviced (lead-one) this live and | L A | | |
| 1 | OTAL This Period (last page this line number on | ıy) | | |

| SCI | HEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 254 / 306 |
|-----------------|--|---------------------------|---|--|
| | MIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | _ | | Detailed Summary Page | 13 14 15 16 17 |
| Any i or for | nformation copied from such Reports and State commercial purposes, other than using the na | ements may ime and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \ N. | AME OF COMMITTEE (In Full) | | | |
| > N | TEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| _ | ull Name (Last, First, Middle Initial) R MARK SULLIVAN | | | Date of Receipt |
| М | ailing Address 16025 PINE VALE PL. | | | 1 1 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | ity | State | Zip Code | Transaction ID: INC.A.41495 |
| M | MIDLOTHIAN | VA | 23113 | Amount of Each Receipt this Period |
| | EC ID number of contributing deral political committee. | С | | 25.00 |
| N: M | ame of Employer EDCO HEALTH SOLUTIONS | Occupation DIR CS S | SYSTEMS PLAN & IMPLEM | |
| R | eceipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| | ull Name (Last, First, Middle Initial) S IRENE SUTTON | | | Date of Receipt |
| M | ailing Address 20 AVENUE @ PORT IN APPT 209 | 1PERIAL | | 11 24 7 2007 |
| City State | | | Zip Code | Transaction ID: INC.A.41559 |
| | VEST NEW YORK | NJ | 07093 | Amount of Each Receipt this Period |
| | EC ID number of contributing deral political committee. | С | | 40.00 |
| N: M | ame of Employer EDCO HEALTH SOLUTIONS | Occupation SR DIR T | n ECHNOLOGY | |
| R | eceipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 945.00 | |
| _ | ull Name (Last, First, Middle Initial) R TIMOTHY SWETT | | | Date of Receipt |
| М | ailing Address 8362 GOLDEN PRAIRIE | DRIVE | | 1 1 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | ity | State | Zip Code | Transaction ID: INC.A.41599 |
| I | AMPA | FL | 33647 | Amount of Each Receipt this Period |
| | EC ID number of contributing deral political committee. | C | | 50.00 |
| N: M | ame of Employer EDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | |
| R | eceipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 2350.00 | |
| SUE | STOTAL of Receipts This Page (optional) | | | 115.00 |
| TOT | Al This Period (last page this line number on | lv) | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 255 / 306 | | | |
|---|----------------------------------|---|---|--|--|--|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) | | | |
| | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 | | | |
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may 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 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) A. MR NICHOLAS TAYLOR | | | Date of Receipt | | | |
| Mailing Address 2710 WEXFORD RD | | | 1 1 2 4 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.41836 | | | |
| UPPER ARLINGTON OH | | 43221 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIN | n NICAL SVCS | | | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | _ | | | |
| Primary General Other (specify) ▼ | 0 0 | 600.00 | | | | |
| Full Name (Last, First, Middle Initial) 3. MS MELINDA THIEL | | | Date of Receipt | | | |
| Mailing Address 27 GARVEY ROAD | | | 1 1 2 4 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.41567 | | | |
| WAYNE | NJ | 07470 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n PRODUCT MGMT | | | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | | 600.00 | | | | |
| Full Name (Last, First, Middle Initial) C. MR LARRY THOMAS | _1 | | Date of Receipt | | | |
| Mailing Address 3915 SILKWOOD TR | AIL | | 1 1 2 4 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.41743 | | | |
| ARLINGTON | TX | 76016 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 4.41 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MANAGI | n NG PHARMACIST | | | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | | 207.27 | | | | |
| SUBTOTAL of Receipts This Page (optional) | | | | | | |
| | | • | | | | |
| TOTAL This Period (last page this line number | r only) | > | | | | |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 256 / 306 |
|-------------------|--|-------------------------|-------------------------------------|---|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) | |
| •• | LIVIIZED REGEN 13 | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Ar | y information copied from such Reports and Statem | ents may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the name | e and add | iress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | TIO 41 4 | OTION COMMITTEE (| M |
| | MEDCO HEALTH SOLUTIONS INC. POLI | HCAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Danaiet |
| Α. | MS MELISSA THOMET Mailing Address 721 HINMAN AVE | | | Date of Receipt |
| | #1E | | | 11 24 2007 |
| | • | State | Zip Code | Transaction ID: INC.A.41501 |
| | EVANSTON | <u>IL</u> | 60202 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | MEDOO HE'ALTH SOLLITIONS | ccupation | n T MGMT | |
| | | | Year-to-Date ▼ | - |
| | Primary General | 33 -3 | | 1 |
| | Other (specify) ▼ | 0 0 | 255.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS MARY THORSBY | | | Date of Receipt |
| | Mailing Address 17326 ELLEN 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.41614 |
| | LIVONIA | MI | 48152 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | MEDOO HE'NI THEONE | ccupatior R NATL | ACCT EXEC | |
| | | | Year-to-Date ▼ | 7 |
| | Primary General | | 1800.00 | |
| | Other (specify) ▼ | 0 0 | 1800.00 | |
| C. | Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD | | | Date of Receipt |
| | Mailing Address 7974 FLAMETREE CT | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41668 |
| | LAS VEGAS | NV | 89123 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | MEDOO HE'ALTH COLLITIONS | ccupatior P/GM | 1 | |
| | Receipt For: | ggregate | Year-to-Date ▼ | |
| | Primary General | - | 937.50 | |
| | Other (specify) ▼ | 0 0 | 307.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 125.00 |
| | , , , , , , , , , , , , , , , , , , , | | • | |
| T | OTAL This Period (last page this line number only) | | > | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 257 / 306 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------------------|--|-------------------------------|--|---|
| Ar or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | | | |
| A. 3. | Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN Mailing Address 838 COLONIAL RD City FRANKLIN LAKES FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) City Full Name (Last, First, Middle Initial) MRS DONNA TOPOLSKI Mailing Address 128 MANHATTAN TERR. City | Aggregate | Zip Code 07417 DEFIT SYSTEMS SUPPORT 2 Year-to-Date ▼ 1200.00 | Date of Receipt M M 24 2007 Transaction ID: INC.A.41505 Amount of Each Receipt this Period 50.00 Date of Receipt 11 24 2007 |
| | DUMONT FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | NJ C Occupation SR DIR E | 07628 | Transaction ID: INC.A.41799 Amount of Each Receipt this Period 25.00 |
| D. | Full Name (Last, First, Middle Initial) MR HECTOR TORRES Mailing Address 6023 HOMESTEAD COU 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 SUPV IN | Zip Code 43026 n VENTORY CONTROL 2 Year-to-Date ▼ 201.16 | Date of Receipt M M M / 24 / 2007 Transaction ID: INC.A.41705 Amount of Each Receipt this Period 4.28 |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 79.28 |
| Т | OTAL This Period (last page this line number onli | v) | > | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 258 / 306 | |
|--------------------------|--|--------------------------|-------------------------------------|------------------------------|--------------------------|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) | 1 | |
| •• | EMIZED HEGEN 10 | | Detailed Summary Page | X 11a 11b 13 14 | 11c 12 15 16 17 |
| Aı | ny information copied from such Reports and Sta | tements may | not be sold or used by any perso | on for the purpose of solici | tina contributions |
| or | for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from | such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | | |
| | MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| Α. | Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER | | | Date of Receipt | |
| Α. | Mailing Address 713 INDIAN CREEK RD | 1 | | M M / D D | / Y Y Y Y |
| | , TO HADIANA OFFICER TIE | | | 11 24 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | AMHERST VA | | 24521 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| n GOVERNMENT AFFAIRS | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | , , , | 1800.00 | 1 | |
| | Other (specify) | | | 1 | |
| В. | Full Name (Last, First, Middle Initial) MR GARY TULLY | | | Date of Receipt | |
| | Mailing Address 16 FIELDHEDGE DRIVE | Ξ | | M M / D D D 1 1 1 2 4 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | C.A.41817 |
| | HILLSBOROUGH | NJ | 08844 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIE | n ENT SVC DELIVERY | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 695.00 | | |
| | cale. (cpcs.ij) \ | | 0 0 0 0 0 0 | , | |
| <u> </u> | Full Name (Last, First, Middle Initial) MS CARA VAN ZILE | | | Date of Receipt | |
| O. | Mailing Address 31 LINCOLN RD | | | M M / D D | / Y 'Y 'Y 'Y |
| | | | | 11 24 | 2007 |
| | City | State | Zip Code | Transaction ID: IN | |
| | KINNELON | NJ | 07405 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | R ANALYTICAL SVCS | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | ' ' | 650.00 | | |
| | | - | | 1 | |
| s | SUBTOTAL of Receipts This Page (optional) | | | | 155.00 |
| | | | <u> </u> | | |
| T | OTAL This Period (last page this line number or | nly) |) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | PAGE 259/306 |
|---------------|--|----------------------------|---|-----------------------------------|------------------------|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | 10 10 |
| • | | | Detailed Summary Page | \rightarrow \mapsto \mapsto | 1c 12 5 16 17 |
| An or | ny information copied from such Reports and Stat for commercial purposes, other than using the na | tements may ame and add | not be sold or used by any perso dress of any political committee to | | |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | |
| ۹. | Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA | | | Date of Receipt | |
| | Mailing Address W328 S4230 SPRING R | RIDGE | | 11 24 | 2007 |
| | City | State | Zip Code | Transaction ID: INC. | |
| | WAUKESHA | WI | 53189 | Amount of Each Receip | ot this Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 1200.00 | | |
| 3. | Full Name (Last, First, Middle Initial) MRS JEANNINE VANKLEECK | | | Date of Receipt | |
| | Mailing Address 56 ZIMMER AVENUE | | | M M / D D / 24 | 2007 |
| | City | State | Zip Code | Transaction ID: INC. | A.41521 |
| | MIDLAND PARK | NJ | 07432 | Amount of Each Receip | ot this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | n NCIAL APPLICATIONS | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 600.00 | | |
| C. | Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS | | | Date of Receipt | |
| | Mailing Address 105 ARRANDALE RD | | | M M / D D / 11 24 | 2007 |
| | City | State | Zip Code | Transaction ID: INC. | A.41673 |
| | ROCKVILLE CENTRE | NY | 11570 | Amount of Each Receip | ot this Period |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP MKTI | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | 0 0 | 1200.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | _ | | 125.00 |
| | , | | • | | |
| T | OTAL This Period (last page this line number on | ıly) | > | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | PAGE 260 / 306 |
|----|--|-------------|-------------------------------------|--------------------------------|--------------------------|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | 110 🗆 10 |
| • | | | Detailed Summary Page | | 11c 12 15 16 17 |
| An | y information copied from such Reports and State for commercial purposes, other than using the nar | ments may | not be sold or used by any perso | | |
| or | | me and add | lress of any political committee to | solicit contributions from suc | ch committee. |
| / | NAME OF COMMITTEE (In Full) | ITIO 1 | OTION COMMITTEE (: | Made Hard BAC | |
| / | MEDCO HEALTH SOLUTIONS INC. POL | LITICAL A | ACTION COMMITTEE (a.k.a. | iviedco Health PAC) | |
| | Full Name (Last, First, Middle Initial) | | | | |
| ١. | MR WIL VELARDE | | | Date of Receipt | |
| | Mailing Address 443 WEST SADDLE RIVE | ER RD | | 1 1 2 4 | 2007 |
| | City | State | Zip Code | Transaction ID: INC. | |
| | UPPER SADDLE RIVER | NJ | 07458 | Amount of Each Recei | |
| | FEC ID number of contributing | С | | | 40.00 |
| | federal political committee. | | | | 13110 |
| | MEDOO DE'ALTH SOLLITIONS | Occupation | | | |
| | | | E-COM STRAT & DELI | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) ▼ | | 960.00 | | |
| | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Bookint | |
| 3. | MR JEFFREY VERNICE Mailing Address 201 WATCHUNG AVENU | IF | | Date of Receipt | YYYY |
| | UNIT #17 | , <u> </u> | | 11 24 | 2007 |
| | City | State | Zip Code | Transaction ID: INC. | A.41553 |
| | BLOOMFIELD | NJ | 07003 | Amount of Each Recei | ipt this Period |
| | FEC ID number of contributing federal political committee. | С | | | 25.00 |
| | <u> </u> | | | | |
| | MEDOO HE'NI TH COLLITIONS | Occupation | | | |
| | Receipt For: | SR DIR N | /IEDICAL Year-to-Date ▼ | _ | |
| | Primary General | , iggregate | | | |
| | Other (specify) ▼ | | 600.00 | | |
| | | | | - | |
| Э. | Full Name (Last, First, Middle Initial) MR GORDON VICKERS | | | Date of Receipt | |
| • | Mailing Address 436 MOUNTAIN AVENUE | <u> </u> | | M M / D D / | YYYY |
| | | | | 11 24 | 2007 |
| | City WESTELELD | State | Zip Code | Transaction ID: INC. | |
| | WESTFIELD | NJ | 07090 | Amount of Each Recei | ipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 25.00 |
| | | Occupation | | - | |
| | MEDOO DE'ALTU COLLITIONS | | CT EXEC | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| | Primary General | - | 600.00 | | |
| | Other (specify) ▼ | | 000.00 | | |
| | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | 90.00 |
| _ | | | | | |
| т. | OTAL This Period (last page this line number only | /) | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 261 / 306 (check only one) X |
|-------------------|--|----------------------------------|--|---|
| Ar or | ry information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| A . | Receipt For: Primary General Other (specify) ▼ | | Zip Code 07430 OAL SPECIALIST S Year-to-Date ▼ | Date of Receipt M M / 24 |
| 3. | MEDOO HE'ALTH SOLLITIONS | State WI C Occupation SR DIR A | Zip Code 53051 ACCT MGMT 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 |
| C . | | | Zip Code 10804 10804 GULATORY & MC PROGRA Pyear-to-Date 4615.44 | Date of Receipt M M M / 24 2007 Transaction ID: INC.A.41738 Amount of Each Receipt this Period 192.31 |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 232.31 |
| т | OTAL This Period (last page this line number only | v) | > | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 262 / 306 | | | |
|--|---------------------|---|---|--|--|--|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 | | | |
| - · · · - | | Detailed Summary Page | 13 | | | |
| Any information copied from such Reports and Stror for commercial purposes, other than using the | atements 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 INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | |
| Full Name (Last, First, Middle Initial) MS THERESE WALKER | | | Date of Receipt | | | |
| Mailing Address 363 MULBERRY CT | | | 11 24 2007 | | | |
| City | State | Zip Code | Transaction ID: INC.A.41491 | | | |
| WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n PRODUCT MGMT | | | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | 7 | | | |
| Primary General Other (specify) ▼ | | 600.00 | | | | |
| Full Name (Last, First, Middle Initial) 3. MR WILLIAM WALLACE | | | Date of Receipt | | | |
| MR WILLIAM WALLACE Mailing Address 5445 GOODWIN AVENUE | | | M M / D D / Y Y Y Y Y Y Y Y 1 1 1 2 4 2 0 0 7 | | | |
| City | State | Zip Code | Transaction ID: INC.A.41861 | | | |
| DALLAS | TX | 75206 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 192.31 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALE | n ES SEGMENT LEADER | | | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | _ | | | |
| Primary General Other (specify) ▼ | | 4615.44 | | | | |
| Full Name (Last, First, Middle Initial) C. MR CALVIN WASDYKE | | | Date of Receipt | | | |
| Mailing Address 5 APPLE ORCHARD R | D | | M M / D D / Y Y Y Y | | | |
| | | Zin Codo | 11 24 2007 | | | |
| City MOORESTOWN | State NJ | Zip Code 08057 | Transaction ID: INC.A.41687 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing | | | 50.00 | | | |
| federal political committee. | C | | 30.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | | | | | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | | | |
| Other (specify) ▼ | | 662.50 | | | | |
| SUBTOTAL of Receipts This Page (optional) | | | | | | |
| | | | | | | |
| TOTAL This Period (last page this line number of | only) | > | | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 263 / 306 | | |
|---|--------------------|---|---|--|--|
| ITEMIZED RECEIPTS | | or each category of the | (check only one) | | |
| TEMIZED RESERVES | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 | | |
| Any information copied from such Reports and Sta or for commercial purposes, other than using the r | atements may | Inot be sold or used by any persordress of any political committee to | on for the purpose of soliciting contributions | | |
| NAME OF COMMITTEE (In Full) | | | | | |
| MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | |
| Full Name (Last, First, Middle Initial) MS CATHERINE WASSON | | | Date of Receipt | | |
| Mailing Address 26072 HARBOR VIEW | | | 1 1 2 4 2 0 0 7 | | |
| City | State | Zip Code | Transaction ID: INC.A.41508 | | |
| CAPISTRANO BEACH | CA | 92624 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 50.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP NATL | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1200.00 | | | |
| Full Name (Last, First, Middle Initial) 3. MS BEVERLY WATSON | | | Date of Receipt | | |
| Mailing Address 2 MICHELANGELO CO | 1 1 2 4 2 0 0 7 | | | | |
| City | State | Zip Code | Transaction ID: INC.A.41732 | | |
| SOMERSET | NJ | 08873 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | С | | 25.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BEN | n IEFIT DELIVERY SYSTEMS | | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| Primary General Other (specify) ▼ | | 600.00 | | | |
| Full Name (Last, First, Middle Initial) C. MS DONNA WEATHERS | | | Date of Receipt | | |
| Mailing Address 1043 BELL STREET | | | 1 1 2 4 2 0 0 7 | | |
| City | State | Zip Code | Transaction ID: INC.A.41663 | | |
| EDMONDS | WA | 98020 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | С | | 10.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | n CCT EXEC | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | | | |
| SUBTOTAL of Receipts This Page (optional) | | | 85.00 | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 264 / 306 (check only one) X 11a 11b 11c 12 | | | |
|--|---------------------|--|--|--|--|--|
| Any information copied from such Reports and Sta | tements may | v not be sold or used by any perso | n for the purpose of soliciting contributions | | | |
| or for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from such committee. | | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | |
| Full Name (Last, First, Middle Initial) A. MRS KELLY WEBBER | | | Date of Receipt | | | |
| Mailing Address 107 UPPER SADDLE RIVER RO City State | | ND | 11 24 2007 | | | |
| | | Zip Code | Transaction ID: INC.A.41666 | | | |
| MONTVALE | NJ | 07645 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 100.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP COR | | | | | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | | | |
| Primary ☐ General Other (specify) ▼ | | 1925.00 | | | | |
| Full Name (Last, First, Middle Initial) 3. MR TIMOTHY WENTWORTH | | | Date of Receipt | | | |
| Mailing Address 309 WATERVIEW DR | | | 11 | | | |
| City State | | Zip Code | Transaction ID: INC.A.41577 | | | |
| FRANKLIN LAKES | NJ | 07417 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 192.31 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | · · · · · · | EO ACCREDO | | | | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | 1 | | | |
| Other (specify) ▼ | 0 0 | 4615.44 | | | | |
| Full Name (Last, First, Middle Initial) MR KENNETH WERMES | | | Date of Receipt | | | |
| Mailing Address 26037 N WRANGLER F | | | 111 / 24 / Y Y Y Y Y Y Y | | | |
| City SCOTTSDALE | State AZ | Zip Code 85255 | Transaction ID: INC.A.41660 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 00200 | 75.00 | | | |
| <u> </u> | Occupatio | n | - | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | VP/GM | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1800.00 | | | | |
| SUBTOTAL of Receipts This Page (optional) | | | | | | |
| TOTAL This Period (last page this line number or | าly) | | | | | |

| S | CHEDULE A (FEC Form 3X) | | Llas apparata aphadula(a) | FOR LINE NUMBER: PAGE 265 / 306 |
|-------------|---|----------------------------|---|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| ••• | EIVIIZED RECEIP I 3 | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 17 |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PC | LITICAL A | ACTION COMMITTEE (a.k.a. | . Medco Health PAC) |
| \angle | | | | , |
| | Full Name (Last, First, Middle Initial) | | | Data of Bassist |
| A. | MR PETER WHITE Mailing Address 2241 E. PINCHOT AVE. | | | Date of Receipt |
| | #17F | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41496 |
| | PHOENIX | AZ | 85016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 25.00 |
| | federal political committee. | C | | 23.00 |
| | Name of Employer | Occupation | n | ┪ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | DIR ACC | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | 7 |
| | Primary General | 1 1 | 600.00 | |
| | Other (specify) ▼ | | 600.00 | |
| _ | E. III. Norman (London Elect Middle Letter) | | | |
| В. | Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER | | | Date of Receipt |
| | Mailing Address 17 LYNWOOD RD | | | M M / D D / Y Y Y Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41761 |
| | VERONA | NJ | 07044 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 25.00 |
| | federal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | | | ORG DEV | _ |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | ' ' | 600.00 | |
| | | - | 0 0 0 0 0 0 0 | ' |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MR STEPHEN WOGEN | | | Date of Receipt |
| | Mailing Address 145 WAUGHAW ROAD | | | 1 1 2 4 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41592 |
| | TOWACO | NJ | 07082 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 50.00 |
| | federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n | 7 |
| | MEDCO HEALTH SOLUTIONS | | CARE FINANCE | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 | 1200.00 | |
| | Other (specify) ▼ | | 1200.00 | |
| | | | | |
| 6 | JBTOTAL of Receipts This Page (optional) | | | 100.00 |
| \vdash | ODITION TO THE OFFICE (THIS I age (Optional) | | | |

| SCHEDULE ITEMIZED I | E A (FEC Form 3X) RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) X 11a 11b 11b 14 | PAGE 266 / 306 11c |
|--|---|---------------------------------|--|--|-----------------------------------|
| Any information c or for commercial | opied from such Reports and Sta purposes, other than using the n | tements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of solicit solicit contributions from s | ing contributions such committee. |
| \ | OMMITTEE (In Full) SALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| A. MRS ELISSA V Mailing Addres City PISCATAW FEC ID number federal politica Name of Emplement MEDCO HEA Receipt For: Primary | AY er of contributing | State NJ C Occupation DIR RRA | | Date of Receipt M M M / D D 1 1 1 2 4 Transaction ID: IN Amount of Each Receipt | 2 0 0 7 C.A.41506 |
| AS ANNA WO Mailing Addres City BAYSIDE FEC ID number federal politication Name of Emplement MEDCO HEA Receipt For: Primary | er of contributing | | Zip Code 11364 n RED SOLUTIONS e Year-to-Date ▼ | Date of Receipt M M M / D D D 1 1 1 2 4 Transaction ID: IN Amount of Each Receipt | |
| City ARLINGTO FEC ID number federal politica Name of Emplement MEDCO HEA Receipt For: Primary | N er of contributing | State TX C Occupation DIR PRO | Zip Code 76016 n DFESSIONAL PRACTICES e Year-to-Date 205.00 | Date of Receipt M M M / D D 1 1 1 2 4 Transaction ID: IN Amount of Each Receipt | |
| SUBTOTAL of F | Receipts This Page (optional) | | | | 85.00 |
| TOTAL This Pe | riod (last page this line number o | nlv) | | . L | |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 267 / 306 |
|-------------|--|--------------|-------------------------------------|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| •• | | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Δr | y information copied from such Reports and Sta | otomonte may | y not be sold or used by any perso | |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| | Full Name (Lant. First. Middle Latin) | | | |
| A. | Full Name (Last, First, Middle Initial) MS JUDITH WOOD | | | Date of Receipt |
| | Mailing Address 76 COLONIAL ROAD | | | M ' M / D ' D / Y ' Y ' Y ' Y |
| | | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41806 |
| | STILLWATER | NY | 12170 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | · | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | | |
| | Receipt For: | 1 | ACCT MGMT • Year-to-Date ▼ | |
| | Primary General | Aggregate | : Teal-10-Date V | 1 |
| | Other (specify) ▼ | | 600.00 | |
| | | | | |
| | Full Name (Last, First, Middle Initial) | | | Data of Bassist |
| В. | MR SERGEY YANITSKIY Mailing Address 793 LINCOLN AVE | | | Date of Receipt |
| | Walling Address 793 LINCOLIN AVE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41551 |
| | POMPTON LAKES | NJ | 07442 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 25.00 |
| | federal political committee. | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | |
| | | 1 | CAL SPECIALIST | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| | callor (opeout)) 🔻 | | 1 1 1 1 1 1 1 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | MS SARAH YINGLING | | | Date of Receipt |
| | Mailing Address 901 ST MARKS AVE | | | 11 24 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41649 |
| | WESTFIELD | NJ | 07090 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 25.00 |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 1 | 7 |
| | MEDCO HEALTH SOLUTIONS | SR DIR F | PRODUCT MGMT | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 600.00 | 1 |
| | Other (specify) ▼ | | | 1 |
| | L | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 75.00 |
| \vdash | , | | | |
| Ιт | OTAL This Period (last page this line number o | nlv) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: (check only one) | PAGE 268/306 |
|----------------------|---|------------------------------------|---|--|--------------------|
| | EINIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 1 | 11c 12 15 16 17 |
| An | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | n for the purpose of solicit | ting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| ۸. | Full Name (Last, First, Middle Initial) MR DANIEL ZELEM, JR | | | Date of Receipt | |
| | Mailing Address 219 SPOOK ROCK RD. | | | 1 1 D D 2 4 | 2007 |
| | City SUFFERN | State NY | Zip Code 10901 | Transaction ID: IN Amount of Each Re | |
| | FEC ID number of contributing federal political committee. | C | | 7 tillount of Edon't lo | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP E-CO | | 1 | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1200.00 | | |
| 3. | Full Name (Last, First, Middle Initial) MS JILL ZELMAN | | | Date of Receipt | |
| | Mailing Address 43604 EMERALD DUNE | ing Address 43604 EMERALD DUNES PL | | | |
| | City LEESBURG | State VA | Zip Code | Transaction ID: IN | |
| | FEC ID number of contributing federal political committee. | C | 20176 | Amount of Each Re | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CON | ı ISOLIDATION PLAN & RPR | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | | |
| Э. | Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO | | | Date of Receipt | |
| | Mailing Address 726 HIGH MOUNTAIN R | OAD | | M M / D D D 1 1 1 2 4 | 2007 |
| | City FRANKLIN LAKES | State NJ | Zip Code 07417 | Transaction ID: IN | |
| | FEC ID number of contributing federal political committee. | C | | The state of the s | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CO | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 600.00 | | |
| SI | UBTOTAL of Receipts This Page (optional) | | | | 100.00 |
| T | OTAL This Period (last page this line number on | ly) |) | | |

| | HEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 269 / 306 (check only one) X 11a 11b 11c 12 15 16 17 |
|--------------|---|---------------------------------|--|---|
| Any or fo | information copied from such Reports and State or commercial purposes, other than using the na | ements may me 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. PO | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| • | Full Name (Last, First, Middle Initial) DIANA LUM Mailing Address 64-34 213TH ST. City BAYSIDE FEC ID number of contributing ederal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 11364 n DR, PROPOSALS e Year-to-Date ▼ | Date of Receipt M M M / 28 2007 Transaction ID: INC.A.41464 Amount of Each Receipt this Period 150.00 |
| 3. <u> </u> | Full Name (Last, First, Middle Initial) MR KENNETH BODMER Mailing Address 3127 DEVONSHIRE WA City GERMANTOWN FEC ID number of contributing ederal political committee. Name of Employer ACCREDO HEALTH GROUP, INC. Receipt For: Primary General Other (specify) | State TN C Occupation SENIOR | Zip Code 38139 OVP, FINANCE E Year-to-Date ▼ 3200.00 | Date of Receipt M M M / 30 / 2007 Transaction ID: INC.A.41952 Amount of Each Receipt this Period 200.00 |
| C. I | Full Name (Last, First, Middle Initial) RUSS M. BOURNE Mailing Address 1640 CENTURY CENTER City MEMPHIS FEC ID number of contributing ederal political committee. Name of Employer ACCREDO HEALTH GROUP, INC. Receipt For: Primary General Other (specify) | State TN C Occupation VP SALE | | Date of Receipt M M M / B B D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SU | BTOTAL of Receipts This Page (optional) | | | 400.00 |
| τo | TAL This Period (last page this line number on | v) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 270 | 0 / 306 |
|------------|---|--------------------|---|---|---------|
| | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a | |
| Ar or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contribution | ons |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | | | | |
| ۹. | Full Name (Last, First, Middle Initial) STEVEN BROWN Mailing Address 1620 CENTURY CENTE | | | 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 MEMPHIS | State TN | Zip Code 38134 | Transaction ID: INC.A.41955 Amount of Each Receipt this Period | nd |
| | FEC ID number of contributing federal political committee. | C | 00104 | | 5.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | n DR - PRODUCT LINE Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 275.00 | | |
| 3. | Full Name (Last, First, Middle Initial) AMANDA J. BUNDY Mailing Address 1640 CENTURY CENTE | R PKWY. | | Date of Receipt | |
| | City | State | Zip Code | Transaction ID: INC.A.41956 | |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period | bd |
| | FEC ID number of contributing federal political committee. | C | | 50 | 0.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation VP REIM | n BURSEMENT | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 400.00 | | |
| ` | Full Name (Last, First, Middle Initial) BRIAN A. BURFORD | | | Date of Receipt | |
| J . | Mailing Address 1640 CENTURY CENTE | R PKWY. | | 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.41957 | |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Perio | od |
| | FEC ID number of contributing federal political committee. | C | | 25 | 5.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | INESS DEVELOPMENT | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | |
| s | UBTOTAL of Receipts This Page (optional) | | ······ | 100 | .00 |
| T | OTAL This Period (last page this line number on | ly) | → | | |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 271 / 306 (check only one) |
|----------------------|---|---------------------------|---|--|
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame 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. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) NICHOLAS CLIFTON | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | | | 11 1 30 4 2007 |
| | City MEMPHIS | State TN | Zip Code 38134 | Transaction ID: INC.A.41959 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 ACCREDO HEALTH GROUP, INC. | Occupation AVP SAL | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| 3. | Full Name (Last, First, Middle Initial) JEFFREY A. COOLE | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | R PKWY. | | 11 30 7 2007 |
| | City MEMPHIS | State TN | Zip Code | Transaction ID: INC.A.41960 |
| | FEC ID number of contributing federal political committee. | C | 38134 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | & REGULATORY REPORTII | 16 |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 | |
|) . | Full Name (Last, First, Middle Initial) MICHELLE R. DERRYBERRY | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | R PKWY. | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City MEMPHIS | State TN | Zip Code 38134 | Transaction ID: INC.A.41962 |
| | FEC ID number of contributing federal political committee. | C | 30134 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | | MBURSEMENT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| S | UBTOTAL of Receipts This Page (optional) | | | 100.00 |
| T | OTAL This Period (last page this line number on | ly) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 272 / 306 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17 |
|----------------------|---|----------------------------------|---|---|
| Ar or | y information copied from such Reports and Stater for commercial purposes, other than using the nan | ments may ne and add | not be sold or used by any perso dress of any political committee to | for the purpose of soliciting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | | | |
| A. | ACCREDO HEALTH GROUP, INC. Receipt For: Primary General Other (specify) ▼ | State TN C Occupation DIR CLIN | Zip Code 38134 IICAL OPERATIONS Year-to-Date ▼ 225.00 | Date of Receipt M M J J J J J J J J J J J J J J J J J |
| 3. | ACCREDO HEALTH GROUP, INC. | State TN C Occupation DIR PRO | Zip Code 38134 DISCOMMENT Year-to-Date ▼ 225.00 | Date of Receipt M M A 2007 Transaction ID: INC.A.41965 Amount of Each Receipt this Period 25.00 |
| 5. | ACCREDO HEALTH GROUP, INC. | | Zip Code 38119 NALTH OUTCOME SOLUTION Year-to-Date ▼ 450.00 | Date of Receipt M M M / 30 / Y Y Y Y Y Y Transaction ID: INC.A.41966 Amount of Each Receipt this Period 50.00 |
| s | UBTOTAL of Receipts This Page (optional) | | > | 100.00 |
| т | OTAL This Period (last page this line number only | r) | | |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 273 / 306 |
|-------------|---|-------------|-------------------------------------|---|
| | ITEMIZED RECEIPTS | | or each category of the | (check only one) |
| • • | | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Ar | y information copied from such Reports and Sta | tements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the n | ame and add | lress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| _ | Full Name (Last, First, Middle Initial) | | | |
| A. | | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | R PKWY. | | M M / D D / Y Y Y Y |
| | City | State | Zip Code | 11 30 2007 |
| | City MEMPHIS | TN | 38134 | Transaction ID: INC.A.41967 Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 00104 | |
| | federal political committee. | C | | 25.00 |
| | Name of Employer | Occupation | ` | |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | DIR FINA | | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 225.00 | 1 |
| | Other (specify) ▼ | 0 0 | 225.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | , | | | Date of Receipt |
| | Mailing Address 140 BELLAIR RD | | | M M / D D / Y Y Y Y |
| | UNIT Q | Ctata | 7in Code | 11 30 2007 |
| | City RIDGEWOOD | State NJ | Zip Code 07450 | Transaction ID: INC.A.41968 Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 07430 | |
| | federal political committee. | C | | 50.00 |
| | Name of Employer | Occupation | <u> </u> | _ |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | VP FINA | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | , , | 600.00 | 1 |
| | Other (specify) | | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | ROBERT FURTH | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | R PKWY. | | 11 30 2007 |
| | City S | | Zip Code | Transaction ID: INC.A.41969 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 25.00 |
| | federal political committee. | 0 | | |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | | 7 |
| | | | L MANAGER | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | 1 |
| | Other (specify) | | 225.00 | |
| | | | | |
| | | | | 100.00 |
| S | UBTOTAL of Receipts This Page (optional) | | | 100.00 |
| _ | OTAL This Period (last page this line number or | alv) | | |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 274 / 306 |
|--|---|-----------------------|--|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| • | EWIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | itements mag | y not be sold or used by any person 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. PO | DLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) A. SHARON D. HARRIS | | | | Date of Receipt |
| | Mailing Address 186 N. WHITE STATION | N RD. | | 11 30 7 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41970 |
| | MEMPHIS | TN | 38117 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupatio DIRECTO | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 1 | 300.00 | 1 |
| | Other (specify) | 0 0 | 000.00 | J |
| — В. | Full Name (Last, First, Middle Initial) DAN HAYES | | | Date of Receipt |
| | Mailing Address 4679 AYRON TERRACI | Ē | | 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.41971 |
| | PALM HARBOR | FL | 34685 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupatio VP - OPI | n ERATIONS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 | 600.00 | 1 |
| | Other (specify) | 0 0 | 000.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | LYNN HOSTMYER | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTE | | | 11 30 4 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41973 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupatio GENERA | n AL MANAGER | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | - | 250.00 | 1 |
| | Other (specify) | | 250.00 | 1 |
| Г | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 100.00 |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 275 / 306 |
|---|---------------------------------------|---|---|
| TEMIZED RECEIPTS | | or each category of the | (check only one) X 11a 11b 11c 12 |
| | | Detailed Summary Page | 13 14 15 16 17 |
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may 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 | POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) A. RICHARD KLUSOVSKY | | | Date of Receipt |
| Mailing Address 1016 FAIRWOOD LAN | NE | | 1 1 3 0 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.41974 |
| ACWORTH | GA | 30101 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation DIRCTO | n R - MANAGED CARE | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 300.00 | |
| Full Name (Last, First, Middle Initial) 3. JAMES P. LANGLEY | · · · · · · · · · · · · · · · · · · · | | Date of Receipt |
| Mailing Address 1640 CENTURY CEN | 11 30 / Y Y Y Y Y | | |
| City | State | Zip Code | Transaction ID: INC.A.41975 |
| MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation VP REIM | n IBURSEMENT | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 500.00 | |
| | | | 1 |
| Full Name (Last, First, Middle Initial) PATRICIA LETCHWORTH | | | Date of Receipt |
| Mailing Address 1640 CENTURY CEN | TER PKWY. | | 1 1 3 0 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.41976 |
| MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation DIR REIN | n MBURSEMENT | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 100.00 |
| | | • | |
| TOTAL This Period (last page this line number | only) | > | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 276 / 306 |
|------------|---|------------------------------|---|--|
| ıT | EMIZED RECEIPTS | | or each category of the | (check only one) |
| 11 | EIVIIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , 3 | 13 14 15 16 17 |
| Ar | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | 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) | | | |
| $ \rangle$ | MEDCO HEALTH SOLUTIONS INC. POI | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| \angle | | | | |
| A. | Full Name (Last, First, Middle Initial) THOMAS O. MARTIN | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTER | R PKWY. | | 1 1 3 0 2 0 0 7 |
| | City | State | Zip Code | Transaction ID: INC.A.41978 |
| | MEMPHIS | TN | • | |
| | MEMPHIS | 1111 | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | | |
| | | | P STRAT BUS DEVELOPME | :1\1 |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | ' ' | 500.00 | |
| | Other (specify) | | | |
| В. | Full Name (Last, First, Middle Initial) THOMAS S. MCCANN | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTER | R PKWY. | | M M / D D / Y Y Y Y |
| | | | | 11 30 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41979 |
| | MEMPHIS | <u>TN</u> | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | Todoral political committee. | | | |
| | ACCREDO HEALTH GROUP INC. | Occupation | | |
| | | VP SALE | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | _ · · · | 450.00 | |
| | Other (specify) ▼ | | 100.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | 1 |
| C. | DANETTE MEREDITH | | | Date of Receipt |
| | Mailing Address 1640 CENTURY CENTER | R PKWY. | | 11 30 2007 |
| | City | State | Zip Code | Transaction ID: INC.A.41980 |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 25.00 |
| | federal political committee. | | | |
| | ACCREDO LEXITLICROLIR INC. | n NL MANAGER - MULTI BRAI | √¢H | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | 7 |
| | Primary General | | | 1 |
| | Other (specify) ▼ | | 250.00 | |
| _ | | | | <u> </u> |
| | | | | 105.00 |
| s | UBTOTAL of Receipts This Page (optional) | | ······ | 125.00 |
| \vdash | | | · | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 277 / 306 (check only one) X 11a 11b 11c 12 |
|---------------|---|--------------------------------|--|--|
| An | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | 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. |
| $\frac{1}{2}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | | | |
| A. | Full Name (Last, First, Middle Initial) SUZANNE RICHARDS Mailing Address 21357 WEST 115TH TE City ORATHE FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP, INC. | State KS | Zip Code 66061 | Date of Receipt M M J J J J J J J J J J J J J J J J J |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 300.00 | |
| 3. | Full Name (Last, First, Middle Initial) JACK ALLEN SMITH Mailing Address 21 DORCHESTER RD. City DARIEN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS, INC. Receipt For: Primary General Other (specify) | | Zip Code 06820 06820 MARKETING 2 Year-to-Date ▼ | Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: INC.A.41465 Amount of Each Receipt this Period 5000.00 |
| C. | Full Name (Last, First, Middle Initial) BARRY SOUTHERN Mailing Address 1640 CENTURY CENTE City MEMPHIS FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP, INC. Receipt For: Primary General Other (specify) | State TN C Occupation GENERA | Zip Code 38134 n AL MANAGER 2 Year-to-Date ▼ | Date of Receipt M M M / 30 / 2007 Transaction ID: INC.A.41982 Amount of Each Receipt this Period 25.00 |
| S | JBTOTAL of Receipts This Page (optional) | | ····· | 5050.00 |
| T | OTAL This Period (last page this line number on | ly) | > | |

| SCHEDULE A (FEC Form 3X) | | | Llaa aanarata aahadula(a) | FOR LINE NUMBER: PAGE 278 / 306 | | | | | | | |
|--------------------------|---|---------------------------|---|--|--|--|--|--|--|--|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) | | | | | | | |
| | EIMIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | | | |
| | | | | 13 14 15 16 17 | | | | | | | |
| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | | | | | | |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | 71 | | | | | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. PO | LITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | Data of Daggint | | | | | | | |
| ٦. | PETER A. STARK Mailing Address 1670 CENTURY CENTE | D DADKIA | IAV | Date of Receipt | | | | | | | |
| | mamig / tod. 300 TO/O CENTORY CENTER | 11 1 AI II N | | 11 30 2007 | | | | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.41983 | | | | | | | |
| | MEMPHIS | TN | 38134 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | | | | | | | |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | | | | | | | | | |
| | Receipt For: | | VICE-PRESIDENT - CORPO Year-to-Date ▼ | DHATE FINAN | | | | | | | |
| | Primary General | Aggregate | 1 1 1 1 1 1 1 | | | | | | | | |
| | Other (specify) ▼ | | 550.00 | | | | | | | | |
| | | | | | | | | | | | |
| 3. | Full Name (Last, First, Middle Initial) CHANTAL D. VEEVAETE | | | Date of Receipt | | | | | | | |
| | Mailing Address 7292 OAKVILLE DR. | | | 11 30 / 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.41984 | | | | | | | |
| | GERMANTOWN | TN | 38138 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing | | | | | | | | | | |
| | federal political committee. | C | | 50.00 | | | | | | | |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | 1 | ╡ | | | | | | | |
| | ACCREDO HEALTH GROUP, INC. | VICE PR | ESIDENT, HUMAN RESOU | R¢ES | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | 500.00 | | | | | | | | |
| | Other (specify) ▼ | 0 0 | | | | | | | | | |
| о. Э. | Full Name (Last, First, Middle Initial) MR MARK WEGRYN | | | Date of Receipt | | | | | | | |
| | Mailing Address 867 STANDISH AVE | | | M M / D D / Y Y Y Y | | | | | | | |
| | Cit. | 04-4- | 7in Onda | 11 30 2007 | | | | | | | |
| | City MOUNTAINSIDE | State NJ | Zip Code 07092 | Transaction ID: INC.A.41985 Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing | | 07002 | | | | | | | | |
| | federal political committee. | C | | 25.00 | | | | | | | |
| | Name of Employer ACCREDO HEALTH GROUP, INC. | Occupation | า | 1 | | | | | | | |
| | | | & PRODUCT INTEGRITY | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | ''' | 300.00 | | | | | | | | |
| | Other (Specify) \ | | 0 0 0 0 0 0 0 | | | | | | | | |
| | L | | | 125.00 | | | | | | | |
| S | UBTOTAL of Receipts This Page (optional) | | | 125.00 | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 279 / 306 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) Full Name (Last, First, Middle Initial) A. BRENDA WRIGHT Date of Receipt Mailing Address 1640 CENTURY CENTER PKWY. 30 2007 City State Zip Code Transaction ID: INC.A.41986 **MEMPHIS** TN 38134 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer ACCREDO HEALTH GROUP, INC. Occupation VP QUALITY INTEGRITY HEALTH Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

| SUBTOTAL of Receipts This Page (optional) | • | 50.00 |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | • | 67378.62 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 280 / 306 (check only one) 11a 11b 11c 12 13 14 15 16 17 17 |
|--|---|--|
| Any information copied from such Reports and Sta or for commercial purposes, other than using the n | tements may not be sold or used by any perso ame and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC | DLITICAL ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) BANK OF MARIN Mailing Address 50 MADERA BLVD. | | Date of Receipt 1 1 |
| City CORTE MADERA FEC ID number of contributing federal political committee. | State Zip Code CA 94925 C | Transaction ID: INC.A.41468 Amount of Each Receipt this Period 98.49 |
| Name of Employer Receipt For: Primary General Other (specify) ▼ | Occupation Aggregate Year-to-Date ▼ 890.29 | INTEREST EARNED |

| SUBTOTAL of Receipts This Page (optional) | • | 98.49 |
|---|----------|-------|
| TOTAL This Period (last page this line number only) | • | 98.49 |

Image# 27931702648

| ~ | | | | | _ |
|-----------------|--|-----------------------------------|---------------|--|---|
| 5 | CHEDULE B (FEC Form 3X) | Use seperate schedule(s) | | NUMBER: PAGE 281/306 | |
| IT | EMIZED DISBURSEMENTS | for each category of the | (check only | y one) | 7 |
| • • | EMIZED DIODOTICEMENTO | Detailed Summary Page | X 21b | 22 23 24 25 26 | |
| | | | 27 | 28a 28b 28c 29 30l |) |
| | y Information copied from such Reports and Staten | | | | |
| or | for commercial purposes, other than using the name | e and address of any political co | mmittee to so | blicit contributions from such committee | |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. POLI | TICAL ACTION COMMITT | EE (a.k.a. N | Medco Health PAC) | |
| / | | | (•• | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ļ |
| | Full Name (Last, First, Middle Initial) | | | Transaction ID: EXP.B.41467 | _ |
| ٩. | BANK OF MARIN | | | Date of Disbursement | |
| | | | | M M / D D / Y Y Y | |
| | Mailing Address 50 MADERA BLVD. | | | 1 1 M | |
| | | | | | |
| | City | State Zip Code | | Amount of Each Disbursement this Period | _ |
| | CORTE MADERA | CA 94925 | | | |
| | Purpose of Disbursement | | | 104.90 | |
| | BANK SUPPLIES | | 001 | | |
| | Candidate Name | | Category/ | | |
| | | | Type | | |
| | Office Sought: House Disburse | ment For: | | | |
| | Senate | Primary General | | | |
| | President | Other (specify) | | | |
| | State: District: | | | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 104.90 |
|---|---|--------|
| | | |
| TOTAL This Period (last page this line number only) | • | 104.90 |

| SCIEDOLL B (I LCI OIIII 3X) | Use seperate schedule(s) | | OR LINI heck on | = NUMBE lv one) | K: | F | AGE | 282 / | 306 |
|---|---|-------------------------|--------------------|--------------------|-------------------------|------------|---------|----------|-----------|
| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 21b 27 | 22 28a | X 23 28b | 24 280 | , Н | 25 29 | 26 30k |
| Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam | | | | | | | | | 5 |
| NAME OF COMMITTEE (In Full) | e and address of any political co | JIIIIIII | 1100 10 3 | Olicit Corti | ibulions n | OIII SUCII | COITIII | iiittee | |
| MEDCO HEALTH SOLUTIONS INC. POLI | TICAL ACTION COMMITT | ΈE | (a.k.a. | Medco H | lealth P | AC) | | | |
| Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMI | TTEE | | | | action ID | | 3:405 | 08 | |
| | LL | | | M | | 0 6 | Y Y | 0 ŏ 7 | Υ |
| Mailing Address P.O. BOX 87 | | | | 1 1 | | 0.6 | . 2 | 007 | |
| City UWCHLAND | State Zip Code PA 19480 | | | Amou | nt of Eacl | n Disburs | emen | t this P | eriod |
| Purpose of Disbursement | I | | - | <u> </u> | | | 1 | 000.0 | 00 |
| Candidate Name | | Q1 | | | | | | | |
| JIM GERLACH | | Cate Ty _l | | | | | | | |
| X | ment For: 2008 Primary General | | | | | | | | |
| President | Other (specify) | | | | | | | | |
| State: PA District: 6 | | | | | | | | | |
| Full Name (Last, First, Middle Initial) HOOLEY FOR CONGRESS | | | | | action ID | | 3:409 | 44 | |
| | | | | М | | 1 2 | YYY | 0 ŏ 7 | Υ |
| Mailing Address P.O. BOX 2050 | | | | 11 | | 12 | | 007 | |
| City SALEM | State Zip Code OR 97308 | | | Amou | nt of Eacl | n Disburs | emen | t this P | eriod |
| Purpose of Disbursement | | - | - | <u> </u> | | | 1 | 500.0 | 00 |
| Candidate Name | | 01 Cate | | | | | | | |
| DARLENE HOOLEY | | Ту | | | | | | | |
| , <u>, , , , , , , , , , , , , , , , , , </u> | ment For: 2008 Primary General | | | | | | | | |
| President | Other (specify) | | | | | | | | |
| State: OR District: 05 | | | | | | | | | |
| Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL | | | | | action ID of Disburs | | 3:409 | 46 | |
| Mailing Address P.O. BOX 1071 | | | | 1 1 | M / D. | 1 2 / | Ý Ž | 0 ŏ 7 | Y |
| | State Zip Code | | | Amau | nt of Eacl | Diobuse | | + +b:a D | loriod |
| City SEYMOUR | IN 47274 | | | Amou | III OI Eaci | Disburs | emen | | |
| Purpose of Disbursement | Г | 01 | 1 | L. | | | | 500.0 | 00 |
| Candidate Name BARON P. HILL | | Cate | gory/ | | | | | | |
| | ment For: 2008 | ועי | | 1 | | | | | |
| | Primary General | | | | | | | | |
| President State: IN District: 09 | Other (specify) | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | _ | | • | • | 3 | 000.0 | 0 |
| SOBTOTAL OF DISDUISEMENTS THIS Page (optional) | | | | - | - | | | | |
| TOTAL This Period (last page this line number only) | | | • | | | | | | |

| S | CHEDULE B (FEC Form 3X) | Use seperate schedule | e(s) | FOR LINE | - | _! | PAGE 2 | 283 / 306 | |
|-----------|--|---|------|--------------------|-----------------------------|--------------------|-------------|------------|---|
| IT | EMIZED DISBURSEMENTS | for each category of th Detailed Summary Pag | е | (check only 21b 27 | | 3 24 8b 28 | | 25 26 | |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI | | | | | | | | |
| ۹. | Full Name (Last, First, Middle Initial) KAY GRANGER CAMPAIGN FUND | | | | Transaction Date of Disk | | | | |
| | Mailing Address 715 JONES ST., STE. 10 |)1 | | | 11 | 12 | 20 | ŏ 7 ° | |
| | | State Zip Code TX 76102 | | | Amount of E | ach Disbur | sement t | his Period | _ |
| | Purpose of Disbursement | | Г | 011 | | | 10 | 00.00 | |
| | Candidate Name KAY GRANGER | | 75 | Category/ Type | | | | | |
| | | ment For: 2008 Primary Gener Other (specify) | ral | | | | | | |
| 3. | Full Name (Last, First, Middle Initial) THE FREEDOM PROJECT | | | | Transaction Date of Disk | | 3:40942 | 2 | _ |
| | Mailing Address 111 C STREET, SE | | | | 11 | 12 | Ý Ž0 | 0 7 ° | |
| | , | State Zip Code DC 20003 | | | Amount of E | ach Disbur | sement t | his Period | 1 |
| | Purpose of Disbursement | | Г | 011 | | | 25 | 00.00 | |
| | Candidate Name GENERAL PURPOSE COMMITTEE | | 7 | Category/ Type | | | | | |
| | Office Sought: House Senate President State: District: | ment For: Primary Gener Other (specify) | ral | | | | | | |
| Э. | Full Name (Last, First, Middle Initial) WE THE PEOPLE PAC | | | | Transaction Date of Disk | | 3:40943 | 3 | _ |
| | Mailing Address P.O. BOX 2232 | | | | 111 | ^D 1 2 / | Ý Ž0 | 0 7 ° | |
| | | State Zip Code PA 19046 | | | Amount of E | ach Disbur | sement t | his Period | _ |
| | Purpose of Disbursement | | Т | 011 | | | 50 | 00.00 | |
| | Candidate Name GENERAL PURPOSE COMMITTEE | | 75 | Category/ Type | | | | | |
| | Office Sought: House Disburse Senate President State: District: | ment For: Primary Gener Other (specify) | ral | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional) . | | | | | | 850 | 00.00 | |
| T | OTAL This Period (last page this line number only) | | | | | | - | | |

| | CHEDULE B (FEC Form 3 | y Use sep | erate schedule(s) | | | NE NUMBER: PAGE 284 / 306 only one) | | | | | | | |
|----|--|--|---------------------------------|-------------|-----------|-------------------------------------|-----------------------|------|-----------|---|-------------|----------------|-----------|
| IT | EMIZED DISBURSEMEN | for each Detailed | category of the Summary Page | | 21b 27 | 22 28a | X 23 28b | , [| 24 28c | F | 25 29 | | 26 30b |
| | y Information copied from such Reports a for commercial purposes, other than usin | | | | | | | | | | | s | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | NC. POLITICAL AC | CTION COMMI | TTEE(| (a.k.a. | Medco I | Health F | PAC | C) | | | | |
| Α. | Full Name (Last, First, Middle Initial) THE COMMITTEE TO RE-ELECT | ARTUR DAVIS T | O CONGRESS | } | | Date | saction I of Disbu | sei | ment | | 51 0 ố 7 | 7 ^Y | |
| | Mailing Address P.O. BOX 1845 City BIRMINGHAM | State AL | Zip Code 35201 | | | | unt of Ead | | | | | | od |
| | Purpose of Disbursement | AL | 33201 | 01 | | | | | | 1 | 1000. | 00 | |
| | Candidate Name ARTUR G. DAVIS | | | Cate Typ | , | | | | | | | | |
| | Office Sought: X House Senate President State: AL District: 7 | Disbursement For: X Primary Other (spe | 2008 General | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS | | | | | 1 | saction I of Disbu | ser | ment | | | V | |
| | Mailing Address 81 S. FIFTH ST | | | | | 1 1 | | 2 | 8 | 2 | 0 ŏ 7 | 7 | |
| | City COLUMBUS | State OH | Zip Code 43215 | | | Amou | unt of Ead | ch [| Disburse | - | | | od |
| | Purpose of Disbursement | | | 01 | 1 |] L. | | | | 1 | 1000. | 00 | |
| | Candidate Name STEVE STIVERS | | | Cate Typ | | | | | | | | | |
| | Office Sought: X House Senate President State: OH District: 15 | Disbursement For: X Primary Other (spe | 2008 General | | | | | | | | | | |

| SUBTOTAL of Disbursements This Page (optional) | > | 2000.00 |
|---|-------------|----------|
| TOTAL This Period (last page this line number only) | | 13500.00 |

| S | CHEDULE B (FEC Form 3X) | Use seper | ate schedule(s) | | FOR LINE | | ER: | | PAGE 28 | 85 / 306 |
|-----------|--|-------------------------------------|--------------------------------|-----------------|-------------------------|-----------|-----------|-----------|-----------|------------------|
| IT | EMIZED DISBURSEMENTS | for each ca | ategory of the summary Page | | (check onl 21b 27 | 22 28a | 23 28l | 24 | | |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI | | | | | | | | | |
| ۹. | Full Name (Last, First, Middle Initial) ALAN SANBORN FOR SENATE | | | | | | of Disbu | ID: EXP.I | | V |
| | Mailing Address 27140 IRWIN RD. | | | | | 1 1 | W / | 16 | 20 | 0 7 Y |
| | , | State MI | Zip Code 48062 | | | Amou | unt of Ea | ch Disbur | sement th | is Period |
| | Purpose of Disbursement | | | Г | 011 | L. | | | 50 | 00.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | | tegory/ Type | | | | | |
| | Office Sought: House Senate President State: MI District: | ment For: Primary Other (spec | 2010 X General cify) ▼ | | | | | | | |
| 3. | Full Name (Last, First, Middle Initial) ANDY DILLON FOR STATE REPRESENT. | ATIVE | | | | | | ID: EXP.I | 3.40995 | |
| | Mailing Address P.O. BOX 395 | | | | | 1 1 | M / | 1 6 / | y žo | 0 7 Y |
| | , | State MI | Zip Code 48101 | | | Amou | unt of Ea | ch Disbur | | |
| | Purpose of Disbursement | | | | 011 | | | | 50 | 00.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | | tegory/ Γype | | | | | |
| | Senate President | ment For: Primary Other (spec | 2008 X General sify) ▼ | | | | | | | |
| | State: MI District: Full Name (Last, First, Middle Initial) | | | | | Trans | saction | ID: EXP.I | 3 40999 | |
| Э. | ARLAN B. MEEKHOF FOR STATE REP | | | | | Date | of Disbu | rsement | | Y _ Y |
| | Mailing Address 9128 OAK CREEK LN. | | | | | 11 | | 16 | 20 | Ď 7 [×] |
| | , | State MI | Zip Code 49460 | | | Amou | unt of Ea | ch Disbur | | |
| | Purpose of Disbursement | | | | 011 | L. | | | 25 | 50.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | | tegory/ Γype | | | | | |
| | Office Sought: House Disburse Senate President State: MI District: | ment For: Primary Other (spec | 2008 X General | | | | | | | |
| • | UBTOTAL of Disbursements This Page (optional) . | | | | | | | | 125 | 0.00 |
| | | | | | | | • | • | • • • | |
| 1 | OTAL This Period (last page this line number only) | | | • • • • • • • • | 🕨 | | | | | |

| SCHEDOLL B (I LCI OIIII 3X) | Use seperate schedule(s) | (check only | | L | PAGE 286 | 5 / 306 | |
|---|---|-------------------|---|-----------------------------|---------------|-----------|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 28a | 23 24 28b 28 | | 26 30b | |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | | |
| or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) | and address of any political co | mininitee to sol | ion continuut | IOH SUC | , i committee | - | |
| MEDCO HEALTH SOLUTIONS INC. POLITIONS | TICAL ACTION COMMITT | EE (a.k.a. N | ledco Hea | Ith PAC) | | | |
| Full Name (Last, First, Middle Initial) A. BARB BYRUM FOR STATE REPRESENTATIVE | | | Transaction ID: EXP.B.40993 Date of Disbursement | | | | |
| Mailing Address P.O. BOX 27344 | | | 1"1 "" | 16 | y žoó | 7 | |
| , | State Zip Code MI 48909 | | Amount o | f Each Disbu | | | |
| Purpose of Disbursement | I | 011 | | | 250 | .00 | |
| Candidate Name Category | | Category/ Type | | | | | |
| Office Sought: Senate President State: MI District: | nent For: 2008 Primary X General Other (specify) | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Transacti | ion ID: EXP. | B.40952 | | |
| BILL CALLEGARI CAMPAIGN | | | Date of D | isbursement | V ' V ' V | * V | |
| Mailing Address 26102 FM 529 RD. | | | 1 1 1 | 1 6 / | žoŏ | 7 ' | |
| • | State Zip Code FX 77493 | | Amount o | f Each Disbu | | | |
| Purpose of Disbursement | | 011 | | | 1000 | .00 | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | | | | |
| Office Sought: House Disburser Senate President | nent For: 2008 Primary X General Other (specify) | | | | | | |
| State: TX District: Full Name (Last, First, Middle Initial) | | | | = =\/= | D 1000 | | |
| BOAL FOR IOWA HOUSE | | | | ion ID: EXP. isbursement | | * V | |
| Mailing Address 3301 SW TIMBERGREEI | NRD. | | 1"1 " | 16 | žoŏ | 7 | |
| • | State Zip Code A 50023 | | Amount o | f Each Disbu | rsement this | Period | |
| Purpose of Disbursement | | 011 | | | 250 | .00 | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | | | | |
| Office Sought: House Disburse Senate President State: IA District: | nent For: 2008 Primary X General Other (specify) | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | | 1500 | .00 | |
| | | | | | | | |
| TOTAL This Period (last page this line number only) | | | | | | | |

| SCHEDULE B (FEC Form 3X) | Use seperate schedule(s) | FOR LINE (check only | | PAGE 287/306 |
|--|---|----------------------|---------------------------------------|------------------------------|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 23 28a 28b | 24 25 26 28c X 29 30b |
| Any Information copied from such Reports and Stater or for commercial purposes, other than using the name. | | | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | ITICAL ACTION COMMI | ГТЕЕ (a.k.a. М | Medco Health PAC) | |
| Full Name (Last, First, Middle Initial) A. CITIZENS FOR GRONSTAL | | | Transaction ID: EX Date of Disburseme | nt |
| Mailing Address 220 BENNETT AVE. | | | 111 / 16 | 2007 |
| City COUNCIL BLUFFS | State Zip Code IA 51503 | | Amount of Each Dis | bursement this Period |
| Purpose of Disbursement | | 011 | | 1000.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Senate President | ement For: 2008 Primary X General Other (specify) | | | |
| State: IA District: Full Name (Last, First, Middle Initial) GITIZENS FOR STRUYK | | | Transaction ID: EX | |
| - | | | Date of Disburseme | 2007 |
| Mailing Address 219 CARSON AVE. | Otata Zin Onda | | | |
| City COUNCIL BLUFFS | State Zip Code IA 51503 | | Amount of Each Dis | bursement this Period 250.00 |
| Purpose of Disbursement | | 011 | | 230.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Senate President | ement For: 2008 Primary X General Other (specify) ▼ | | | |
| State: IA District: Full Name (Last, First, Middle Initial) | | | Transaction ID: EX | (D.D. 41004 |
| CITIZENS TO ELECT TONYA SCHUITMATIVE | AKER FOR STATE REPR | RESENT- | Date of Disburseme | nt |
| Mailing Address P.O. BOX 362 | | | 11 / 16 | Y ŽOЎ7 |
| City PAW PAW | State Zip Code MI 49079 | | Amount of Each Dis | bursement this Period |
| Purpose of Disbursement | | 011 | | 250.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Senate President | ement For: 2008 Primary X General Other (specify) ▼ | | | |
| State: MI District: | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | > | | 1500.00 |
| TOTAL This Period (last page this line number only |) | | | |

| SCILDOLL B (I LCI OIIII 3X) | Use seperate schedule(s) | (check only | - | | PAGE 28 | 38 / 306 |
|---|--|--------------------------|------------|------------------------|-------------|------------------|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 28a | 23 24 28b 28 | - | |
| Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name | | | | | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLIT | | | | | ii committe | |
| Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT GRETCHEN WHI Mailing Address P.O. BOX 11063 | TMER | | | on ID: EXP. sbursement | B.40989 | ý 7 [×] |
| , | State Zip Code MI 48901 | | Amount of | Each Disbu | rsement th | is Period |
| Purpose of Disbursement Candidate Name | | 011 Category/ | | | 50 | 0.00 |
| NON-FEDERAL CONTRIBUTION Office Sought: House Senate President State: MI District: | nent For: 2010 Primary X General Other (specify) | Туре | | | | |
| Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT KATE EBLI | | | | on ID: EXP. sbursement | | v · v |
| Mailing Address P.O. BOX 2141 | | | 111 | 16 | 20 | Ď 7 ^Ÿ |
| MÓNROE | State Zip Code MI 48162 | | Amount of | Each Disbu | | is Period |
| Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION | C | 011 Category/ Type | | | 20 | |
| Office Sought: House Disburser Senate President State: MI District: | nent For: 2008 Primary X General Other (specify) | | | | | |
| Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT KATHY ANGERE | R | | Date of Di | on ID: EXP. sbursement | | |
| Mailing Address PO BOX 157 | | | 111 | 16 | ž 0 | Ď 7 ^Ÿ |
| DÚNDEE | State Zip Code MI 48131 | | Amount of | Each Disbu | | |
| Purpose of Disbursement Candidate Name | | 011 Category/ | | | 20 | 0.00 |
| NON-FEDERAL CONTRIBUTION | | Type | | | | |
| Office Sought: House Disburser Senate President State: MI District: | nent For: 2008 Primary X General Other (specify) | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | <u>•</u> | | | 100 | 0.00 |
| TOTAL This Period (last page this line number only) | | | | | | |

| SCILDOLL B (I LCI OIIII 3X) | Use seperate schedule(s) | Check only | | | PAGE 289/306 | | | |
|--|--|-------------------|-----------|----------------------------|--------------|--------------------|-----------|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 28a | 23 <u> </u> | 24 28c X | 25 29 | 26 30b | |
| Any Information copied from such Reports and Statemor for commercial purposes, other than using the name | | | | | | | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLIT | · | | | | SUCIT COMMI | | | |
| Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MICHAEL SWITA Mailing Address 31412 GAY ST. | LSKI STATE SENATOR | | | ion ID: EX hisbursement | nt | 88 0 0 7 ° |] | |
| , | State Zip Code MI 48066 | | Amount o | of Each Dis | bursement | this Per | riod | |
| Purpose of Disbursement Candidate Name | | 011 Category/ | | | | 250.00 | | |
| NON-FEDERAL CONTRIBUTION Office Sought: House Senate President State: MI District: | | Туре | | | | | | |
| Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT STEVEN BIEDA | | | | ion ID: EX | nt | | 1 | |
| Mailing Address P.O. BOX 1311 | | | 1 1 1 | 16 | 2 | 0 0 7 [°] | | |
| WÁRREN | itate Zip Code MI 48090 | | Amount o | of Each Dis | | this Per 250.00 | - | |
| Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION | | 011 Category/ | | | | 230.00 | | |
| Office Sought: Senate President State: MI District: Disburser | nent For: 2008 Primary X General Other (specify) | | | | | | | |
| Full Name (Last, First, Middle Initial) DANIELSON FOR SENATE | | | | ion ID: EX | nt | | 1 | |
| Mailing Address 3906 MONTERREY DR. | | | 1 1 1 | 16 | 2 | 0 0 7 ° | | |
| , | tate Zip Code A 50701 | | Amount o | of Each Dis | | | - | |
| Purpose of Disbursement | | 011 | L | | | 500.00 | | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | | | | | |
| Office Sought: House Disburser Senate President State: IA District: | nent For: 2008 Primary X General Other (specify) | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | <u> </u> | | | 10 | 00.00 | | |
| TOTAL This Period (last page this line number only) | | | | | | | | |

| S | CHEDULE B (FEC Form 3X) | Use sene | erate schedule(s) | hedule(s) FOR LINE NUMBER: PAGE 29 | | | | AGE 290 | / 306 | |
|-----------|--|--------------------|---------------------------------|------------------------------------|-------------------|-------------------|------------|------------|------------|----------------|
| IT | EMIZED DISBURSEMENTS | for each | category of the Summary Page | | k only 1b 7 | one) 22 28a | 23 28b | 24 28c | 25 X 29 | 26 30b |
| | y Information copied from such Reports and State for commercial purposes, other than using the nar | | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI | | | | | | | | | |
| ۹. | Full Name (Last, First, Middle Initial) DONNA HOWARD CAMPAIGN | | | | | Date o | of Disburs | | 40956 | |
| | Mailing Address P.O. BOX 2124 | | | | | 1 1 | M / D | 16 | žoŏ | 7 ^Y |
| | City AUSTIN | State TX | Zip Code 78767 | | | Amou | nt of Eacl | h Disburse | | |
| | Purpose of Disbursement | | | 011 | | <u> </u> | | | 500 | .00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | Category Type | y / | | | | | |
| | Senate President | Primary Other (spe | 2008 X General | | | | | | | |
| _ | State: TX District: Full Name (Last, First, Middle Initial) | | | | | Trans | action ID | : EXP.B. | 40978 | |
| 5. | FRIENDS FOR JOHN J. GLEASON | | | | | М | of Disburs | D / | y y y y | _ Y |
| | Mailing Address 2617 MACOMBER ST. | | | | | 11 | | 16 | 200 | / |
| | City FLINT | State MI | Zip Code 48503 | | | Amou | nt of Eac | h Disburse | | |
| | Purpose of Disbursement | | | 011 | | | | | 250 | .00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | Category Type | y/ | | | | | |
| | Senate President | Primary Other (spe | 2010 X General ecify) ▼ | | | | | | | |
| | State: MI District: Full Name (Last, First, Middle Initial) | | | | | T | IF | . EVD D | 40004 | |
| Э. | FRIENDS OF ANDY COULOURIS | | | | | Date o | of Disburs | | | V |
| | Mailing Address P.O. BOX 2005 | | | | | 1"1 | | 16 | ŽOŎ | 7 |
| | City SAGINAW | State MI | Zip Code 48605 | | | Amou | nt of Eac | h Disburse | | |
| | Purpose of Disbursement | | | 011 | | L. | | | 250 | .00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | Category Type | y/ | | | | | |
| | Senate President | Primary Other (spe | 2008 X General | | | | | | | |
| | State: MI District: | | | | | _ | | | | |
| S | UBTOTAL of Disbursements This Page (optional |) | | | <u> </u> | | | | 1000. | .00 |
| т | OTAL This Period (last page this line number only | v) | | | • | | | | | |

| | STIEDOLL B (I LCI OIIII 3X) | Use seperate schedule(s) |) | | | IE NUMB nly one) | EK: | | | PAC | JE 29 | 91 / 3 | 06 |
|-----------|--|--|----------|------|---|---------------------|-------|-----------|---------|-----------|-------------|-----------------|-----------|
| IT | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | Ė | 21b 27 | 22 28a | | 23 28b | П | 24 28c | 25 X 29 | | 26 30b |
| | y Information copied from such Reports and State for commercial purposes, other than using the nar | | | | | | | | | | | | |
| V | NAME OF COMMITTEE (In Full) | The and address of any politica | II COII | 1111 | iiiiee io | SOIICIL COIT | libu | 10115 11 | IOIII S | such cc | אוווווווננפ | | |
| \rangle | MEDCO HEALTH SOLUTIONS INC. POI | LITICAL ACTION COMMI | TTE | Έ | (a.k.a | Medco | Hea | lth P | AC) | | | | |
| Α. | Full Name (Last, First, Middle Initial) FRIENDS OF DAVID PALSROK | | | | | | of D | isburs | | P.B.4 | 1001 Ž 0 | Ý 7 | 1 |
| | Mailing Address 2051 12TH ST. | | | | | | | | 10 | | 20 | 0 1 | |
| | City MANISTEE | State Zip Code MI 49660 | | | | Amo | unt c | of Eacl | n Disl | bursen | nent th | is Pe | riod |
| | Purpose of Disbursement | | | _ | 4.4 | | | | | | 25 | 0.00 | |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | Ca | at | 11 egory/ ype | | | | | | | | |
| | Office Sought: Senate President State: MI District: | sement For: 2008 Primary X General Other (specify) ▼ | <u> </u> | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) | | | | | | | | | P.B.4 | 1000 | | |
| ٥. | FRIENDS OF FRED MILLER | | | | | M | М | isburs | emei | nt / Y | Y | Y _ Y | 1 |
| | Mailing Address P.O. BOX 2141 | | | | | 1 1 | | | 16 | | ž0 | 0 7 | |
| | City MOUNT CLEMENS | State Zip Code MI 48046 | | | | Amo | unt c | of Each | n Disl | bursen | | is Pe | - |
| | Purpose of Disbursement | | | 0 | 11 | | | - | | | 20 | 0.00 | |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | | egory/ ype | | | | | | | | |
| | Office Sought: House Disburs | sement For: 2008 Primary X General Other (specify) | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) FRIENDS OF JOHN PAPPAGEORGE FO | OR STATE SENATE | | | | _ | | ion ID | | P.B.4 | 0985 | | |
| | Mailing Address 201 TOWNSEND ST., | STE. 900 | | | | 1 1 | М | / D | 16 | / Y | ž 0 | Ď7 [°] | |
| | City LANSING | State Zip Code MI 49508 | | | | Amo | unt c | of Each | n Disl | bursen | | | - |
| | Purpose of Disbursement | | | 0 | 11 | | | | | | 25 | 0.00 | |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | Ca | at | egory/ ype | | | | | | | | |
| | Senate President | sement For: 2010 Primary X General Other (specify) | | | | | | | | | | | |
| | State: MI District: | | | | | | | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional |) | | | . • | | | | | | 75 | 0.00 | |
| Т | OTAL This Period (last page this line number onl | у) | | | | | | | | | | | |

| SCHEDULE B (I LOT OHII 3X) | Use seperate schedule(s) | (check only | - | | PAGE | AGE 292 / 306 | | |
|---|--|-------------------|----------|--------------|---------|-------------------------|-----------|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 28a | 23 28b 2 | - | 25 29 | 26 30b | |
| Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name | | | | | | | - | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLIT | · · · · · · · · · · · · · · · · · · · | | | | 311 COM | | | |
| Full Name (Last, First, Middle Initial) FRIENDS OF KEVIN A. ELSENHEIMER Mailing Address 1616 S. LANSING ST. | | | | on ID: EXP | | 7) 0 7 [°] | | |
| , | itate Zip Code MI 48879 | | Amount o | f Each Disbu | rsement | this Peri | iod | |
| Purpose of Disbursement Candidate Name | | 011 Category/ | | | 5 | 500.00 | | |
| | nent For: 2008 Primary X General Other (specify) | Туре | | | | | | |
| Full Name (Last, First, Middle Initial) FRIENDS OF LISA WOJNO | | | | on ID: EXP. | | | | |
| Mailing Address 27314 LA ROSE DR. | | | 1 1 | 16 | 20 |) Ď 7 [°] | | |
| WÁRREN | tate Zip Code ИI 48093 | | Amount o | f Each Disbu | | | iod | |
| Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION | | 011 Category/ | | | | 250.00 | | |
| | nent For: 2008 Primary X General Other (specify) ▼ | . 7 P | | | | | | |
| Full Name (Last, First, Middle Initial) FRIENDS OF MICHAEL G. SAK STATE RE | PRESENTATIVE | | | on ID: EXP | | _ | | |
| Mailing Address 236 VALLEY AVE. NW | | | 1 1 | 16 | 2 (|) Ď 7 [°] | | |
| GRAND RAPIDS | tate Zip Code ИI 49504 | | Amount o | f Each Disbu | | | iod | |
| Purpose of Disbursement Candidate Name | | 011 | | | | 500.00 | | |
| NON-FEDERAL CONTRIBUTION | | Category/ Type | | | | | | |
| | nent For: 2008 Primary X General Other (specify) | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | <u> </u> | | | 12 | 50.00 | | |
| TOTAL This Period (last page this line number only) . | | | | | | | | |

| SCHEDOLL B (I LCI OIIII 3X) | Use seperate schedule(s) | (check only | NUMBER: PAGE 293 | / 306 |
|---|--|-------------------|---|----------------|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 23 24 25 28a 28b 28c X 29 | 26 30b |
| Any Information copied from such Reports and Stat or for commercial purposes, other than using the na | | | | |
| or for commercial purposes, other than using the ha | ne and address of any political c | OTTITULE TO SC | mon continuutions from Such committee | |
| MEDGO HEALTH SOLUTIONS INC. PC | LITICAL ACTION COMMIT | ΓΕΕ (a.k.a. N | Medco Health PAC) | |
| Full Name (Last, First, Middle Initial) A. FRIENDS OF ROGER KAHN FOR SEN | NTE | | Transaction ID: EXP.B.40983 Date of Disbursement | V |
| Mailing Address 3071 BAY RD., STE. 2 | 00 | | 11 | 7 |
| City SAGINAW | State Zip Code MI 48603 | | Amount of Each Disbursement this | |
| Purpose of Disbursement | | 011 | 500. | 00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Office Sought: House Disbu Senate President State: MI District: | sement For: 2010 Primary X General Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: EXP.B.41005 | |
| FRIENDS OF STEVE TOBOCMAN | | | Date of Disbursement | |
| Mailing Address P.O. BOX 9746 | | | 11 1 D 1 6 Y 2 0 0 7 | 7 ^Y |
| City DETROIT | State Zip Code MI 48209 | | Amount of Each Disbursement this | |
| Purpose of Disbursement | | 011 | 500. | 00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Office Sought: House Disbu Senate President State: MI District: | sement For: 2008 Primary X General Other (specify) | | | |
| Full Name (Last, First, Middle Initial) GILDA JACOBS FOR SENATE | | | Transaction ID: EXP.B.40980 Date of Disbursement | |
| Mailing Address 8353 HENDRIE BLVD | | | 111 D 16 Y 200 | 7 ^Y |
| City HUNTINGTON WOODS | State Zip Code MI 48070 | | Amount of Each Disbursement this | Period |
| Purpose of Disbursement | | 011 | 250. | 00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Office Sought: House Disbu Senate President State: MI District: | sement For: 2010 Primary X General Other (specify) | | | |
| SUBTOTAL of Disbursements This Page (optional |) | > | 1250. | 00 |
| TOTAL This Period (last page this line number or | | | | |
| | ,, | | | |

| | CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS | | erate schedule(s) category of the | | (check on | <u> </u> | | | AGE 294 | _ |
|-----------|---|------------------------------------|-------------------------------------|-----|------------------------|-----------|-------------|-----------|------------|----------------|
| | | Detailed S | Summary Page | | 21b 27 | 22 28a | 23 28b | 24 28c | 25 X 29 | 26 30b |
| | / Information copied from such Reports and Statem or commercial purposes, other than using the name | | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI | TICAL AC | TION COMMIT | ГТЕ | ≣ (a.k.a. | Medco He | ealth PAC | C) | | |
| | Full Name (Last, First, Middle Initial) GLENN ANDERSON FOR STATE SENAT | E | | | | | ction ID: E | ment | | V |
| | Mailing Address 34300 PARKGROVE DR | | | | | 1"1" | / D 1 (| 6 ' | 200 | 7 ' |
| | | State MI | Zip Code 48185 | | | Amoun | t of Each [| Disburse | ement this | Period |
| | Purpose of Disbursement | | | | 011 | | | | 250. | .00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | | tegory/ Γype | | | | | |
| | Senate President | ment For: Primary Other (spe | 2010 X General cify) V | | | | | | | |
| _ | State: MI District: Full Name (Last, First, Middle Initial) GO MIKE BISHOP | | | | | | ction ID: [| | 40976 | |
| | Mailing Address 883 GREAT OAK BLVD. | | | | | M M | | D / Y | žoŏ | 7 ^Y |
| | | State | Zip Code | | | Amoun | t of Each [| Disburse | ement this | Period |
| | , | MI | 48307 | _ | | | | | 500. | • • • |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | Ca | 011 tegory/ Γype | | | | | |
| | Senate President | ment For: Primary Other (spe | 2010 X General cify) ▼ | | | | | | | |
| | State: MI District: Full Name (Last, First, Middle Initial) | | | | | Tranca | ction ID: [| EYD R | 40068 | |
| _ | JACOBS COMMITTEE | | | | | | Disburser | ment | | V |
| | Mailing Address 808 58TH ST. | | | | | 1"1" | / D 1 (| 6 | 200 | 7 |
| | City WEST DES MOINES | State IA | Zip Code 50266 | | | Amoun | t of Each [| Disburse | ment this | Period |
| | Purpose of Disbursement | | | | 011 | | | | 250. | .00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | | tegory/ Γype | | | | | |
| | Senate President | ment For: Primary Other (spe | 2008 X General cify) V | | | | | | | |
| | State: IA District: | | | | | | | | | |
| SI | JBTOTAL of Disbursements This Page (optional) | | | | • | <u></u> | | | 1000. | 00 |
| т | OTAL This Period (last page this line number only) | | | | | | | | | |

| | CHEDULE B (FEC Form 3X) | Use sepe | erate schedule(s) | | NUMBER: | PAGE 295 / 306 |
|-----------|---|------------------------------------|---------------------------------|-------------------|--|---|
| IT | EMIZED DISBURSEMENTS | for each | category of the Summary Page | (check onl) | 22 23 28b | 24 25 26 28c X 29 30k |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | |
| Ĭ. | NAME OF COMMITTEE (In Full) | and address | 33 of any political | | mon contributions from | Ti sacri committee |
| \rangle | MEDCO HEALTH SOLUTIONS INC. POLI | ΓICAL AC | TION COMMI | TTEE (a.k.a. N | Medco Health PAC | C) |
| Α. | Full Name (Last, First, Middle Initial) JENNIFER M. GRANHOLM FOR GOVERN | IOR | | | Transaction ID: Date of Disburse | ment |
| | Mailing Address P.O. BOX 30013 | | | | 1 1 D | 6 7 2007 |
| | , | State MI | Zip Code 48909 | | Amount of Each I | Disbursement this Period |
| | Purpose of Disbursement | | | 011 | | 1000.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | Category/ Type | | |
| | Office Sought: House Disburse Senate President | ment For: Primary Other (spe | 2010 X General ecify) ▼ | | | |
| | State: MI District: | | | | | |
| В. | Full Name (Last, First, Middle Initial) JIM JACKSON CAMPAIGN | | | | Transaction ID: Date of Disburser | ment |
| | Mailing Address 1120 METROCREST DR | ., SUITE | 109 | | 1 1 D | $\begin{bmatrix} 0 & 1 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 &$ |
| | , | State TX | Zip Code 75006 | | Amount of Each I | Disbursement this Period |
| | Purpose of Disbursement | | | 011 | | 500.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | Category/ Type | | |
| | Office Sought: House Disburse Senate President | ment For: Primary Other (spe | 2008 X General ecify) ▼ | | | |
| | State: TX District: | | | | | |
| C. | Full Name (Last, First, Middle Initial) JIM MURPHY CAMPAIGN | | | | Transaction ID: Date of Disburser | |
| | Mailing Address 1 GREENWAY PLAZA, S | TE. 225 | | | 111 / 1 | $\begin{bmatrix} 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 $ |
| | , | State TX | Zip Code 77046 | | Amount of Each I | Disbursement this Period |
| | Purpose of Disbursement | | | 011 | | 500.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | Category/ Type | | |
| | Senate President | ment For: Primary Other (spe | 2008 X General ecify) ▼ | | | |
| | State: TX District: | | | | | |
| s | UBTOTAL of Disbursements This Page (optional) . | | |) | L | 2000.00 |
| I т | OTAL This Period (last page this line number only) | | | | | |

| SCHEDULE B (FEC Form 3X) | Use seperate schedule(s) | FOR LINE (check only | | PAGE 296 / 306 |
|---|---|--------------------------|---|--------------------------|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 23 28b 28b | 24 25 26 28c X 29 30b |
| Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam | | | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | ITICAL ACTION COMMIT | TEE (a.k.a. M | ledco Health PAC) | |
| Full Name (Last, First, Middle Initial) A. JOHN PROOS FOR STATE REPRESENT | ΓΑΤΙVE | | Transaction ID: EX Date of Disburseme | nt |
| Mailing Address P.O. BOX 804 | | | 11 1 / 16 | 2007 |
| City ST. JOSEPH | State Zip Code MI 49085 | | Amount of Each Dis | bursement this Period |
| Purpose of Disbursement | | 011 | | 500.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Senate President | ement For: 2008 Primary X General Other (specify) | | | |
| State: MI District: Full Name (Last, First, Middle Initial) KEL SELIGER CAMPAIGN | | | Transaction ID: EX Date of Disburseme | |
| Mailing Address P.O. BOX 31748 | | | M M / D D D D D D D D D D D D D D D D D | 2007 |
| City | State Zip Code | | Amount of Each Dis | bursement this Period |
| AMARILLO Purpose of Disbursement | TX 79120-1748 | | | 1000.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | 011 Category/ Type | | |
| Senate President | ement For: 2008 Primary X General Other (specify) | | | |
| State: TX District: Full Name (Last, First, Middle Initial) | | | Transaction ID: EX | (P B 40969 |
| KEVIN MCCARTHY FOR STATE REPRE | SENTATIVE | | Date of Disburseme | nt |
| Mailing Address 5220 SE 31ST CT. | | | 111 / 16 | Y 2007 |
| City DES MOINES | State Zip Code IA 50320 | | Amount of Each Dis | bursement this Period |
| Purpose of Disbursement | | 011 | | 500.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Senate President | ement For: 2008 Primary X General Other (specify) | | | |
| State: IA District: | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | > | | 2000.00 |
| TOTAL This Period (last page this line number only |) | | | |

| SCILEBOLL B (I LOI OIIII 3X) | Use seperate schedule(s) | |)K LINI heck or | = NUMBE ilv one) | 297 / 306 | | | | |
|---|---|-------------|--------------------|---------------------|--------------|-----------|----------|----------|-----------|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 21b 27 | 22 28a | 23 28b | 24 280 | \Box | 25 29 | 26 30b |
| Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | and address of any pointed to | JIIIIIII | 100 | OHOR COILL | 100110115 II | JOHN SUCH | COITIIII | illoc | |
| MEDCO HEALTH SOLUTIONS INC. POLIT | TICAL ACTION COMMITT | ΓEE (| a.k.a. | Medco F | lealth P | AC) | | | |
| Full Name (Last, First, Middle Initial) A. LOIS KOLKHORST CAMPAIGN | | | | | action ID | | .4095 | 8 | |
| | | | | | | 1 6 | YYY | 0 0 7 | Υ |
| Mailing Address P.O. BOX 2546 | | | | 11. | | 10 | 2 (| 007 | |
| | tate Zip Code FX 77834 | | | Amou | nt of Eacl | n Disburs | ement | this Pe | eriod |
| Purpose of Disbursement | Г | | | <u> </u> | | | į | 500.0 | 0 |
| Candidate Name | l. | 01 Cate | | | | | | | |
| NON-FEDERAL CONTRIBUTION | | Тур | | | | | | | |
| Office Sought: House Disburser Senate | nent For: 2008 Primary X General | | | | | | | | |
| President State: TX District: | Other (specify) | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Trans | action ID | · FXP B | 4098 | 1 | |
| MARK C. JANSEN FOR STATE SENATE | | | | Date | of Disburs | ement | | | _ |
| Mailing Address 6670 KALAMAZOO AVE. | STE. E 128 | | | 1 1 | M / D | 16 | ž | 0 Ď 7 | Y |
| • | itate Zip Code MI 49508 | | | Amou | nt of Eacl | n Disburs | ement | this Pe | eriod |
| Purpose of Disbursement | | 0.4 | , | | | | 2 | 250.0 | 0 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | 01 Cateo | gory/ | | | | | | |
| Office Sought: House Disburser Senate | nent For: 2010 Primary X General | | | | | | | | |
| President | Other (specify) ▼ | | | | | | | | |
| State: MI District: Full Name (Last, First, Middle Initial) | | | | Trans | action ID | · FXP P | 4006 | 0 | |
| MARK STRAMA CAMPAIGN | | | | Date | of Disburs | ement | | | |
| Mailing Address P.O. BOX 270263 | | | | 11 | M / D | 16 | ž | 0 Ď 7 | Y |
| • | tate Zip Code FX 78727 | | | Amou | nt of Eacl | n Disburs | ement | this Pe | eriod |
| Purpose of Disbursement | | | | <u> </u> | | | į | 500.0 | 0 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | 01 Cateo | gory/ | | | | | | |
| President | nent For: 2008 Primary X General Other (specify) | | | | | | | | |
| State: TX District: | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | | | | 12 | 50.0 | 0 |
| TOTAL This Period (last page this line number only) . | | | • | | | | | | |

| SCHEDULE B (FEC Form 3X) | Use seperate schedule(s | FOR LINE | PAGE 298/306 | |
|--|--|-------------------|------------------------------|--------------------------|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (CHECK OIII) | 7 one) 22 23 2 28a 28b | 24 25 26 28c X 29 30k |
| Any Information copied from such Reports and Stator for commercial purposes, other than using the na | | | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL ACTION COMM | IITTEE (a.k.a. N | Medco Health PAC | () |
| Full Name (Last, First, Middle Initial) A. MARK ZIEMAN FOR SENATE COMMIT | TEE | | Transaction ID: E | nent |
| Mailing Address 284 LUANA ROAD | | | 11 1 1 1 | 2007 |
| City POSTVILLE | State Zip Code IA 52162 | | Amount of Each [| Disbursement this Period |
| Purpose of Disbursement | | 011 | | 500.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Senate President | sement For: 2008 Primary X General Other (specify) ▼ | • | | |
| State: IA District: Full Name (Last, First, Middle Initial) MARTY KNOLLENBERG FOR STATE F | EP | | Transaction ID: E | |
| Mailing Address 198 E. BIG BEAVER F | D. | | 11 1 1 1 | 2007 |
| City TROY | State Zip Code MI 48083 | | Amount of Each D | Disbursement this Period |
| Purpose of Disbursement | | 011 | | 250.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Senate President | sement For: 2008 Primary X General Other (specify) ▼ | | | |
| State: MI District: Full Name (Last, First, Middle Initial) | | | Transaction ID: [| EXP R 40970 |
| MURPHY FOR STATE REPRESENTATI | VE | | Date of Disburser | nent |
| Mailing Address 155 NORTH GRANDV | IEW AVE. | | 1 1 D 1 6 | 2007 |
| City DUBUQUE | State Zip Code IA 52001 | | Amount of Each D | Disbursement this Period |
| Purpose of Disbursement | | 011 | | 500.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Senate President | sement For: 2008 Primary X General Other (specify) ▼ | • | | |
| State: IA District: | | | | 4050.00 |
| SUBTOTAL of Disbursements This Page (optional | l) | > | | 1250.00 |
| TOTAL This Period (last page this line number on | (v) | | | |

| SCIEDOLL B (I LCI OIIII 3X) | Use seperate schedule(s) | (check only | NUMBER: | L | PAGE 299/306 | | | |
|---|--|--------------------------|-----------|--------------------------|--------------------|------------------|--|--|
| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 28a | 23 24 28b 28 | - | 26 30b | | |
| 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. POLI | <u> </u> | | | | ii committe | | | |
| Full Name (Last, First, Middle Initial) PATRICIA HARLESS CAMPAIGN Mailing Address 1 STONEGATE PARK C | т. | | | ion ID: EXP. isbursement | B.40955 Ý Ž 0 Č |) 7 ^Y | | |
| | State Zip Code TX 77379 | | Amount o | f Each Disbu | rsement this | s Period | | |
| Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION | | 011 Category/ Type | | | 500 | 0.00 | | |
| Office Sought: Senate President State: TX District: Disburse | ment For: 2008 Primary X General Other (specify) | - ,,,,,,, | | | | | | |
| Full Name (Last, First, Middle Initial) 3. PATTY BIRKHOLZ FOR STATE SENATE | | | Date of D | ion ID: EXP. isbursement | | (* V | | |
| Mailing Address P.O. BOX 17177 | | | 11 | 16 | žoč | 7 | | |
| LÁNSING | State Zip Code MI 48909 | | Amount o | of Each Disbu | | | | |
| Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION | | 011 Category/ Type | | | 230 | 0.00 | | |
| Office Sought: House Disburse Senate President State: MI District: | ment For: 2010 Primary X General Other (specify) | | | | | | | |
| Full Name (Last, First, Middle Initial) PETTENGILL FOR IOWANS | | | Date of D | ion ID: EXP. | | | | |
| Mailing Address P.O. BOX 76 | | | 11 | 16 | žoč | 7 | | |
| MŤ. AUBURN | State Zip Code IA 52313 | | Amount o | of Each Disbu | | - | | |
| Purpose of Disbursement Candidate Name | | 011 Category/ | <u> </u> | | 230 | 0.00 | | |
| | ment For: 2008 | Туре | | | | | | |
| Senate President State: IA District: | Primary X General Other (specify) ▼ | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) . | | <u></u> | | | 1000 | 0.00 | | |
| TOTAL This Period (last page this line number only) | | | | | | | | |

| SCHEDOLL B (I LCI OIIII 3X) | Use seperate schedule(s) | (check on | : NUMBER: | PAGE 300 | / 306 | |
|---|--|--------------------------|-----------------|-------------------------------|-----------------|----------------|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 28a | 23 24 28b 28 | 4 25 3c X 29 | 26 30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | |
| NAME OF COMMITTEE (In Full) | and address of any political co | Jillillillee IO S | UNCIL CUITITIOU | 110111 500 | | |
| MEDGO HEALTH SOLUTIONS INC. POLI | TICAL ACTION COMMITT | EE (a.k.a. | Medco Hea | ulth PAC) | | |
| Full Name (Last, First, Middle Initial) A. RANDY RICHARDVILLE FOR SENATE | | | | tion ID: EXP. Disbursement | B.40986 | |
| Mailing Address P.O. BOX 1631 | | | 11 | 16 | žoŏ | 7 ^Y |
| , | State Zip Code MI 48162 | | Amount | of Each Disbu | | |
| Purpose of Disbursement | 1 | 011 | L | | 250. | .00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | | | |
| Office Sought: Senate President State: MI Disburse | ment For: 2010 Primary X General Other (specify) | | | | | |
| Full Name (Last, First, Middle Initial) | | | Transact | tion ID: EXP. | B.41006 | |
| REBEKAH WARREN FOR STATE REPRE | SENTATIVE | | | Disbursement | | |
| Mailing Address 234 EIGHTH ST. | | | 111 | 16 | žoŏ | 7 ^Y |
| , | State Zip Code MI 48103 | | Amount | of Each Disbu | rsement this | Period |
| Purpose of Disbursement | | 011 | L., | | 250. | 00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | 011 Category/ Type | | | | |
| Senate President | ment For: 2008 Primary X General Other (specify) | | | | | |
| State: MI District: Full Name (Last, First, Middle Initial) | | | T | State ID EVD | D 40000 | |
| RE-ELECT SENATOR RON JELINEK | | | Date of D | tion ID: EXP. Disbursement | | V |
| Mailing Address 7605 W. STICKLES RD. | | | 111 | 16 | žoŏ | 7 |
| • | State Zip Code MI 49128 | | Amount | of Each Disbu | rsement this | Period |
| Purpose of Disbursement | | 011 | Ī L | | 250. | 00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | | | |
| Office Sought: House Disburse Senate President State: MI District: | ment For: 2010 Primary X General Other (specify) | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | | 750. | 00 |
| CODITION DISDUISEMENTS THIS FAGE (OPTIONAL) | | | | • • • | | |
| TOTAL This Period (last page this line number only) | | | | | | |

| SCILDOLL B (I LCI OIII 3X) | Use seperate schedule(s) | | OR LIN check or | E NUMBE | :K: | L | PAGE | 301 / | 306 |
|--|--|-------|--------------------|---------------|-----------|----------------------|-----------|---------------------|-----------|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 21b 27 | 22 28a | 23 28t | b 22 | 4 | 25 29 | 26 30b |
| Any Information copied from such Reports and Statemers or for commercial purposes, other than using the name | | | | | | | | | <u> </u> |
| or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) | and address of any political co | OHIII | 10 S | SOIICIE COFIE | ibulions | HOIH SUC | AT COLLIN | iiill ee | |
| MEDCO HEALTH SOLUTIONS INC. POLIT | TICAL ACTION COMMITT | ΓΕΕ | (a.k.a. | Medco H | Health F | PAC) | | | |
| Full Name (Last, First, Middle Initial) SENATOR DAVID NETHING CAMPAIGN | | | | | | ID: EXP. | B.409 | 61 | |
| | | | | M | | 16 | YY | 0 ŏ 7 | Υ |
| Mailing Address P.O. BOX 1059 | | | | 1 1 | | 1 6 | . 2 | 0 0 7 | |
| , | tate Zip Code ND 58402 | | | Amou | ınt of Ea | ch Disbu | rsemen | t this P | eriod |
| Purpose of Disbursement | I | | - | T L. | | | . 1 | 0.000 | 0 |
| Candidate Name | | O. | | | | | | | |
| NON-FEDERAL CONTRIBUTION | | Ту | gory/ pe | | | | | | |
| Office Sought: House Disburser Senate | nent For: 2008 Primary X General | | | | | | | | |
| | Other (specify) | | | | | | | | |
| State: ND District: | | | | | | | | | |
| Full Name (Last, First, Middle Initial) TOM GEORGE FOR STATE SENATE | | | | 1 | | ID: EXP. | B.409 | 77 | |
| | | | | | | 16 | YYY | 0 ŏ 7 | Υ |
| Mailing Address P.O. BOX 1265 | | | | | | 10 | | 007 | |
| , | tate Zip Code //I 49081 | | | Amou | ınt of Ea | ch Disbu | rsemen | t this P | eriod |
| Purpose of Disbursement | | | - | | | | | 500.0 | 0 |
| Candidate Name | | | gory/ | | | | | | |
| NON-FEDERAL CONTRIBUTION | | Ту | | | | | | | |
| Office Sought: House Disburser Senate | nent For: 2010 Primary X General | | | | | | | | |
| President | Other (specify) | | | | | | | | |
| State: MI District: | | | | | | | | | |
| Full Name (Last, First, Middle Initial) TONY GOOLSBY CAMPAIGN | | | | | | ID: EXP. Irsement | B.409 | 54 | |
| Mailing Address 9 CHELTENHAM WAY | | | | м 1 1 | M / I | 1 6 / | y y | 0 ŏ 7 | Y |
| | | | | | | | | | |
| , | tate Zip Code TX 75230 | | | Amou | int of Ea | ch Disbu | rsemen | t this P | eriod |
| Purpose of Disbursement 011 | | | | <u> </u> | | | | 500.0 | 0 |
| Candidate Name | | | gory/ | | | | | | |
| NON-FEDERAL CONTRIBUTION Office Sought: House Disburser | nent For: 2008 | Ту | ре | | | | | | |
| , H | Primary X General | | | | | | | | |
| President State: TX District: | Other (specify) ▼ | | | | | | | | |
| State. IA DISTRICT. | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | <u></u> . | | | 2 | 0.000 | 0 |
| TOTAL This Period (last page this line number only) . | | | • | | | | | | |

| S | CHEDULE B (FEC Form 3X) | Use sene | erate schedule(s) | | | NUMBE | R: | P | AGE 302 | / 306 |
|-----------|--|-------------------------------------|---------------------------------|------------------|----------|-----------------------|------------|------------|------------|----------------|
| IT | EMIZED DISBURSEMENTS | for each | category of the Summary Page | (checl | | one)] 22] 28a | 23 28b | 24 28c | 25 X 29 | 26 30k |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI | TICAL AC | TION COMMIT | TEE (a.k | .a. M | edco F | lealth P | AC) | | |
| ۹. | Full Name (Last, First, Middle Initial) TUPAC A. HUNTER FOR STATE SENATE | | | | | Date o | of Disburs | | | V |
| | Mailing Address 24461 PEMBROKE AVE. | | | | | | W / D | 16 | žoŏ | 7 ' |
| | City DETROIT | State MI | Zip Code 48219 | | | Amou | nt of Eac | h Disburse | | |
| | Purpose of Disbursement | | | 011 | | 500.00 | | | | |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | Category Type | / | | | | | |
| | Senate President | ement For: Primary Other (spe | 2010 X General ecify) ▼ | | | | | | | |
| 3. | State: MI District: Full Name (Last, First, Middle Initial) UPMEYER FOR HOUSE | | | | | | action IE | D: EXP.B. | 40973 | |
| | Mailing Address 2175 PINE AVE. | | | | | 1 ^M 1 | M / D | 1 6 / | y žoŏ | 7 ^Y |
| | City GARNER | State IA | Zip Code 50438 | | | Amou | nt of Eac | h Disburse | ement this | Period |
| | Purpose of Disbursement | | | 011 | 7 | L. | | | 250 | .00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | | | | | | | |
| | Senate President | ement For: Primary Other (spe | 2008 X General | | | | | | | |
| | State: IA District: Full Name (Last, First, Middle Initial) | | | | | Trans | action ID | : EXP.B. | 40951 | |
| _ | VALINDA BOLTON CAMPAIGN | | | | | Date o | of Disburs | sement | | Y |
| | Mailing Address 6414 IRA INGRAM DR. | | | | | 11 | | 1 6 / | žoŏ | 7 |
| | City AUSTIN | State TX | Zip Code 78749 | | | Amou | nt of Eac | h Disburse | | |
| | Purpose of Disbursement | | | | | L. | | | 1000 | .00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | Category Type | / | | | | | |
| | Senate President | ement For: Primary Other (spe | 2008 X General | | | | | | | |
| | State: TX District: | | | | | _ | | | 1750. | 00 |
| S | UBTOTAL of Disbursements This Page (optional) | | | | <u> </u> | - | | • • • | 1750. | JU |
| т | OTAL This Period (last page this line number only) | | | | • | | | | | |

| SCHEDULE B (FEC Form 3X) | Use seperate schedule(s) | FOR LINE (check only | | PAGE 303/306 |
|--|---|----------------------|---------------------------------------|-----------------------|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 23 28a 28b | 24 |
| Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam | | | | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | ITICAL ACTION COMMIT | TEE (a.k.a. M | ledco Health PAC) | |
| Full Name (Last, First, Middle Initial) 4. WAYNE KUIPERS FOR STATE SENATE | | | Transaction ID: EX Date of Disburseme | |
| Mailing Address 364 W. 31ST ST. | | | 11 1 1 6 | 2007 |
| City HOLLAND | State Zip Code MI 49423 | | Amount of Each Dis | bursement this Period |
| Purpose of Disbursement | | 011 | | 250.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Senate President | ement For: 2010 Primary X General Other (specify) | | | |
| State: MI District: Full Name (Last, First, Middle Initial) WIECK FOR IOWA SENATE | | | Transaction ID: EX | |
| | | | Date of Disburseme | nt / |
| Mailing Address 4362 OLD LAKEPORT F | | | 11 16 | |
| City SIOUX CITY | State Zip Code IA 51106 | | Amount of Each Dis | bursement this Period |
| Purpose of Disbursement | | 011 | | 500.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Senate President | ement For: 2010 Primary X General Other (specify) | | | |
| State: IA District: Full Name (Last, First, Middle Initial) | | | ID EV | (D.D. 40050 |
| YVONNE DAVIS CAMPAIGN | | | Transaction ID: EX Date of Disburseme | nt |
| Mailing Address P.O. BOX 763368 | | 111 / 16 | 2007 | |
| City DALLAS | State Zip Code TX 75376 | | Amount of Each Dis | bursement this Period |
| Purpose of Disbursement | 011 | | 500.00 | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | | |
| Senate President | ement For: 2008 Primary X General Other (specify) | | | |
| State: TX District: | | | V V V | |
| SUBTOTAL of Disbursements This Page (optional) | | > | | 1250.00 |
| TOTAL This Period (last page this line number only) | 1 | | | |

| S | CHEDULE B (FEC Form 3X) | Use seperate schedule(s) | | NUMBER: PAGE 304/306 |
|-----------|--|--|-------------------|---|
| IT | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check onl | y one) 22 |
| | y Information copied from such Reports and State for commercial purposes, other than using the na | | | |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO | LITICAL ACTION COMMIT | TEE (a.k.a. | Medco Health PAC) |
| ۹. | Full Name (Last, First, Middle Initial) ELECT CLANCY COMMITTEE Mailing Address 3675 W. GALBRAITH | ROAD # 16 | | Transaction ID: EXP.B.41466 Date of Disbursement 111 |
| | City CINCINNATI Purpose of Disbursement | State Zip Code OH 45247 | 011 | Amount of Each Disbursement this Period -500.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | |
| | | sement For: 2008 X Primary General Other (specify) | | |

| SUBTOTAL of Disbursements This Page (optional) | • | -500.00 |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <u> </u> | 24250.00 |

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each PAGE 305 / 306

FOR LINE NUMBER: (check only one)

9

Excludin

| cluding Loans | | IIu | indered line) | X 10 |
|--|--------------------------|--------------|---------------------|---------------------------|
| ME OF COMMITTEE (In Full) EDCO HEALTH SOLUTIONS INC. POLITIC | AL ACTION COMMITT | EE (a.k.a. M | edco Health PAC) | |
| A. Full Name (Last, First, Middle Initial) of Debtor | | (••. | Nature of Debt (Pur | oose): |
| NIELSEN, MERKSAMER, PARRINELLO, N | | LLP | LEGAL SERVICE | |
| Mailing Address 591 REDWOOD HIGHWAY | 7., BLDG. 4000 | | | |
| City State MILL VALLEY CA | ZIP Code 94941 | | | |
| Outstanding Balance Beginning This Period | | | Transaction | ID: PAY:D:42033 |
| 2026.50 | | | | |
| Amount Incurred This Period | Payment This F | eriod | Outstanding Balan | ce at Close of This Perio |
| 0.00 | | 0.00 | | 2026.50 |
| | | | | |
| SUBTOTALS This Period This Page (optional) | | | • | 2026.50 |
| TOTALS This Period (last page this line number o | nly) | | > | 2026.50 |
| TOTALS OUTSTANDING LOANS from Schedul | e C (last page only) | | > | |
| ADD 2) and 3) and carry forward to appropriate li | ne of Summary Page (last | page only) | > | |

Image# 27931702673

Form/Schedule: **SB29** CHECK VOIDED; NEVER ISSUED

Transaction ID: EXP.B.41466