08/17/2009 19:14

Image# 29934453376

FEC FORM 3X

COMMITTEE (in full)

ADDRESS (number and street)

Check if different than previously

reported. (ACC)

C00384362

TYPE OF REPORT

(a) Quarterly Reports:

April 15

July 15

(TER)

Covering Period

Signature of Treasurer

Office

Use

Only

Type or Print Name of Treasurer

October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE)

July 31 Mid-Year

Report(Non-election Year Only) (MY)

Termination Report

07

Electronically Filed by

Quarterly Report(Q1)

Quarterly Report(Q2)

(Choose One)

FEC IDENTIFICATION NUMBER

Report

(c)

(d)

0 1

1. NAME OF

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only **USE FEC MAILING LABEL** Example:If typing, type OR TYPE OR PRINT ₩ over the lines MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) 2350 KERNER BLVD., SUITE 250 SAN RAFAEL CA 94901 **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** Χ REPORT OR (N) (A) (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12G) in the Election on State of 30-Day Runoff (30R) Post -Election General (30G) Special (30S) Report for the: in the Election on State of 2009 07 3 1 2009 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 Jason D. Kaune 08 17 2009 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.

FEC FORM 3X

(Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

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

D 0 1 07 2009 07 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2009° 445690.14 January 1 (b) Cash on Hand at 517388.39 Begining of Reporting Period 50945.49 357989.91 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 568333.88 803680.05 6(a) and 6(c) for Column B) 13250.00 248596.17 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 555083.88 555083.88 (subtract Line 7 from Line 6(d)) 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 727.00 Schedule C and/or Schedule D) X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

FE6AN026

2/326

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 326

Write or Type Committee Name

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

Report Covering the Period:

From: 0 7

D D D

2009

٠.

м м 0 7 ^D 3 1

^Y 2009

| 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) | 49962.96 | 285813.40 |
| (ii) Unitemized | 961.64 | 71052.21 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 50924.60 | 356865.61 |
| (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) | 50924.60 | 356865.61 |
| Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 3. 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 | 1000.00 |
| 7. Other Federal Receipts (Dividends, Interest, etc.) | 20.89 | 124.30 |
| . 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 |
| . Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 50945.49 | 357989.91 |
| . Total Federal Receipts (subtract Line 18(c) from Line 19) | 50945.49 | 357989.91 |

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/326

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|--|-------------------------------|--------------------------------|
| 21. | Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | | |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating | 0.00 | 2506 17 |
| | Expenditures(c) Total Operating Expenditures | 0.00 | 3596.17 |
| | (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) | 0.00 | 3596.17 |
| 22. | Transfers to Affiliated/Other Party | | |
| 2 | Committees Contributions to | 0.00 | 0.00 |
| .0. | Federal Candidates/Committees and Other Political Committees | 1000.00 | 164000.00 |
| 4. | Independent Expenditure | | |
| 5 | (use Schedule E) | 0.00 | 0.00 |
| J. | Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | | 0.00 | 0.00 |
| 6. | Loan Repayments Made | 0.00 | 0.00 |
| | Loans Made | 0.00 | 0.00 |
| - | Refunds of Contributions To: (a) Individuals/Persons Other | 0.00 | 0.00 |
| | Than Political Committees | 0.00 | 0.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees | 0.00 | 0.00 |
| | (such as PACs)(d) Total Contribution Refunds | 0.00 | 0.00 |
| | (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| | | | |
| 9. | Other Disbursements | 12250.00 | 81000.00 |
| 0. | 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 | 0.00 | 0.00 |
| | With Federal Funds | 0.00 | 5.00 |
| | (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)) | 13250.00 | 248596.17 |
| 20 | Total Fadaral Diaburaamanta | | |
| 32. | Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| | (555.501 = 110 = 1(4)(11) 4.10 = 110 00(4)(11) | 13250.00 | 248596.17 |

DETAILED SUMMARY PAGE

of Disbursements

| | III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|----------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3) | 50924.60 | 356865.61 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 50924.60 | 356865.61 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 3596.17 |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 3596.17 |

FE6AN026

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | (X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 326 (check only one) X |
|---|---------------------|---|--|
| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | g the name and add | ress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR THOMAS ABSON Mailing Address 57 SYCAMORE D | RIVE | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City WALDWICK FEC ID number of contributing | State NJ | Zip Code 07463 | Transaction ID: INC.A.65484 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation DIR FOR | MULARY & COVERAGE Mo Year-to-Date ▼ 375.00 | GMT |
| Full Name (Last, First, Middle Initial) MS LESLIE ACHTER Mailing Address 821 ALBEMARLE | STREET | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City | State | Zip Code | Transaction ID: INC.A.65478 |
| WYCKOFF FEC ID number of contributing federal political committee. | C | 07481 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DIF | R ANALYTICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK | | | Date of Receipt |
| Mailing Address 1021 SUNSET RII | DGE | | 07 04 2009 |
| City BRIDGEWATER | State NJ | Zip Code 08807 | Transaction ID: INC.A.65398 |
| FEC ID number of contributing federal political committee. | C | 00007 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PHAR | M CONTRACT & CONSUL | TING |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | | 125.00 |

SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 326 (check only one) X |
|--|---------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) DIANE ADAMS Mailing Address 34 THOMAS ST. City CALDWELL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | _++ | Zip Code 07006 n BUSINESS REQUIREMENT e Year-to-Date ▼ | Date of Receipt M M M O T O 4 2 0 0 9 Transaction ID: INC.A.65794 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR STEPHEN ADLER Mailing Address 139 BELLVALE LAKE City WARWICK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NY C Occupation VP INFO | Zip Code 10990 n TECHNOLOGY e Year-to-Date ▼ | Date of Receipt M M M / D D / 2009 Transaction ID: INC.A.65477 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) MR JEFFREY ALEXANDER Mailing Address 4 DEERPOND CT City FLEMINGTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 08822 n FECHNOLOGY e Year-to-Date ▼ | Date of Receipt M M M O O O O O O O O O O O O O O O O |
| SUBTOTAL of Receipts This Page (optional) | | | 90.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | for each | parate schedule(s) category of the Summary Page | FOR LINE NUMBER: PAGE 8 / 326 (check only one) X 11a |
|---|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and address of any | political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) DR JODY ALLEN Mailing Address 3031 MOUNT HILL D City MIDLOTHIAN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | ide | Date of Receipt M M M / D D / Y Y Y Y Y O 7 0 4 2 0 0 9 Transaction ID: INC.A.65476 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) MARENE ALLISON Mailing Address 4405 WISMER ROAD City DOYLESTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Co PA 18901 C Occupation VP SECURITY & A Aggregate Year-to-Da | ASSET PROTECTI | Date of Receipt M M M / D D / Y Y Y Y Y O 7 0 4 2 0 0 9 Transaction ID: INC.A.65790 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) MR JAMES ALLOCCO Mailing Address 19 ROSS ROAD City SCARSDALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Co NY 10583 C Occupation VP INFO TECHNO Aggregate Year-to-Da | DLOGY | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: INC.A.65539 Amount of Each Receipt this Period 50.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 150.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | |
|----|---|-----------------------------------|---|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | ly 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. | |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL . | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) | |
| Α. | Full Name (Last, First, Middle Initial) TEJWANSH ANAND | LAKE DOAF | | Date of Receipt | |
| | Mailing Address 10 WHIPPOORWILL | 07 04 2009 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.65757 | |
| | 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 | on) TECHNOLOGY | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 750.00 | | |
| В. | Full Name (Last, First, Middle Initial) MS JAYME ANTONOPLOS | | | Date of Receipt | |
| | Mailing Address 48 WITTE ROAD | 07 04 7 2009 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.65615 | |
| | HEWITT | NJ | 07421 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | С | | 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | EC CORR | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | |
| | Other (specify) ▼ | | 375.00 | | |
| C. | Full Name (Last, First, Middle Initial) MR DAVID ARCISZEWSKI | • | | Date of Receipt | |
| | Mailing Address 20 CHADWELL PLAC | Mailing Address 20 CHADWELL PLACE | | | |
| | City | State | Zip Code | Transaction ID: INC.A.65562 | |
| | MORRISTOWN | NJ | 07960 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | OUNSEL | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 375.00 | | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 100.00 | |
| | TOTAL This Period (last page this line number | only) | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|-----------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | lress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) DENNIS AUCH Mailing Address 1981 E. COVEY VIEV City | W COURT | 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 |
| SALT LAKE CITY FEC ID number of contributing federal political committee. | UT C | 84106 | Amount of Each Receipt this Period 50.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | Occupation VP OPS Aggregate | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MS CHARLOTTE BABCOCK Mailing Address 2636 SHAKER RD | | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City CLEVELAND HEIGHTS FEC ID number of contributing federal political committee. | State OH | Zip Code 44118 | Transaction ID: INC.A.65836 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | CCT EXEC Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) ERIK BAGIN Mailing Address 73 HIGHLAND AVEN | IUE | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City GLEN RIDGE FEC ID number of contributing federal political committee. | State NJ | Zip Code 07028 | Transaction ID: INC.A.65793 Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | _ ' | n L MGR GROUP Year-to-Date ▼ | |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | | 750.00 | 125.00 |
| TOTAL This Period (last page this line number | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 326 (check only one) X |
|--|----------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | | | |
| Full Name (Last, First, Middle Initial) MS BECKIE BARATKO | OLITIOAL 7 | TOTION CONTINUE (a.n.a | Date of Receipt |
| Mailing Address 80 N. WOODLAND ST | REET | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City ENGLEWOOD | State NJ | Zip Code 07631 | Transaction ID: INC.A.65692 |
| FEC ID number of contributing federal political committee. | C | 07631 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | POSAL UNIT | |
| Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 |] |
| Full Name (Last, First, Middle Initial) MR THOMAS BARATTA | | | Date of Receipt |
| Mailing Address 69 SKYLINE DR | | | 07 04 2009 |
| City UPPER SADDLE RIVER | State NJ | Zip Code 07458 | Transaction ID: INC.A.65625 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 0,100 | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP INFO | n) TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) JANE BARLOW | | | Date of Receipt |
| Mailing Address 3 AVALON COURT | | | 07 04 2009 |
| City HOPEWELL JUNCTION | State NY | Zip Code 12533 | Transaction ID: INC.A.65821 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 MED | n ICAL POLICIES | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> |) | 150.00 |

TOTAL This Period (last page this line number only)

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate s for each catego Detailed Summ | gory of the |
|---------------------------------------|--|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and address of any politic | sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee. MITTEE (a.k.a. Medco Health PAC) |
| ∡ . | Full Name (Last, First, Middle Initial) MR MICHAEL BARONE Mailing Address 452 MEDWAY ROAD City | State Zip Code | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| | HIGHLAND HEIGHTS FEC ID number of contributing federal political committee. | OH 44143 | Amount of Each Receipt this Period 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SVP & GENERAL MGR Aggregate Year-to-Date ▼ | |
| 3. | Full Name (Last, First, Middle Initial) MR STEPHEN BARROW Mailing Address 7 SOUTHVIEW ROAD | | Date of Receipt 0 7 0 4 2 0 0 9 |
| | City RANDOLPH FEC ID number of contributing federal political committee. | State Zip Code NJ 07869 | Transaction ID: INC.A.65693 Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINANCE | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 375.00 |
| | Full Name (Last, First, Middle Initial) MR DAVID BAUGH Mailing Address 1813 ADONIS AVE | | Date of Receipt 0 7 0 4 2 0 0 9 |
| | City HENDERSON | State Zip Code NV 89074 | Transaction ID: INC.A.65745 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 58.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MGR BENEFIT DELIVE | ERY SYSTEMS |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 814.00 |
| | SUBTOTAL of Receipts This Page (optional) | | 275.31 |

SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 326 (check only one) X 11a |
|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR PETER BEGANS Mailing Address 1605 CHARNITA CT City VIENNA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State Zip Code VA 22182 C Occupation | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65593 Amount of Each Receipt this Period 100.00 |
| Receipt For: Primary Other (specify) | VP GOVERNMENT AFFAIRS Aggregate Year-to-Date ▼ 1500.00 | |
| Full Name (Last, First, Middle Initial) MR STEPHEN BELL Mailing Address 24 GLENWOOD ROA | AD | Date of Receipt 0 7 0 4 7 2 0 0 9 |
| City | State Zip Code | Transaction ID: INC.A.65760 |
| UPPER SADDLE RIVER FEC ID number of contributing federal political committee. | NJ 07458 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINANCE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MS FRANCINE BELLOFATTO | | Date of Receipt |
| Mailing Address 4603 TUDOR DR | | 0 7 0 4 2 0 0 9 |
| City | State Zip Code | Transaction ID: INC.A.65503 |
| POMPTON PLAINS FEC ID number of contributing federal political committee. | NJ 07444 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional) . | ı | 175.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 326 (check only one) X |
|-----------------|--|----------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and add | dress of any political committee to | o solicit contributions from such committee. |
| ∠ 4 . | Full Name (Last, First, Middle Initial) JEAN BERGWALL Mailing Address 2546 HOLLYHOCK CC | OVE | | Date of Receipt |
| | City GERMANTOWN | State TN | Zip Code 38138 | Transaction ID: INC.A.65875 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | | DDUCT LINE II Year-to-Date ▼ 375.00 | |
| - 3. | Full Name (Last, First, Middle Initial) MS STACEY BERNSTEIN Mailing Address 166 BERKELEY PLAC | Date of Receipt 0 7 0 4 2 0 0 9 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65804 |
| | GLEN ROCK FEC ID number of contributing federal political committee. | NJ C | 07452 | Amount of Each Receipt this Period 20.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CO | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 300.00 | |
| | Full Name (Last, First, Middle Initial) MR DAVID BERRY Mailing Address 11 COBBLESTONE LA | ANE | | Date of Receipt 0 7 0 4 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.65623 |
| | RAMSEY FEC ID number of contributing federal political committee. | NJ C | 07446 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | n :HNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 70.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|--|
| NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any pers the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.) | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS EILEEN BIDELL Mailing Address 71 WASHINGTON (City TOWACO FEC ID number of contributing federal political committee. | ` | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65619 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation SR DIR PHARM OPS Aggregate Year-to-Date 375.00 | |
| Full Name (Last, First, Middle Initial) MR FLOYD BILLINGS Mailing Address 4273 BROGDAN FA | ARM COURT | Date of Receipt 0 7 0 4 7 2 0 0 9 |
| City | State Zip Code | Transaction ID: INC.A.65635 |
| BUFORD | GA 30518 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNICAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) CALVIN BINGHAM | | Date of Receipt |
| Mailing Address 13702 W. 48TH ST. | | 0 7 0 4 2 0 0 9 |
| City | State Zip Code | Transaction ID: INC.A.65859 |
| SHAWNEE FEC ID number of contributing federal political committee. | KS 66216 | Amount of Each Receipt this Period 25.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupation DIR CLINICAL OPS | |
| Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 75.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 326 (check only one) X 11a |
|-----------|--|---|---|--|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | o solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO Mailing Address 26 DAYLILY DRIVE City MOUNT LAUREL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation DIR HR Aggregate | Zip Code 08054 n e Year-to-Date ▼ 450.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| В. | Full Name (Last, First, Middle Initial) MS SUZANNE BLACKBURN Mailing Address 4520 LINWOOD LANE City DEEPHAVEN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State MN C Occupation SVP CLII | Zip Code 55331 n ENT & MKT STRATEGIC DI e Year-to-Date ▼ 750.00 | Date of Receipt 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 MARK BLAKE Mailing Address 129 NORWOOD AVEN City MONTCLAIR 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 07043 n NESS DEV e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) | | | 115.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 326 (check only one) X |
|--|---|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any personant the name and address of any political committee to committee to committee to committee to committee (a.k.a) | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) ALLYSON BLANDFORD Mailing Address 1808 N. QUINN ST APT. 322 City ARLINGTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code VA 22209 C Occupation MGR GOVERNMENT AFFAIRS Aggregate Year-to-Date 300.00 | Date of Receipt M M M O O 4 2009 Transaction ID: INC.A.65827 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN Mailing Address 50 NEW ENGLAND City RAMSEY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | O DR State Zip Code NJ 07446 C Occupation VP MKTING & PRODUCT DEV Aggregate Year-to-Date 750.00 | Date of Receipt M M M O D D O 2009 Transaction ID: INC.A.65584 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) KEN BODMER Mailing Address P.O. BOX 381947 City GERMANTOWN FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State Zip Code TN 38183 C Occupation SVP FINANCE Aggregate Year-to-Date 2880.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional | I) | 262.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separat for each cate Detailed Sur | | FOR LINE NUMBER: PAGE 18 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|--|----------------------|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and address of any poli | tical committee to s | olicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA Mailing Address 80 LEONA CT City LEVITTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 11756 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date | 375.00 | Date of Receipt O 7 O 4 2 0 0 9 Transaction ID: INC.A.65747 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MRS HEATHER BONOME Mailing Address 203 12TH STREET N City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code DC 20002 C Occupation DIR CLINICAL SVCS Aggregate Year-to-Date | 375.00 | Date of Receipt M M M D D D Z D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR JOSEPH BOTTA Mailing Address 109 ARBOR PL City BRYN MAWR FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code PA 19010 C Occupation VP SALES Aggregate Year-to-Date | 375.00 | Date of Receipt M M M |
| SUBTOTAL of Receipts This Page (optional) . | |) | 75.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|--|---|
| or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any pers ng the name and address of any political committee to NC. POLITICAL ACTION COMMITTEE (a.k.a | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 6527 SHORBURG | GH DRIVE | Date of Receipt 0 7 0 4 2 0 0 9 |
| City INDIANAPOLIS FEC ID number of contributing | State Zip Code IN 46278 | Transaction ID: INC.A.65375 Amount of Each Receipt this Period 25.00 |
| Receipt For: Primary Other (specify) ▼ | Occupation DIR PHARM PRACTICE Aggregate Year-to-Date 750.00 | 23.00 |
| Full Name (Last, First, Middle Initial) RUSS BOURNE Mailing Address 242 N HIGHLANI | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City MEMPHIS FEC ID number of contributing federal political committee. | State Zip Code TN 38111 | Transaction ID: INC.A.65873 Amount of Each Receipt this Period 25.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | Occupation VP SALES Aggregate Year-to-Date 375.00 | 1 |
| Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN Mailing Address 5259 FISHERCR | EST LN | Date of Receipt |
| City RICHMOND FEC ID number of contributing | State Zip Code VA 23231 | Transaction ID: INC.A.65699 Amount of Each Receipt this Period |
| federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FORMULARY CONSULTING | 200.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 3000.00 | |
| SUBTOTAL of Receipts This Page (optic | nal) | 250.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 326 (check only one) X |
|--|--|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | the name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) KAREN BOWE Mailing Address 1413 LIMERICK CO City HUMMELSTOWN FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State PA C Occupation AVP COI | Zip Code 17036 n MMUNITY AFFAIRS Year-to-Date ▼ | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65843 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MS HEIDI BOWMAN Mailing Address 15 DAWN LANE City RINGWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | <u> </u> | Zip Code 07456 n R STRAT PRODUCT 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 |
| Full Name (Last, First, Middle Initial) MR KEITH BRADBURY Mailing Address 122 DERFUSS LN City BLAUVELT FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 10913 n R DRUG INFO e Year-to-Date 375.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional | <u>, </u> | | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 326 (check only one) X |
|---|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS GWEN BRADY Mailing Address 219 E. COMO AVENI City COLUMBUS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State OH C Occupation DIR BUS | Zip Code 43202 n SINESS PLANNING 2 Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM Mailing Address 210 FROG HOLLOW City COATESVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | State PA C Occupation VP INFO | Zip Code 19320 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR JOHN BRENNAN Mailing Address 2 CARMEN LANE City FLEMINGTON 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 AUDI Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) a | | • | 137.50 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 326 (check only one) X |
|--|---|---|
| NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any persithe name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS LINDA BRIDGE Mailing Address 136 BEECH ST | . POLITICAL ACTION COMMITTEE (a.k.a | Date of Receipt |
| City BELLEVILLE FEC ID number of contributing | State Zip Code NJ 07109 | Transaction ID: INC.A.65520 Amount of Each Receipt this Period |
| Receipt For: Primary Other (specify) | Occupation DIR CLIENT/MEMBER COMM Aggregate Year-to-Date 375.00 | 25.00 |
| Full Name (Last, First, Middle Initial) MR PAUL BRISSON Mailing Address 469 MANOR LANE | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City | State Zip Code | Transaction ID: INC.A.65512 |
| PELHAM MANOR FEC ID number of contributing federal political committee. | NY 10803 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PRODUCT DEVELOPMENT | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR RICHARD BROOKLER | | Date of Receipt |
| Mailing Address 9 ROMARY COURT | | 07 04 2009 |
| City | State Zip Code | Transaction ID: INC.A.65415 |
| GLEN ROCK FEC ID number of contributing federal political committee. | NJ 07452 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR FINANCE | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 75.00 |

| ITEMIZED RECEIPTS | A) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 326 (check only one) |
|---|---|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may g the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR KENNETH BROWN | | | Date of Receipt |
| Mailing Address 540 GIORDANO D | RIVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City YORKTOWN HEIGHTS | State NY | Zip Code 10598 | Transaction ID: INC.A.65444 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 ENTE | n ERPRISE BUS INTELLIGEN | ─ CE |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) STEVEN BROWN | | | Date of Receipt |
| Mailing Address 140 S GROVE PAR | RK | | 07 04 YYYYY |
| City MEMPHIS | State TN | Zip Code 38117 | Transaction ID: INC.A.65861 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupation DIB PBC | n DDUCT LINE II | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS VIVIAN BULGER | | | Date of Receipt |
| Mailing Address 120 EAST MAIN S | Т | | 07 04 2009 |
| City WASHINGTONVILLE | State NY | Zip Code 10992 | Transaction ID: INC.A.65661 |
| FEC ID number of contributing federal political committee. | C | 10992 | Amount of Each Receipt this Period 20.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n FINANCE | |
| Receipt For: Primary General Other (specify) ▼ | - ' ' | Year-to-Date ▼ 300.00 | |
| SUBTOTAL of Receipts This Page (options | | | 95.00 |

| | DULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 326 (check only one) |
|--------------|--|----------------------|---|---|
| Any infor | mation copied from such Reports and mmercial purposes, other than using th | Statements 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. |
| \ \ | OF COMMITTEE (In Full) OCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| | lame (Last, First, Middle Initial) | | | Date of Receipt |
| | g Address 5812 SEVEN POINTS | S TRACE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | MITAGE | State TN | Zip Code | Transaction ID: INC.A.65854 |
| FEC I | MITAGE D number of contributing all political committee. | C | 37076 | Amount of Each Receipt this Period 50.00 |
| Name ACCF | of Employer REDO HEALTH GROUP | Occupatio VP REIM | n IBURSEMENT | |
| | pt For: Primary General Other (specify) ▼ | _, | e Year-to-Date ▼ 750.00 | |
| . BRIAN | lame (Last, First, Middle Initial) N BURFORD g Address 603 CHARLESWOOI | D DR | | Date of Receipt |
| City | | State | Zip Code | 07 04 2009 Transaction ID: INC.A.65853 |
| MAR | RION | AR | 72364 | Amount of Each Receipt this Period |
| | D number of contributing al political committee. | C | | 25.00 |
| Name ACCF | of Employer REDO HEALTH GROUP | Occupatio DIR TRO | | |
| | pt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 |] |
| | lame (Last, First, Middle Initial) EVIN BURON | | | Date of Receipt |
| | g Address 25 TIMBERLAND | | | 07 04 2009 |
| City | O VIEJO | State CA | Zip Code | Transaction ID: INC.A.65566 |
| FEC I | D number of contributing all political committee. | C | 92656 | Amount of Each Receipt this Period 50.00 |
| Name MED | of Employer CO HEALTH SOLUTIONS | Occupatio GENERA | n AL MGR GROUP | |
| | pt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| SUBTO | TAL of Receipts This Page (optional) | | | 125.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 326 (check only one) X |
|--|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any person the name and address of any political committee to | |
| 1 \ | C. POLITICAL ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MRS NANCY BUTLER Mailing Address 21 WINDSOR PL | | Date of Receipt |
| City | State Zip Code | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65647 |
| CRANFORD | NJ 07016 | 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 ATTORNEY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MRS DOREEN CALDER | | Date of Receipt |
| Mailing Address 441 S ELM STREE | | 07 04 7 2009 |
| City | State Zip Code | Transaction ID: INC.A.65372 |
| MAYWOOD | NJ 07607 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUSINESS REQUIREMENTS | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) | 600.00 | |
| Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI | | Date of Receipt |
| Mailing Address 119 WASHINGTON | | 07 04 7 2009 |
| City CHATHAM | State Zip Code NJ 07928 | Transaction ID: INC.A.65644 |
| FEC ID number of contributing federal political committee. | NJ 07928 | Amount of Each Receipt this Period 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & CONTROLLER | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2884.65 | |
| SURTOTAL of Receipts This Page (options | J) | 257.31 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 326 (check only one) X |
|---|--------------------|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | g the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI Mailing Address 24 SHERI DRIVE | | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City ALLENDALE FEC ID number of contributing | State NJ | Zip Code 07401 | Transaction ID: INC.A.65657 Amount of Each Receipt this Period 52.50 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | Occupation GROUP | n VP MARKET STRATEGY & Year-to-Date ▼ 787.50 | DEV |
| Full Name (Last, First, Middle Initial) JOSEPH CASACCIA JR Mailing Address 9788 LIPSEY CV | | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City GERMANTOWN FEC ID number of contributing | State TN | Zip Code 38139 | Transaction ID: INC.A.65622 Amount of Each Receipt this Period 25.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General | | n DFESSIONAL PRACTICES Year-to-Date ▼ | 23.00 |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) MS MARY CASALE Mailing Address 2000 CEDAD AVE | 1 1 | 373.00 | Date of Receipt |
| Mailing Address 822 CEDAR AVE City | State | Zip Code | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65571 |
| HADDENFIELD FEC ID number of contributing federal political committee. | C | 08033 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | S STRATEGY & MARKETIN | NG |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (options | al) | | 102.50 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 27/326 (check only one) |
|--|---------------------------------------|--|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | not be sold or used by any persolress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS KAREN CATHCART RUSSELL | | | Date of Receipt |
| Mailing Address 148 CLUBHOUSE | DR | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State | Zip Code | Transaction ID: INC.A.65403 |
| WEST COLUMBIA FEC ID number of contributing federal political committee. | SC C | 29172 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR BARRY CESANEK | | | Date of Receipt |
| Mailing Address 5 LEXINGTON CT | | | 07 04 2009 |
| City SHAMONG | State NJ | Zip Code 08088 | Transaction ID: INC.A.65576 |
| FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 | Amount of Each Receipt this Period 12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | RM PRACTICE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) HWEI-CHUNG CHOU | <u> </u> | | Date of Receipt |
| Mailing Address 36 TANGLEWOOD | HOLLOW | | 07 04 7 2009 |
| City UPPER SADDLE RIVER | State NJ | Zip Code 07458 | Transaction ID: INC.A.65828 |
| FEC ID number of contributing federal political committee. | C | 07430 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | HNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional | 51) | | 62.50 |

SCHEDULE A (FEC Form 3X)

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 326 (check only one) X |
|-----------------|--|----------------------------|---|---|
| \ \ \ | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| ∠ A . | Full Name (Last, First, Middle Initial) MR JASON COLE Mailing Address 14917 E BELLA VIST | | AOTION OOMINITTEE (a.K.a | Date of Receipt |
| | City VERADALE | State WA | Zip Code 99037 | Transaction ID: INC.A.65552 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP/GM Aggregate | e Year-to-Date ▼ 750.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS SUSAN COLUCCI Mailing Address 703 SUCCASUNNA F | RD. | | Date of Receipt 0 7 0 4 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.65799 |
| | LANDING | NJ | 07850 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | H MGMT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | Full Name (Last, First, Middle Initial) WILLIAM CONSIDINE | l | | Date of Receipt |
| | Mailing Address 130 WEST 67TH STR | REET, #4J | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City NEW YORK | State NY | Zip Code 10023 | Transaction ID: INC.A.65772 |
| | FEC ID number of contributing federal political committee. | C | 10023 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 75.00 |

| SCHEDULE A (FI | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 326 (check only one) X |
|---|---|---|---|
| or for commercial purposes NAME OF COMMITTE | , other than using the name and ac E (In Full) | ay not be sold or used by any person ddress of any political committee to ACTION COMMITTEE (a.k.a | n for the purpose of soliciting contributions solicit contributions from such committee. Medco Health PAC) |
| Full Name (Last, First, MMR ROBERT COOK Mailing Address 270 | Middle Initial) S FRANKLIN TURNPIKE | | Date of Receipt |
| City RAMSEY | State NJ | Zip Code 07446 | Transaction ID: INC.A.65432 Amount of Each Receipt this Period |
| FEC ID number of contr federal political committee Name of Employer MEDCO HEALTH SOL | Dec. Occupation | on TH CARE OPS-TECHNOLOG | 25.00 |
| Receipt For: Primary Other (specify) | | te Year-to-Date 375.00 | |
| Full Name (Last, First, M JEFFREY COOLE Mailing Address 155 | ASTON HALL DRIVE | | Date of Receipt 0 7 0 4 7 2 0 0 9 |
| City | State | Zip Code | Transaction ID: INC.A.65852 |
| EADS FEC ID number of contr federal political committee | ibuting ee. | 38028 | Amount of Each Receipt this Period 50.00 |
| Name of Employer ACCREDO HEALTH G | VP TAX | AND REGULATORY REPOR | रा |
| Receipt For: Primary Other (specify) ▼ | General | te Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, MANTONIO CORREIA | • | | Date of Receipt |
| Mailing Address 19 V | VILLIAMS LANE | | 07 04 2009 |
| City CHAPPAQUA | State NY | Zip Code 10514 | Transaction ID: INC.A.65811 Amount of Each Receipt this Period |
| FEC ID number of contr federal political committee | ibuting | | 50.00 |
| Name of Employer MEDCO HEALTH SOL | VP BUS | SINESS DEV | |
| Receipt For: Primary Other (specify) | General | te Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts T | his Page (optional) | | 125.00 |
| TOTAL This Period (last p | page this line number only) |) | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 / 326 (check only one) X |
|--|------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN Mailing Address 25 FAIRWAY TRAI | L | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City SPARTA FEC ID number of contributing | State NJ | Zip Code 07871 | Transaction ID: INC.A.65540 Amount of Each Receipt this Period |
| federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | n ARMACY NETWORK MGMT Year-to-Date ▼ 2884.65 | 192.31 |
| Full Name (Last, First, Middle Initial) MR HART COVEN Mailing Address 28 OAK LANE | | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City MORRISTOWN | State NJ | Zip Code 07960 | Transaction ID: INC.A.65633 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | VP INFO | TECHNOLOGY Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR ROBERT CRAIG | TALINA DD | | Date of Receipt |
| Mailing Address 7979 E SANTA CA | | | 07 04 2009 |
| City SCOTTSDALE | State AZ | Zip Code 85255 | Transaction ID: INC.A.65525 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 60.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | | R PRODUCT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 900.00 | |
| SUBTOTAL of Receipts This Page (optional | ا)ا | | 302.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 326 (check only one) X 11a |
|--|--|--|
| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR PETER CSUTOROS Mailing Address 16 PLEASANT AVEN City LINCOLN PARK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07035 C Occupation DIR FINANCE Aggregate Year-to-Date 375.00 | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65764 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR ANGELO CUOZZO Mailing Address 19 IDA COURT City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10312 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) JANET DAGLEY Mailing Address 721 BROWNLEE DR City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State Zip Code TN 37205 C Occupation DIR MARKETING Aggregate Year-to-Date 375.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | 75.00 |

| ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 326 (check only one) |
|--|---------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR JOHN DALY | | | Date of Receipt |
| Mailing Address 46 BLUEBELL CT | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City PARAMUS | State NJ | Zip Code 07652 | Transaction ID: INC.A.65672 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 0,000 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR 3 | n FECHNOLOGY | |
| Receipt For: Primary General Other (specify) | - ' ' | e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS ROSELIN DANIEL | | | Date of Receipt |
| Mailing Address 17 DEVONSHIRE [| DRIVE | | 0 7 0 4 2 0 0 9 |
| City RANDOLPH | State NJ | Zip Code 07869 | Transaction ID: INC.A.65640 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 3 | n FECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | - ' | e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR KENNETH DANIELS | | | Date of Receipt |
| Mailing Address 4156 DUNMORE D | RIVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City LAKE WALES | State FL | Zip Code 33859 | Transaction ID: INC.A.65617 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 | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optiona | J) | | 75.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 33 / 326 (check only one) X |
|---|--|---|
| or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) | e name and address of any political committee POLITICAL ACTION COMMITTEE (a.k | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS MARY DASCHNER Mailing Address 2926 EWING AVE S | | Date of Receipt |
| City MINNEAPOLIS | State Zip Code MN 55416 | Transaction ID: INC.A.65509 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 192.30 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | Occupation GROUP PRES RETIREE SOLUTIO Aggregate Year-to-Date ▼ | DNS |
| Other (specify) Full Name (Last, First, Middle Initial) | 2884.50 | |
| B. MR ANDREW DAVIS Mailing Address 5616 BROOK DRIVE | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City EDINA | State Zip Code MN 55439 | Transaction ID: INC.A.65522 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation VP MEDICARE CLIENT & SALES S | SUP |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR BARRY DAVIS | | Date of Receipt |
| Mailing Address 11 WEISS DR City | State Zip Code | 07 04 2009 |
| TOWACO | NJ 07082 | Transaction ID: INC.A.65695 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 & GENERAL MGR | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 470.00 | |
| SUBTOTAL of Receipts This Page (optional) . | | 292.30 |

TOTAL This Period (last page this line number only)

| | DULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 34 / 326 (check only one) |
|--------------|--|---------------------|---|---|
| Any infor | mation copied from such Reports and s | Statements 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) OCO HEALTH SOLUTIONS INC. | | | |
| | ame (Last, First, Middle Initial) REN DAVIS | | | Date of Receipt |
| Mailin | g Address 3131 SADDLEGAIT C | OVE | | 07 04 YYYYY 2009 |
| City GER | MANTOWN | State TN | Zip Code 38138 | Transaction ID: INC.A.65872 Amount of Each Receipt this Period |
| FEC I | D number of contributing al political committee. | С | | 25.00 |
| Name ACCF | of Employer REDO HEALTH GROUP | Occupation DIR BUS | | |
| | pt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | ame (Last, First, Middle Initial) ANIEL DAVISON | | | Date of Receipt |
| | g Address 908 STERLING DRIV | | 07 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| City ERAI | NKLIN LAKES | State NJ | Zip Code 07417 | Transaction ID: INC.A.65658 Amount of Each Receipt this Period |
| FEC I | D number of contributing all political committee. | C | 07417 | 50.00 |
| Name MED | of Employer CO HEALTH SOLUTIONS | Occupation SVP FIN | n ANCIAL PLANNING | |
| | pt For: Primary General Other (specify) ♥ | + + | e Year-to-Date ▼ 650.00 | |
| | ame (Last, First, Middle Initial) | | | Date of Receipt |
| | g Address 104 HUDSON AVE | | | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O |
| City | .DWICK | State NJ | Zip Code 07463 | Transaction ID: INC.A.65727 Amount of Each Receipt this Period |
| FEC I | D number of contributing al political committee. | C | 07400 | 25.00 |
| Name MED | of Employer CO HEALTH SOLUTIONS | Occupation DIR CLIE | n ENT SVC DELIVERY | |
| | pt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| SUBTO | TAL of Receipts This Page (optional) . | | __ | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 / 326 (check only one) |
|---|--|--|--|
| Any information copied from such Reports a or for commercial purposes, other than using | and Statements may g the name and add | not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | C. POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS | | | Date of Receipt |
| Mailing Address W62 N1032 FAIRH | HAVEN CT | | 07 04 2009 |
| City CEDARBURG | State WI | Zip Code 53012 | Transaction ID: INC.A.65594 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 | ACCT MGMT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO | | | Date of Receipt |
| Mailing Address 80 HILLSIDE AVE | NUE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City GLEN RIDGE | State NJ | Zip Code 07028 | Transaction ID: INC.A.65564 |
| FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CO | | |
| Receipt For: Primary General Other (specify) ▼ | - - | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS TONI DEMANSS | | | Date of Receipt |
| Mailing Address 32 RED BARN LAI | NE | | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O |
| City WEST MILFORD | State NJ | Zip Code 07480 | Transaction ID: INC.A.65782 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07100 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (option: | -D | | 75.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 36 / 326 (check only one) X |
|------------|--|-----------------------|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. Polymer States and Stories and St | name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) MS ANN-MARGARET DEMARCO Mailing Address 1 RUGBY ROAD | | <u> </u> | Date of Receipt |
| | City CEDAR GROVE FEC ID number of contributing | State NJ | Zip Code 07009 | Transaction ID: INC.A.65433 Amount of Each Receipt this Period 25.00 |
| | federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupatio DIR FINA | | 23.00 |
| - B. | Full Name (Last, First, Middle Initial) MS MAUREEN DEMPSEY Mailing Address 17 RICHWOOD PLACE | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City DENVILLE FEC ID number of contributing federal political committee. | State NJ | Zip Code 07834 | Transaction ID: INC.A.65796 Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | n DICARE COMPLIANCE e Year-to-Date ▼ | 1 |
| - C. | Full Name (Last, First, Middle Initial) MR JAMES DENBY | 0 0 | 0 0 0 0 0 0 0 | Date of Receipt |
| | Mailing Address 78 SHERWOOD ST City CLIFTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State NJ C Occupatio | | Transaction ID: INC.A.65523 Amount of Each Receipt this Period 25.00 |
| - | Receipt For: Primary General Other (specify) ▼ | | FINANCE e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 75.00 |
| | TOTAL This Period (last page this line number of | only) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | | | |
| Full Name (Last, First, Middle Initial) | -OLITICAL F | CHON COMMINITIEE (a.K.a | , |
| MR JOHN DERRICO Mailing Address 195 HACKENSACK AV | VENUE | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City | State | Zip Code | Transaction ID: INC.A.65752 |
| HARRINGTON PARK FEC ID number of contributing federal political committee. | C | 07640 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | n MARKETING Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 35 - 5 | 375.00 | |
| Full Name (Last, First, Middle Initial) MS LAURA DEVEAU | - | | Date of Receipt |
| Mailing Address 2289 BEDFORD ST Al | PT D2 | | 07 04 2009 |
| City STAMFORD | State CT | Zip Code 06905 | Transaction ID: INC.A.65585 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupation AVP MAI | n RKETING | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS KAREN DEZEARN | | | Date of Receipt |
| Mailing Address 3625 PATTERSTONE | DR | | 07 04 2009 |
| City ALPHARETTA | State GA | Zip Code 30022 | Transaction ID: INC.A.65405 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL | ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | , ' | Year-to-Date ▼ 375.00 |] |
| SUBTOTAL of Receipts This Page (optional) | | | 75.00 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any per e name and address of any political committee POLITICAL ACTION COMMITTEE (a.k | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) ANDREW DOEDYNS Mailing Address 117 CREST DRIVE City BEAVER FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State Zip Code PA 15009 C Occupation DIR REGIONAL OPS Aggregate Year-to-Date ▼ 375.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR ROBERT DOLAN Mailing Address 9 CRANE AVENUE City WEST CALDWELL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07006 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date ▼ 375.00 | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS JUDITH DONNELLY Mailing Address 3 IRONWORKS ROA City MONROE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | D State Zip Code NY 10950 C Occupation DIR FINANCE Aggregate Year-to-Date ▼ | Date of Receipt M M M O O O O O O O O O O O O O O O O |
| SUBTOTAL of Receipts This Page (optional) . | | 75.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 39 / 326 (check only one) X |
|-----|---|--------------------------------|---|--|
| 0 | Any information copied from such Reports and surfor commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any persondress of any political committee to | on for the purpose of soliciting contributions |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۱. | Full Name (Last, First, Middle Initial) MS MERIDITH DORNER Mailing Address 8010 ORCHARD VIE | M I ANE | | Date of Receipt |
| | OUTO OTTO WITE VIE | VV L/ ((VL | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65423 |
| | FOGELSVILLE | PA | 18051 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | n CCT EXEC | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 | |
| . – | Full Name (Last, First, Middle Initial) MICHEL DUFRESNE | | | Date of Receipt |
| | Mailing Address 58 INDEPENDENCE | WAY | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65763 |
| | MORRIS TWP | NJ | 07960 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ERPRISE BUS INTELLIGEN | ICE |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| | Other (specify) | | 2884.50 | |
| | Full Name (Last, First, Middle Initial) MR DANA DUNCAN | | | Date of Receipt |
| | Mailing Address 125 COMSTOCK TRA | AIL | | 07 04 7 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65578 |
| | EAST HAMPTON | CT | 06424 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | TECHNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | | 375.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) . | 1 | | 242.30 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 40 / 326 (check only one) X 11a |
|----------|---|------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma name and ad | ly not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR PETER DUNLEAVY | | | Date of Receipt |
| | Mailing Address 2 DECKER TERRACE | | | 07 04 2009 |
| | City KINNELON | State NJ | Zip Code 07405 | Transaction ID: INC.A.65451 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 | on FINANCE | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR STEPHEN DUNLEAVY Mailing Address 14026 KNOX STREET | - | | Date of Receipt |
| | City | | Zip Code | 07 04 2009 |
| | OVERLAND PARK | State KS | 66221 | Transaction ID: INC.A.65481 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 | on ES SEGMENT LEADER | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 |] |
| с. С. | Full Name (Last, First, Middle Initial) MR MARK DUNN | 1 | | Date of Receipt |
| | Mailing Address 2 OLD MILL ROAD | | | M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O |
| | City SANDY HOOK | State CT | Zip Code 06482 | Transaction ID: INC.A.65455 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 | TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 100.00 |
| İ | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 41 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|----------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR PETER DURAN Mailing Address 875 HARRISTOWN R City GLEN ROCK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State NJ C Occupation DIR PRIV | | Date of Receipt O 7 O 4 2 0 0 9 Transaction ID: INC.A.65437 Amount of Each Receipt this Period 25.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) DR SUMIT DUTTA Mailing Address 534 HUDSON STREE #3C City NEW YORK FEC ID number of contributing | State NY | 375.00 Zip Code 10014 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SVP & G | n ENERAL MGR • Year-to-Date ▼ 1155.00 |] |
| Full Name (Last, First, Middle Initial) REBECCA DYER Mailing Address 1400 POPLAR ESTAT | State | Zip Code | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65860 |
| GERMANTOWN FEC ID number of contributing federal political committee. | C | 38138 | Amount of Each Receipt this Period 25.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | + + | PERF MGMT & IMPROVEM Year-to-Date 375.00 | IENT |
| SUBTOTAL of Receipts This Page (optional) | | | 127.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 42 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and address of any political committe | person for the purpose of soliciting contributions see to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR MICHAEL EDWARDS Mailing Address 109 KAREN PLACE City WYCKOFF FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07481 C Occupation VP/GM Aggregate Year-to-Date 750.00 | Date of Receipt M M M O O O O O O O O O O O O O O O O |
| Full Name (Last, First, Middle Initial) DR EDWARD EISENBERG, MD Mailing Address 128 SUMMIT AVENUI City UPPER MONTCLAIR FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07043 C Occupation MEDICARE CHIEF MEDICAL OF Aggregate Year-to-Date 750.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON Mailing Address 106 GRAHAM TERRA City SADDLE BROOK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07663 C Occupation TECHNICAL SPECIALIST Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 125.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 43 / 326 (check only one) X 11a |
|----|---|------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN | D 540T | | Date of Receipt |
| | Mailing Address 359 LONG HILL ROAI | D EAST | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65787 |
| | BRIARCLIFF MANOR | NY | 10510 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP COR | n P COMMUNICATIONS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) ▼ | | 750.00 | |
| В. | Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN | | | Date of Receipt |
| | Mailing Address 75 TWEED BLVD | | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65364 |
| | 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 | | P MEDICAL&ANLYTC AFF | RS |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) | | 2884.65 | |
| C. | Full Name (Last, First, Middle Initial) MR SCOTT ERHARDT | • | | Date of Receipt |
| | Mailing Address 11540 39TH AVE N | | | 07 04 7 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65528 |
| | PLYMOUTH | MN | 55441 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | IR ACCT MGMT | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) ▼ | | 575.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 292.31 |
| | TOTAL This Period (last page this line number | | | |

| City State Zip Code CLIFFSIDE PARK NJ 07010 REC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Mailing Address 15804 SORAWATER DR. | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) MR YAKOV ESTERUS Malling Address 100 WINSTON DRIVE 17 C NORTH City CLIFFSIDE PARK NJ 07010 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Ccupation NATL ACCT EXEC Name of Employer Primary General Other (specify) ▼ FEC ID number of contributing Ccupation NATL ACCT EXEC Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing Ccupation NATL ACCT EXEC Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt NATL ACCT EXEC Aggregate Year-to-Date ▼ FUII Name (Last, First, Middle Initial) NATL ACCT EXEC Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt NATL ACCT EXEC Aggregate Year-to-Date ▼ FEC ID number of contributing Ccupation NATL ACCT EXEC Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt NATL ACCT EXEC Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt NATL ACCT EXEC NATL ACCT EXEC Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and address of any political committee to | solicit contributions from such committee. |
| MR YAKOV ESTERLIS Mailing Address 100 WINSTON DRIVE 17 C NORTH City CLIFSIDE PARK NJ 07010 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Occupation NATL ACCT EXEC Receipt For: Primary General Other (specify) ▼ Date of Receipt NJ 07010 Transaction ID: INC.A.65729 Amount of Each Receipt this Perio Transaction ID: INC.A.65729 Amount of Each Receipt this Perio Transaction ID: INC.A.65720 Amount of Each Receipt this Perio Transaction ID: INC.A.65720 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Transaction ID: INC.A.65870 Transaction ID: INC.A.658670 Amount of Each Receipt this Perio Transaction ID: INC.A.658670 Amount of Each Receipt this Perio Transaction ID: INC.A.658670 Amount of Each Receipt this Perio Transaction ID: INC.A.658670 Transaction ID: INC.A.65863 Amount of Each Receipt this Perio Transaction ID: INC.A.65863 Transaction ID: INC.A.65863 Transaction ID: INC.A.65863 Amount of Each Receipt this Perio Transaction ID: INC.A.65863 Transaction ID: INC.A.658 | MEDCO HEALTH SOLUTIONS INC. | POLITICAL ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| City State Zip Code CLIFFSIDE PARK NJ 07010 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Date of Receipt Tonate of Contributing federal political committee. Date of Receipt Tonate of Contributing federal political committee. Date of Receipt Tonate of Contributing federal political committee. C. Full Name (Last, First, Middle Initial) Receipt For: Primary General Occupation NATL ACCT EXEC Aggregate Year-to-Date ▼ Primary General Occupation NATL ACCT EXEC Aggregate Year-to-Date ▼ Primary General Occupation NATL ACCT EXEC Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65863 Amount of Each Receipt this Perio Transaction ID: INC.A.65863 Amount of Each Receipt this Perio Transaction ID: INC.A.65863 Amount of Each Receipt this Perio Transaction ID: INC.A.65863 Amount of Each Receipt this Perio Transaction ID: INC.A.65863 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Transaction ID: INC.A.65870 Transaction ID: INC.A.65870 Transaction ID: INC.A.65870 T | MR YAKOV ESTERLIS | | - |
| City State Zip Code NJ 07010 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ City State Zip Code HET 33547 FEC ID number of contributing federal political committee. City State Zip Code LITHIA FL 33547 FEC ID number of contributing federal political committee. City State Zip Code LITHIA FL 33547 FEC ID number of contributing federal political committee. City State Zip Code LITHIA FL 33547 FEC ID number of contributing federal political committee. City State Zip Code Primary General State Zip Code NATL ACCT EXEC Aggregate Year-to-Date ▼ Fill Name (Last, First, Middle Initial) NATL ACCT EXEC Aggregate Year-to-Date ▼ Date of Receipt 35.0 Date of Receipt N | 0 100 111101011011 | Ξ | |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | City | • | |
| State Sta | | NJ 07010 | Amount of Each Receipt this Period |
| Receipt For: | | C | 25.00 |
| Primary | | · · | |
| Date of Receipt Mailing Address 15804 SORAWATER DR. City State Zip Code LITHIA FL 33547 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ State Zip Code NATL ACCT EXEC Aggregate Year-to-Date ▼ Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Transaction ID: INC.A.65463 Amount of Each Receipt this Perio State Zip Code Transaction ID: INC.A.65463 Date of Receipt Transaction ID: INC.A.65463 Amount of Each Receipt this Perio Total Name (Last, First, Middle Initial) RICHARD FARIS Mailing Address 2020 HEATHER COVE City State Zip Code Transaction ID: INC.A.65870 Amount of Each Receipt Transaction ID: INC.A.65870 Amount of Each Receipt Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Amount of Each Receipt this Perio Transaction ID: INC.A.65870 Transaction ID: IN | Primary General | 375.00 | |
| City State Zip Code LITHIA FL 33547 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC | MR STEVEN FANDETTI | | ╡ |
| LITHIA FL 33547 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ City State Zip Code TRANS Agregate Year-to-Date ▼ Other State Zip Code Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Date of Receipt Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Transaction ID: INC.A.65870 Amount of Each Receipt this Perior Transaction ID: INC.A.65870 Transaction ID: INC.A.65870 Transaction ID: INC.A.65870 | Mailing Address 15804 SORAWATER | DR. | 1 1 1 1 1 1 1 |
| 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) RICHARD FARIS Mailing Address 2020 HEATHER COVE City State Zip Code To Amount of Each Receipt this Perior federal political committee. PEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Occupation VP HEALTH OUTCOME SOLUTIONS Receipt For: Primary General Aggregate Year-to-Date ▼ | City | State Zip Code | Transaction ID: INC.A.65463 |
| Receipt For: Primary General Other (specify) ▼ | <u>LITHIA</u> | FL 33547 | Amount of Each Receipt this Period |
| Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) RICHARD FARIS Mailing Address 2020 HEATHER COVE City State Zip Code MEMPHIS TN 38119 FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEATH GROUP Name of Employer ACCREDO HEATH GROUP Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: INC.A.65870 Amount of Each Receipt this Perio | | C | 35.00 |
| Primary General Other (specify) ▼ 505.00 Full Name (Last, First, Middle Initial) RICHARD FARIS Mailing Address 2020 HEATHER COVE City State Zip Code Transaction ID: INC.A.65870 MEMPHIS TN 38119 FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Name of Employer ACCREDO HEALTH GROUP Primary General Solution Occupation VP HEALTH OUTCOME SOLUTIONS Receipt For: Aggregate Year-to-Date ▼ | | NATL ACCT EXEC | |
| Mailing Address 2020 HEATHER COVE City State Zip Code Transaction ID: INC.A.65870 MEMPHIS TN 38119 FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Date of Receipt M | Primary General | | |
| City State Zip Code Transaction ID: INC.A.65870 MEMPHIS TN 38119 FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Neceipt For: Aggregate Year-to-Date ▼ Primary General | | 1 | Date of Receipt |
| MEMPHIS TN 38119 Amount of Each Receipt this Perio FEC ID number of contributing federal political committee. C Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Amount of Each Receipt this Perio C Aggregate Year-to-Date ▼ | Mailing Address 2020 HEATHER COV | E | |
| FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General C Occupation VP HEALTH OUTCOME SOLUTIONS Aggregate Year-to-Date ▼ | • | <u> </u> | |
| ACCREDO HEALTH GROUP VP HEALTH OUTCOME SOLUTIONS Receipt For: Primary General Aggregate Year-to-Date ▼ | FEC ID number of contributing | | 50.00 |
| Primary General 750.00 | Name of Employer ACCREDO HEALTH GROUP | · | 5 |
| | Primary General | | |
| SUBTOTAL of Receipts This Page (optional) | SUBTOTAL of Receipts This Page (optional) . | | 110.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 45 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|---|--------------------------------|---|---|
| C | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any personderss of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL . | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) SUSAN FAUST | 2.00\/5 | | Date of Receipt |
| | Mailing Address 6614 HERONSWOOI | J COVE | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65848 |
| | 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 | Occupation VP CLIE | on INT SLS AND MGD CARE | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 750.00 | |
| — В. | Full Name (Last, First, Middle Initial) DR RICHARD FEIFER | | | Date of Receipt |
| | Mailing Address 32 EILEEN DR | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State | Zip Code | Transaction ID: INC.A.65513 |
| | 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 | Occupation VP CAR | on E ENHANCING SOLUTIONS | 8 |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 750.00 | |
| С. С. | Full Name (Last, First, Middle Initial) MR THOMAS FEITEL | 1 | | Date of Receipt |
| | Mailing Address 58 APPLE HILL DR | | | 07 04 2009 |
| | City GILLETTE | State NJ | Zip Code | Transaction ID: INC.A.65567 |
| | FEC ID number of contributing | | 07933 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 192.23 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | , ' | RP MKTG & E-COMM | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date | |
| | Primary General Other (specify) ▼ | | 2883.45 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 292.23 |
| F | TOTAL This Period (last page this line numbe | | <u> </u> | |

| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. Full Name (Last, First, Middle Initial) MR STUART FELDMAN Mailing Address 109 MEADOWBROO City RANDOLPH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | POLITICAL AC OK ROAD State NJ C Occupation EXEC DIR | ess of any political committee to | solicit contributions from such committee. |
|---|---|---|--|
| MR STUART FELDMAN Mailing Address 109 MEADOWBROO City RANDOLPH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State NJ C Occupation EXEC DIR | 07869 | Transaction ID: INC.A.65361 Amount of Each Receipt this Period |
| RANDOLPH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | Occupation EXEC DIR | 07869 | Transaction ID: INC.A.65361 Amount of Each Receipt this Period |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | Occupation EXEC DIR | | |
| | | 375.00 | |
| Full Name (Last, First, Middle Initial) MS DAWN FELDNER Mailing Address 275 BIRCH STREET | | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City EMERSON FEC ID number of contributing | State NJ | Zip Code 07630 | Transaction ID: INC.A.65700 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation DIR BUSIN | NESS REQUIREMENTS Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 464 SPRING AVE. | | | Date of Receipt |
| City RIDGEWOOD FEC ID number of contributing federal political committee. | State NJ | Zip Code 07450 | Transaction ID: INC.A.65659 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | _ ' ' | ECHNOLOGY Year-to-Date ▼ | |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) . | | 375.00 | 75.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 47 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) RONALD FIELMANN Mailing Address 2061 ARLEEN CT City SCHAUMBURG FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State Zip Code IL 60194 C Occupation AVP SALES Aggregate Year-to-Date 375.00 | Date of Receipt M M O 7 O 4 2009 Transaction ID: INC.A.65849 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR DON FISCHER Mailing Address 10 TRACY CIRCLE City CAMPBELL HALL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10916 C Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR EDWARD FISCHER Mailing Address 465 OLD STONE RD City RIDGEWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07450 C Occupation VP CLINICAL PROD INTEGRATION Aggregate Year-to-Date 750.00 | Date of Receipt M M J D D J Z D O D Transaction ID: INC.A.65504 Amount of Each Receipt this Period 50.00 |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 326 (check only one) X |
|--|---------------------|---|---|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MEGHAN FITZGERALD Mailing Address 6 MORGAN AVE | | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City NORWALK FEC ID number of contributing federal political committee. | State CT | Zip Code 06851 | Transaction ID: INC.A.65825 Amount of Each Receipt this Period 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation SVP BUS | n SINESS DEVELOPMENT 9 Year-to-Date ▼ 2884.65 | |
| Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS Mailing Address 1933 MT. OLIVE AGOSTA ROAD City | State | Zip Code | Date of Receipt M M M / D D A / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NEW BLOOMINGTON FEC ID number of contributing federal political committee. | OH C | 43341 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | HLTH CARE OPS Year-to-Date 375.00 | |
| Full Name (Last, First, Middle Initial) CHAD FOREMAN Mailing Address 9544 DOGWOOD | FSTATES | | Date of Receipt |
| City GERMANTOWN | State TN | Zip Code 38139 | Transaction ID: INC.A.65876 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: | Occupation DIR FINA | ANCE II | |
| Primary General Other (specify) ▼ | Aygregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (options | al) | | 242.31 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 49 / 326 (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 in NAME OF COMMITTEE (In Full) | atements ma name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| _ | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL / | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) HOLLEY FORTH | | | Date of Receipt |
| | Mailing Address 115 BAYSIDE COURT City | State | Zip Code | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65868 |
| | RICHMOND | CA | 94804 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupatio GENERA | n AL MGR - MULTI BRANCH | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| - В. | Full Name (Last, First, Middle Initial) KEVIN FRANCO Mailing Address 648 RIVERSIDE DR | | | Date of Receipt |
| | #222 | Ctata | 7in Oada | 07 04 2009 |
| | City MEMPHIS | State TN | Zip Code 38103 | Transaction ID: INC.A.65673 |
| | FEC ID number of contributing federal political committee. | C | 30103 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupatio VP FINA | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| - С. | Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO | | | Date of Receipt |
| | Mailing Address 9 GREEN HILL TRAIL | | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65621 |
| | TROPHY CLUB | TX | 76262 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | - | ONAL SERVICE CENTER | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 1500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | __ | 125.00 |
| | TOTAL This Period (last page this line number of | | · | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ANDREW FRIEDELL Mailing Address 1434 NARRAGANSE City CRANSTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State RI C Occupation DIR GOV | Zip Code 02905 02905 7 AFFAIRS Year-to-Date ▼ 450.00 | Date of Receipt M M M / D D / Y Y Y Y Y O 7 0 4 2 0 0 9 Transaction ID: INC.A.65475 Amount of Each Receipt this Period 30.00 |
| Full Name (Last, First, Middle Initial) FELIX FRUEH Mailing Address 14401 FALLING LEAR City DARNESTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State MD C Occupation VP RESE | Zip Code 20878 DEARCH & DEVELOPMENT Year-to-Date 750.00 | Date of Receipt M M M / D D / Y Y Y Y Y O 7 0 4 2 0 0 9 Transaction ID: INC.A.65826 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) ROBERT FURTH Mailing Address 1450 PORTLAND AV City ST PAUL FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State MN C Occupation GENERA | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | |) | 105.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 51 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any per- the name and address of any political committee | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI Mailing Address 24 MOREHOUSE F | PL State Zip Code | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65360 |
| NEW PROVIDENCE FEC ID number of contributing federal political committee. | NJ 07974 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP & COUNSEL Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI Mailing Address 720 N. LARRABEE APT 1701 City CHICAGO | State Zip Code IL 60654 | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65740 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: □ Primary □ General □ Other (specify) ▼ | Occupation SVP & GENERAL MGR Aggregate Year-to-Date 2884.65 | 192.31 |
| Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER Mailing Address 842 ASHLER CT | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City COLUMBUS FEC ID number of contributing federal political committee. | State Zip Code OH 43235 | Transaction ID: INC.A.65701 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation NATL ACCT EXEC Aggregate Year-to-Date 375.00 | |
| SUBTOTAL of Receipts This Page (optional | l) | 267.31 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | ^) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 52 / 326 (check only one) |
|--|---|--|---|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may g the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | IC. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO | | | Date of Receipt |
| Mailing Address 69 LAKEVIEW DF | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O | | |
| City | State | Zip Code | Transaction ID: INC.A.65601 |
| OLD TAPPAN FEC ID number of contributing federal political committee. | NJ C | 07675 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLIE | n NT RELATIONS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MICHAEL GALVIN | I | | Date of Receipt |
| Mailing Address 25 BALLYMEADE | 07 04 7 2009 | | |
| City HOPEWELL JUNCTION | State NY | Zip Code 12533 | Transaction ID: INC.A.65768 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 OF | ─- FR |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2884.65 | |
| Full Name (Last, First, Middle Initial) MR OMHARAISRIRAM GANGAIKONDAN- | YER | | Date of Receipt |
| Mailing Address 9 CAIRNES ROAL |) | | 0 7 0 4 2 0 0 9 |
| City MORRIS PLAINS | State NJ | Zip Code | Transaction ID: INC.A.65775 |
| FEC ID number of contributing federal political committee. | C | 07950 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNIC | n CAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | | 267.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 53 / 326 (check only one) X |
|---|--------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR PETER GAYLORD Mailing Address 1201 BRIDGE STREE City ASBURY PARK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State NJ C Occupatio SVP TRE | EASURY & FINANCIAL EVAI | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) | Aggregate | e Year-to-Date ▼ 870.00 | |
| MR FRANK GENTILELLA Mailing Address 20 BROOKSHIRE DR City ROBBINSVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupatio GENERA | Zip Code 08691 n AL MGR GROUP • Year-to-Date ▼ | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MATTHEW GIBBS Mailing Address 27 N. WACKER DR. SUITE 246 City CHICAGO FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 60606 n sLINICAL OFFICER e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | | 185.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 54 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|---|-----------------------------|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the | tatements ma name and ad | y not be sold or used by any persod 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) |
| Α. | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS | | | Date of Receipt |
| | Mailing Address 544 DENMOOR COUF City | 07 04 2009 | | |
| | GALLOWAY | State OH | Zip Code 43119 | Transaction ID: INC.A.65420 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR PHA | n ARM PRACTICE | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| В. | Full Name (Last, First, Middle Initial) MR THOMAS GILSON Mailing Address 2 PELL FARM ROAD | | | Date of Receipt |
| | Mailing Address 2 PELL FARIN ROAD | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65733 |
| | SADDLE RIVER | NJ | 07458 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ENERAL MGR | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2884.65 | |
| с. С. | Full Name (Last, First, Middle Initial) MR SCOTT GILYARD | | | Date of Receipt |
| | Mailing Address 305 BERGAMOT DRIV | /E | | 07 |
| | City | State | Zip Code | Transaction ID: INC.A.65365 |
| | MEDINA FEC ID number of contributing federal political committee. | C | 55340 | Amount of Each Receipt this Period |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio PRES UI | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | 1 |
| | Other (specify) ▼ | | 2884.50 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 397.11 |
| Ī | TOTAL This Period (last page this line number of | only) | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 55 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | | |
|----|---|--------------------------------|---|---|--|--|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | 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. | | | |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | | |
| Α. | Full Name (Last, First, Middle Initial) MR JONAH GITLITZ | | | | | | |
| | Mailing Address 43 OVERLOOK RIDG | 07 04 2009 | | | | | |
| | City OAKLAND | State NJ | Zip Code 07436 | Transaction ID: INC.A.65430 Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 50.00 | | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NAT | n L ACCT EXEC | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | | | | |
| В. | Full Name (Last, First, Middle Initial) MS AUDREY GOODMAN Mailing Address 26 HILLSIDE AVE. | | | Date of Receipt | | | |
| | City | State | Zip Code | 07 04 2009 | | | |
| | GLEN ROCK | NJ | 07452 | Transaction ID: INC.A.65674 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: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 225.00 | | | | |
| C. | Full Name (Last, First, Middle Initial) MR JAMES GORMAN | Date of Receipt | | | | | |
| | Mailing Address 11 WASHBURN RD | 07 04 2009 | | | | | |
| | City CANTON | State CT | Zip Code 06022 | Transaction ID: INC.A.65435 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 | on CLIENT & MKT PROG STRA | AT | | | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 90.00 | | | |
| | TOTAL This Period (last page this line number | only) | | | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 56 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person the name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JAMES GRANT, JR Mailing Address 1928 BEVERLY LAN City BUFFALO GROVE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State Zip Code IL 60089 C Occupation VP FINANCIAL INSIGHTS Aggregate Year-to-Date | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) LAURIE GREENBERG Mailing Address 27760 WOODLAND City BOERNE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | GREEN State Zip Code TX 78015 C Occupation SR DIR CLINICAL THERAPEUTICS Aggregate Year-to-Date | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR EDWARD GRIX Mailing Address 525 ORANGEBURG City PEARL RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State Zip Code NY 10965 C Occupation | Date of Receipt M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | SR DIR BUSINESS REQUIREMENTS Aggregate Year-to-Date ▼ 375.00 | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 57 / 326 (check only one) X 11a |
|--|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | Statements may not be sold or used by any per name and address of any political committee POLITICAL ACTION COMMITTEE (a.I. | e to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS GINA GRUHN Mailing Address 13 WEATHER VANE City CONVENT STATION FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | DRIVE State Zip Code NJ 07960 C Occupation REGIONAL VP SALES-SYSTEME Aggregate Year-to-Date ▼ | Date of Receipt M M M |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS TRACY GRUNSFELD | 600.00 | Date of Receipt |
| Mailing Address 264 HARVEST AVE City STATEN ISLAND | State Zip Code NY 10310 | Transaction ID: INC.A.65425 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CONSUMER DRIVEN MKTS | 50.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MRS CAROLYN GUGLIELMO Mailing Address 42 VETERANS PARK | WAY | Date of Receipt 0 7 0 4 2 0 0 9 |
| City PEARL RIVER | State Zip Code NY 10965 | Transaction ID: INC.A.65675 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation NATL ACCT EXEC Aggregate Year-to-Date | |
| Primary General Other (specify) ▼ | 375.00 | |
| | | 115.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | .) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 58 / 326 (check only one) |
|---|----------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | . POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR RICHARD GUIOR | | | Date of Receipt |
| Mailing Address 50 BELLEVUE AVE | 07 04 2009 | | |
| City | State | Zip Code | Transaction ID: INC.A.65382 |
| SUMMIT FEC ID number of contributing federal political committee. | NJ C | 07901 | Amount of Each Receipt this Period 90.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio GROUP | | |
| Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 1350.00 | |
| Full Name (Last, First, Middle Initial) MS KAVITHA GULLAPALLI | | | Date of Receipt |
| Mailing Address 67 ATHERTON CT | 07 04 7 2009 | | |
| City WAYNE | State NJ | Zip Code 07470 | Transaction ID: INC.A.65495 |
| FEC ID number of contributing federal political committee. | C | 07470 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR TEC | n HNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | · | e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS VALERIE HAERTEL | | | Date of Receipt |
| Mailing Address 7 PARSLOE COUR | Т | | 07 04 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65808 |
| MAHWAH FEC ID number of contributing federal political committee. | NJ C | 07430 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP INVE | n STOR RELATIONS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional |) | | 165.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 59 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any pers the name and address of any political committee to | |
| MEDCO HEALTH SOLUTIONS INC | C. POLITICAL ACTION COMMITTEE (a.k.: | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR MARK HALLORAN | | Date of Receipt |
| Mailing Address 19 KINGS RIDGE F | ROAD | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State Zip Code | Transaction ID: INC.A.65631 |
| 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 CHIEF INFO OFFICER | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2884.65 | |
| Full Name (Last, First, Middle Initial) MR GREGORY HANSEN | Date of Receipt | |
| Mailing Address 1659 ISABELLA PA | 07 04 2009 | |
| City | State Zip Code | Transaction ID: INC.A.65739 |
| <u>CHASKA</u> | 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW | | Date of Receipt |
| Mailing Address 8 PROSPECT PLAG | CE | 07 04 2009 |
| City POMPTON PLAINS | State Zip Code NJ 07444 | Transaction ID: INC.A.65414 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 FINANCE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional | l) | 267.31 |

TOTAL This Period (last page this line number only)

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 60 / 326 (check only one) X 11a |
|-----------|---|-----------------------------|---|---|
| An | y information copied from such Reports and Si or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | solicit contributions from such committee. |
| \ <u></u> | Full Name (Last, First, Middle Initial) SHARON HARRIS Mailing Address 186 N. WHITE STATIO | | <u> </u> | Date of Receipt |
| | City MEMPHIS | State TN | Zip Code 38117 | Transaction ID: INC.A.65850 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | Occupation DIR HR Aggregate | e Year-to-Date ▼ 375.00 | |
| 3. | Full Name (Last, First, Middle Initial) MR MARK HARTMANN Mailing Address 8980 KNOBLE COURT | - | | Date of Receipt 0 7 0 4 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.65530 |
| | EDEN PRAIRIE FEC ID number of contributing federal political committee. | C | 55347 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR ACC | n CT MGMT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | Full Name (Last, First, Middle Initial) MR PETER HARTY | | | Date of Receipt |
| | Mailing Address 19520 YELLOW WING | COURT | | 07 04 2009 |
| | City COLORADO SPRINGS | State CO | Zip Code 80908 | Transaction ID: INC.A.65362 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP GOV | n ERNMENT AFFAIRS | |
| | Receipt For: Primary General Other (specify) | _ | e Year-to-Date ▼ 2884.65 | |
| | JBTOTAL of Receipts This Page (optional) | <u> </u> | | 242.31 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 61 / 326 (check only one) X 11a |
|----|---|-----------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements ma name and ad | ly not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) DAN HAYES Mailing Address 4679 AYRON TERRAC | <u> </u> | | Date of Receipt |
| | 40/9 ATHON TENHAC | ,L | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65844 |
| | 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 | Occupation VP OPS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| В. | Full Name (Last, First, Middle Initial) MR WILLIAM HEAD | | | Date of Receipt |
| | Mailing Address 501 SLATERS LANE #816 | | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65798 |
| | ALEXANDRIA FEC ID number of contributing federal political committee. | C | 22314 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP GOV | on ERNMENT AFFAIRS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 450.00 |] |
| C. | Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD | | | Date of Receipt |
| | Mailing Address 13210 N. 11TH AVE. | | | 07 04 2009 |
| | City PHOENIX | State AZ | Zip Code 85029 | Transaction ID: INC.A.65448 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 85029 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALE | | 7 |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 62 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|---|--------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR THOMAS HEKKER Mailing Address CO. MESCT THERE OFF | NEET #4000 | | Date of Receipt |
| | Mailing Address 28 WEST THRID STF | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65773 |
| | SOUTH ORANGE | NJ | 07079 | 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 TECHNOLOGY | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 370.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR SCOTT HELMUS | l | | Date of Receipt |
| | Mailing Address 23 VALLEY RD | | | 07 04 7 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65426 |
| | SUCCASUNNA | NJ | 07876 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | NT SOLUTIONS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1125.00 |] |
| с. С. | Full Name (Last, First, Middle Initial) MR GLENN HERDLING | ı | | Date of Receipt |
| | Mailing Address 646 JAMES LN | | | 07 04 2009 |
| | City RIVER VALE | State NJ | Zip Code 07675 | Transaction ID: INC.A.65544 |
| | FEC ID number of contributing federal political committee. | C | 07675 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CRE | on EATIVE DEVELOPMENT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 130.00 |
| - | TOTAL This Period (last page this line number | | | |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 63 / 326 (check only one) X |
|---|--|--|
| or for commercial purposes, other than NAME OF COMMITTEE (In Full) | ts and Statements may not be sold or used by any pensing the name and address of any political committees. SINC. POLITICAL ACTION COMMITTEE (a. | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ERIC HESS Mailing Address 10 CARLTON I City FLANDERS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS JANE HILDEBRANDT Mailing Address 35 CASCADE V City BUTLER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR DANIEL HLUDZINSKI Mailing Address 385 WASHING City TAPPAN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10983 C Occupation TECHNICAL SPECIALIST Aggregate Year-to-Date 375.00 | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65722 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Receipts This Page (or | tional) | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 64 / 326 (check only one) X | |
|---|--|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | the name and add | dress of any political committee to | solicit contributions from such committee. | |
| Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON Mailing Address 16 LUTH TERRACE City | State | Zip Code | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| WEST ORANGE FEC ID number of contributing federal political committee. | NJ | 07052 | Amount of Each Receipt this Period 50.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | - | AL VP PHARMACIES Year-to-Date ▼ 750.00 | | |
| Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN Mailing Address 974 HILLCREST RO |)AD | | Date of Receipt 0 7 0 4 2 0 0 9 | |
| City | · | | | |
| 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 FACII | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | | |
| Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN | | | Date of Receipt | |
| Mailing Address 9 HIRLE ST | | | 07 04 2009 | |
| City | State | Zip Code | Transaction ID: INC.A.65521 | |
| CORNWALL ON HUDSON FEC ID number of contributing federal political committee. | C | 12520 | Amount of Each Receipt this Period 25.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNIC | n CAL SPECIALIST | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | | |
| SUBTOTAL of Receipts This Page (optional) | , | | 125.00 | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 65 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|-----------------------------|--|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements ma name and ad | 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. |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR ROGER HOLLAND Mailing Address 41 SAINT RAPHAEL | | | Date of Receipt |
| | Mailing Address 41 SAINT RAPHAEL | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65597 |
| | 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 Other (specify) ▼ | | 750.00 | |
| В. | Full Name (Last, First, Middle Initial) MR J. HOLLINGER | | | Date of Receipt |
| | Mailing Address 784 CAPE HENRY DF | 07 04 7 2009 | | |
| | COLUMBUS | State | Zip Code | Transaction ID: INC.A.65609 |
| | COLUMBUS | OH | 43228 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | SINESS PLANNING | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | 1 |
| | Other (specify) ▼ | | 230.04 | |
| C. | Full Name (Last, First, Middle Initial) MR ROBERT HOLLIS | • | | Date of Receipt |
| | Mailing Address 88 MILLS STREET | | | 07 04 2009 |
| | City MORRISTOWN | State NJ | Zip Code 07960 | Transaction ID: INC.A.65511 |
| | FEC ID number of contributing | | 07960 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | BUSINESS DEVELOPMENT | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) | | 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 85.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form : ITEMIZED RECEIPTS | 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 66 / 326 (check only one) X |
|---|-----------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS I | ing the name and add | ress of any political committee to | |
| Full Name (Last, First, Middle Initial) ELIZABETH HOLLOWAY Mailing Address 9222 RANDLE V | ALLEY DR | | Date of Receipt |
| City CORDOVA FEC ID number of contributing | State TN | Zip Code 38018 | Transaction ID: INC.A.65866 Amount of Each Receipt this Period |
| federal political committee. Name of Employer ACCREDO HEALTH GROUP | Occupation ASSISTA | NT GENERAL COUNSEL | 40.00 |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) MR MATTHEW HOLMES Mailing Address 21979 SHADYBF | ROOK DR | | 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 | Transaction ID: INC.A.65572 | |
| NOVI FEC ID number of contributing federal political committee. | C | 48375 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIN | ICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK | I | | Date of Receipt |
| Mailing Address 49 S HILLSIDE A | AVE | | 07 04 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65628 |
| ELMSFORD FEC ID number of contributing federal political committee. | C | 10523 | Amount of Each Receipt this Period 80.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INTER | RVENTION DELIVERY SYS | т |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1200.00 | |
| SUBTOTAL of Receipts This Page (option | onal) | | 145.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 67 / 326 (check only one) X |
|--------|--|-------------------|---|---|
| \ \ | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and ad | Idress of any political committee to | o solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) RITA HOLT Mailing Address 1558 N PISGAH ROAI | | 7011011 0011111111111111111111111111111 | Date of Receipt |
| | City CORDOVA | State TN | Zip Code 38016 | Transaction ID: INC.A.65851 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | | on MBURSEMENT e Year-to-Date ▼ 750.00 | |
| В. | Full Name (Last, First, Middle Initial) MS CYNTHIA HORN Mailing Address 9553 ANDREW DR | | | Date of Receipt 0 7 0 4 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.65839 |
| | TWINSBURG FEC ID number of contributing federal political committee. | C | 44087 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation VP CUS | | |
| | Primary General Other (specify) ▼ | Aggregati | 750.00 | |
| C. | Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ Mailing Address 4 MELISSA COURT | | | Date of Receipt 0 7 0 4 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.65803 |
| | MONTVILLE FEC ID number of contributing federal political committee. | NJ C | 07045 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BUS | on INESS PLANNING | |
| | Receipt For: Primary General Other (specify) ▼ | , ' | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 150.00 |
| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 68 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) LYNN HOSTMYER Mailing Address C700 N.W. 110TH | | | Date of Receipt |
| | Mailing Address 6708 N.W. 112TH | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65856 |
| | OKLAHOMA CITY | OK | 73162 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupatio GENERA | n AL MGR - MULTI BRANCH | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 375.00 | |
| В. | Full Name (Last, First, Middle Initial) MR JEFFREY HULL | | | Date of Receipt |
| | Mailing Address 2616 S 3B'S & K RD | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | |
| | City | State | Zip Code | Transaction ID: INC.A.65610 |
| | GALENA | ОН | 43021 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 32.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | HLTH CARE OPS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 472.00 | |
| C. | Full Name (Last, First, Middle Initial) MRS KIMBERLY HUMPHRIES | | | Date of Receipt |
| | Mailing Address 3726 ST PHILIP | | | 07 04 7 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65867 |
| | BARTLETT | TN | 38133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP | | NESS PLANNING | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 107.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 326 (check only one) X |
|----|---|-------------------|---|---|
| 1 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | ldress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR DAVID ISRAEL | | | Date of Receipt |
| | Mailing Address 730 COLUMBUS AVE | 07 04 2009 | | |
| | City NEW YORK | State NY | Zip Code 10025 | Transaction ID: INC.A.65367 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 BUS | on INESS DEV | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| В. | Full Name (Last, First, Middle Initial) MS SUSAN ITO Mailing Address 6366 SW 90TH STRE | FT | | Date of Receipt |
| | Maining Address 6306 SW 901H STRE | 07 04 2009 | | |
| | City GAINESVILLE | State FL | Zip Code 32608 | Transaction ID: INC.A.65378 |
| | FEC ID number of contributing federal political committee. | C | 32000 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | IR CLINICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| C. | Full Name (Last, First, Middle Initial) MS MARIANNE JACKS Mailing Address 329 MORRIS AVENUE | = | | Date of Receipt |
| | City | State | Zip Code | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65407 |
| | MOUNTAIN LAKES | NJ | 07046 | 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 NAT | on L ACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 150.00 |
| İ | TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 70 / 326 (check only one) X |
|--|--|--|
| | I Statements may not be sold or used by any per- he name and address of any political 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 WILLIAM JACKSON | | Date of Receipt |
| Mailing Address 56 WARREN RD City | State Zip Code | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65711 |
| WEST ORANGE | NJ 07052 | 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 DIR MEDICARE OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MS MICHELLE JAEGER | | Date of Receipt |
| Mailing Address 302 HERMAN TERF | $\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$ | |
| City | State Zip Code | Transaction ID: INC.A.65777 |
| HOPKINS | MN 55343 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL ACCT EXEC | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | _ |
| Other (specify) | 375.00 | |
| Full Name (Last, First, Middle Initial) MR JASON JAMES | | Date of Receipt |
| Mailing Address RR 2 BOX 2036 | | 07 04 2009 |
| City | State Zip Code | Transaction ID: INC.A.65371 |
| CANADENSIS | PA 18325 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 35.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHYSICIAN ENGAGEMENT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 510.00 | |
| OUDTOTAL of Descripts This Descripts of | | 110.00 |

| ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 71 / 326 (check only one) X |
|---|---|--|
| or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) | I Statements may not be sold or used by any per he name and address of any political committee POLITICAL ACTION COMMITTEE (a.k.) | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR TODD JEFFREY Mailing Address 15 ELIZABETH STR City DUMONT FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State Zip Code NJ 07628 C Occupation VP PHARM CONTRACT & CONSU | Date of Receipt M M |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) ROBERT JINKS Mailing Address 22 PAGE AVE | | Date of Receipt O 7 O 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.65416 |
| EYNDHURST FEC ID number of contributing federal political committee. | NJ 07071 C Occupation | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | VP BUSINESS REQUIREMENTS Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR WILLIAM JOEL | | Date of Receipt |
| Mailing Address 32 VENTOSA DR | | 07 04 2009 |
| City MORRISTOWN | State Zip Code NJ 07960 | Transaction ID: INC.A.65560 |
| FEC ID number of contributing federal political committee. | C 0/960 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR ANALYTICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| | | |

| SCHEDULE A (FEC Form 3 | 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 72 / 326 (check only one) X |
|---|------------------------------|---|---|
| Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS I | ng the name and add | dress of any political committee to | |
| Full Name (Last, First, Middle Initial) MRS REGINA JONES Mailing Address POST OFFICE B | OX 752345 | | Date of Receipt |
| City LAS VEGAS | State NV | Zip Code 89136 | Transaction ID: INC.A.65506 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | Occupation VP CUST Aggregate | | |
| Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12224 MONTCAL | LM STREET | | 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.65678 |
| CARMEL FEC ID number of contributing federal political committee. | C | 46032 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD | ' | | Date of Receipt |
| Mailing Address 16357 VICTORIA | CURVE SE | | $\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$ |
| City | State MN | Zip Code | Transaction ID: INC.A.65553 |
| PRIOR LAKE FEC ID number of contributing federal political committee. | C | 55372 | Amount of Each Receipt this Period 35.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIE | n ENT & MKT PROG STRAT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 525.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | | 110.00 |

| City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: □ Primary □ General □ Other (specify) ▼ Popport Mailing Address 19 PARK AVE City State Zip Code Transaction ID Amount of Each POPP POMPTON PLAINS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: □ Primary □ General □ Other (specify) ▼ City State Zip Code Transaction ID Amount of Each POPP PLAINNING Receipt For: □ Primary □ General □ Occupation VP OPS PLANNING Receipt For: □ Primary □ General □ Other (specify) ▼ Full Name (Last, First, Middle Initial) MS BECKY KAUS Mailing Address N81 W18359 TOURS DR City State Zip Code WI 53051 FEC ID number of contributing federal political committee. City State Zip Code WI 53051 FEC ID number of contributing federal political committee. City State Zip Code WI 53051 Transaction ID Amount of Each Popport Plain Initial State Initial Sta | PAGE 73/326 11c 12 15 16 1 |
|---|-----------------------------|
| A. Full Name (Last, First, Middle Initial) MR JOHN KAPIOSKI Mailing Address 8202 MARSH GLEN CT City State Zip Code FL 33647 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR STEVEN KARATY Mailing Address 19 PARK AVE City State Zip Code NJ 07444 City POMPTON PLAINS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Aggregate Year-to-Date ▼ Transaction ID Amount of Eacl POMPTON PLAINS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS BECKY KAUS Mailing Address N81 W18359 TOURS DR City State Zip Code WI 53051 FEC ID number of contributing federal political committee. City State Zip Code WI 53051 FEC ID number of contributing federal political committee. City State Zip Code WI 53051 Amount of Eacl Parasaction ID Amount of | rom such committee. |
| City TAMPA 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) Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Name of Employer State Zip Code Transaction ID Amount of Each State S | , |
| TAMPA FL 33647 Amount of Each 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 STEVEN KARATY Mailing Address 19 PARK AVE City State Zip Code NJ 07444 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 SECKY KAUS Mailing Address N81 W18359 TOURS DR City State Zip Code Transaction ID Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR SECKY KAUS Mailing Address N81 W18359 TOURS DR City State Zip Code Transaction ID Amount of Each Amount of Each Transaction ID Amount of Each Amount of Each Amount of Each Amount of Each Transaction ID Amount of Each Amount of Each Amount of Each C C Transaction ID Amount of Each Amount of Each C C Transaction ID Amount of Each Amount of Each C C Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Occupation SR DIR CLINICAL SVCS | 04 2009 |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | |
| Receipt For: Primary | 25.00 |
| Primary | |
| MR STEVEN KARATY Mailing Address 19 PARK AVE City POMPTON PLAINS NJ 07444 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) MS BECKY KAUS Mailing Address Mailing Address N81 W18359 TOURS DR City MENOMONEE FALLS Name of Contributing federal political committee. Name of Employer MENOMONEE FALLS Name of Contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Date of Receipt Transaction ID Amount of Eacl Transaction ID Amount of Eacl C Occupation State C Occupation SR DIR CLINICAL SVCS | |
| City POMPTON PLAINS NJ O7 Transaction ID Amount of Each 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) MS BECKY KAUS Mailing Address N81 W18359 TOURS DR City MENOMONEE FALLS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS City State Zip Code Transaction ID Amount of Each Transaction ID Amount of Each O7 Transaction ID Date of Receipt Transaction ID Amount of Each OCCUpation SR DIR CLINICAL SVCS | |
| POMPTON PLAINS 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) MS BECKY KAUS Mailing Address N81 W18359 TOURS DR City State Zip Code MENOMONEE FALLS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Coccupation C C Transaction ID Amount of Each Amount of Each C C Transaction ID Amount of Each C C Transaction ID Amount of Each C C Transaction ID Amount of Each Transaction ID Amount of Each C C Name of Employer MEDCO HEALTH SOLUTIONS Coccupation SR DIR CLINICAL SVCS | 04 2009 |
| 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) MS BECKY KAUS Mailing Address N81 W18359 TOURS DR City State Zip Code Transaction ID Amount of Each FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Coccupation SR DIR CLINICAL SVCS | : INC.A.65387 |
| Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00 Full Name (Last, First, Middle Initial) MS BECKY KAUS Mailing Address N81 W18359 TOURS DR City State MENOMONEE FALLS WI 53051 Amount of Each Occupation SR DIR CLINICAL SVCS | 25.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS BECKY KAUS Mailing Address N81 W18359 TOURS DR City State Zip Code MENOMONEE FALLS WI 53051 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLINICAL SVCS | |
| MS BECKY KAUS Mailing Address N81 W18359 TOURS DR City State Zip Code Transaction ID MENOMONEE FALLS WI 53051 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Date of Receipt M M M M O 7 Transaction ID Amount of Each Occupation SR DIR CLINICAL SVCS | |
| City State Zip Code Transaction ID MENOMONEE FALLS WI 53051 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLINICAL SVCS | |
| MENOMONEE FALLS WI 53051 Amount of Each FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLINICAL SVCS | 04 2009 |
| Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLINICAL SVCS | : INC.A.65537 |
| MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS | 25.00 |
| | |
| Receipt For: Primary Other (specify) Aggregate Year-to-Date 375.00 | |
| SUBTOTAL of Receipts This Page (optional) | 75.00 |

| | DULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 74 / 326 (check only one) X 11a |
|--------------|--|----------------------------------|---|---|
| Any inforr | nation copied from such Reports and sumercial 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. |
| \ | OF COMMITTEE (In Full) CO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| | ame (Last, First, Middle Initial) ILLIAM KEELER | | | Date of Receipt |
| | Address 63 MOUNTAIN GLEN | ROAD | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | WOOD | State NJ | Zip Code 07456 | Transaction ID: INC.A.65746 Amount of Each Receipt this Period |
| FEC II | O number of contributing I political committee. | C | | 25.00 |
| Name MEDC | of Employer CO HEALTH SOLUTIONS | Occupatio TECHNIC | n CAL SPECIALIST | |
| | ot For: Primary General Other (specify) ▼ | - ' | Year-to-Date ▼ 375.00 | |
| | ame (Last, First, Middle Initial) | | | Date of Receipt |
| | g Address 995 PINES TERR | | | 0 7 0 4 2 0 0 9 |
| City FRAN | IKLIN LAKES | State NJ | Zip Code 07417 | Transaction ID: INC.A.65459 Amount of Each Receipt this Period |
| FEC II | O number of contributing political committee. | C | | 50.00 |
| Name MEDC | of Employer CO HEALTH SOLUTIONS | Occupatio SVP FIN | n ANCIAL & ANALYTICAL SV | C |
| | ot For: Primary General Other (specify) ♥ | , ' | e Year-to-Date ▼ 750.00 | |
| | ame (Last, First, Middle Initial) ILLIAM KELLEY, III | | | Date of Receipt |
| | g Address 1970 WOODLANDS I | PL | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City POW | FII | State OH | Zip Code 43065 | Transaction ID: INC.A.65602 Amount of Each Receipt this Period |
| FEC II | O number of contributing political committee. | C | 10000 | 50.00 |
| Name MEDC | of Employer O HEALTH SOLUTIONS | Occupatio GENERA | n AL MGR GROUP | |
| | ot For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| SUBTO | AL of Receipts This Page (optional) . | | | 125.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 75 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any person the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE City HACKENSACK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State Zip Code NJ 07601 C Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR PETER KENNY Mailing Address 6040 BOULEVARE City WEST NEW YORK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | O E APT 28G State Zip Code NJ 07093 C Occupation SR DIR ACCT MGMT | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS LISA KETNER Mailing Address 7 POINT VIEW | Aggregate Year-to-Date ▼ 375.00 | Date of Receipt 0 7 0 4 2 0 0 9 |
| City OAKLAND FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07436 C Occupation VP MEMBER STRATEGY Aggregate Year-to-Date 750.00 | Transaction ID: INC.A.65590 Amount of Each Receipt this Period 50.00 |
| SUBTOTAL of Receipts This Page (options | al) | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 76 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|---|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any per the name and address of any political committee C. POLITICAL ACTION COMMITTEE (a.k.) | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS INNA KHANIN Mailing Address 3403 SPRINGBRO | OK DDIVE | Date of Receipt |
| City | State Zip Code | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65770 |
| EDISON FEC ID number of contributing federal political committee. | NJ 08820 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | Occupation TECHNICAL SPECIALIST Aggregate Year-to-Date ▼ | |
| Other (specify) Full Name (Last, First, Middle Initial) | 375.00 | |
| MS DONNA KLEIN Mailing Address 1080 FOREST CLI | FF DRIVE | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: INC.A.65838 |
| LAKEWOOD FEC ID number of contributing federal political committee. | OH 44107 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER Mailing Address 121 CONKLING TO | DIMAL DOAD | Date of Receipt |
| Walling Address 121 CONNEING 10 | JWN HOAD | 07 04 2009 |
| City CHESTER | State Zip Code NY 10918 | Transaction ID: INC.A.65713 |
| FEC ID number of contributing federal political committee. | NY 10918 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR ACCT MGMT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| | J) | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 77 / 326 (check only one) X 11a |
|--|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any persong the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a.) | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) KENNETH KLEPPER | į. | Date of Receipt |
| Mailing Address 295 GLEN PLACE | | 07 04 2009 |
| City | State Zip Code | Transaction ID: INC.A.65755 |
| FRANKLIN LAKES FEC ID number of contributing federal political committee. | NJ 07417 | Amount of Each Receipt this Period 192.30 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation PRES & CHIEF OPERATING OFFICE | EER |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2884.50 | |
| Full Name (Last, First, Middle Initial) RICHARD KLUSOVSKY | | Date of Receipt |
| Mailing Address 1016 FAIRWOOD | LANE | 0 7 0 4 2 0 0 9 |
| City | State Zip Code | Transaction ID: INC.A.65862 |
| ACWORTH FEC ID number of contributing federal political committee. | GA 30101 | Amount of Each Receipt this Period 25.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupation AVP MANAGED CARE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN | | Date of Receipt |
| Mailing Address 555 FORBUSH ST | REET | 07 04 2009 |
| City BOONTON | State Zip Code NJ 07005 | Transaction ID: INC.A.65705 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 CLIENT RETAIL | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 242.30 |

TOTAL This Period (last page this line number only)

| SCHEDULE ITEMIZED R | A (FEC Form 3X) ECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 78 / 326 (check only one) X |
|--|--|-------------------------------|---|---|
| | oied from such Reports and S urposes, other than using the IMITTEE (In Full) | tatements may name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| MEDCO HEA | LTH SOLUTIONS INC. P | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| MS KATHLEEN | , First, Middle Initial) KORDUCKI 920 CLARK STREET | | | Date of Receipt |
| City | 920 CLARK STREET | State | Zip Code | 07 04 2009 |
| BOWLING G | REEN | OH | 43402 | Transaction ID: INC.A.65431 Amount of Each Receipt this Period |
| FEC ID number federal political of | | C | | 50.00 |
| Name of Employ MEDCO HEAL | ver TH SOLUTIONS | Occupation SR NATL | n - ACCT EXEC | |
| Receipt For: Primary Other (spe | General ecify) ▼ | | Year-to-Date ▼ 750.00 | |
| Full Name (Last | , First, Middle Initial) NITSKY | | | Date of Receipt |
| Mailing Address | 143 DEERFIELD TERF | RACE | | 07 04 YYYY 2009 |
| City | | State | Zip Code | Transaction ID: INC.A.65467 |
| MAHWAH | | NJ | 07430 | Amount of Each Receipt this Period |
| FEC ID number federal political o | committee. | С | | 25.00 |
| | rer FH SOLUTIONS | Occupation EXEC DI | n R PRODUCT | |
| Receipt For: Primary | General | Aggregate | e Year-to-Date ▼ | , |
| Other (spe | | 0 0 | 375.00 | |
| Full Name (Last MR ALEXANDER | , First, Middle Initial) R KRYNICKI | | | Date of Receipt |
| Mailing Address | 60 BEECH ROAD | | | $\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$ |
| City | | State | Zip Code | Transaction ID: INC.A.65389 |
| FEC ID number | | NJ C | 07869 | Amount of Each Receipt this Period 25.00 |
| federal political of Name of Employ MEDCO HEAL | rer FH SOLUTIONS | Occupation | | |
| Receipt For: | | | FECHNOLOGY • Year-to-Date ▼ | |
| Primary Other (spe | General ecify) ▼ | | 375.00 | |
| SUBTOTAL of Re | | | | 100.00 |

| SCHEDULE A (FEC FO | orm 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 79 / 326 (check only one) |
|---|---|---|---|
| Any information copied from such I or for commercial purposes, other to | Reports and Statements may han using the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Fu MEDCO HEALTH SOLUTI | , | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Ir MS BARBARA KRZAK | itial) | | Date of Receipt |
| Mailing Address 495 ISLAN | D WAY | | 07 04 YYYYY 2009 |
| City FRANKLIN LAKES | State NJ | Zip Code 07417 | Transaction ID: INC.A.65637 |
| FEC ID number of contributing federal political committee. | C | 07417 | Amount of Each Receipt this Period 55.00 |
| Name of Employer MEDCO HEALTH SOLUTION | Occupation VP INFO | TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 825.00 | |
| Full Name (Last, First, Middle Ir | itial) | | Date of Receipt |
| Mailing Address 2735 YOR | < RD | | 0 7 0 4 2 0 0 9 |
| City COLUMBUS | State OH | Zip Code 43221 | Transaction ID: INC.A.65689 |
| FEC ID number of contributing federal political committee. | C | 43221 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTION | Occupation BEGION | n AL VP PHARMACIES | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Ir | itial) | | Date of Receipt |
| Mailing Address 50 MANCH | ESTER CT | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City KINNELON | State NJ | Zip Code 07405 | Transaction ID: INC.A.65586 |
| FEC ID number of contributing federal political committee. | C | 07403 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTION | Occupation TECHNIC | n CAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page | e (optional) | | 130.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 80 / 326 (check only one) X 11a |
|---------|---|--------------------------------|---|---|
| , | Any information copied from such Reports and or for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MATTHEW KUPFERBERG | | | Date of Receipt |
| | Mailing Address 3235 CAMBRIDGE A | VENUE, AP | T. #2J | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65814 |
| | BRONX | NY | 10463 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR ATT0 | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 | |
| — В. | Full Name (Last, First, Middle Initial) MR MARK LANDY | | | Date of Receipt |
| | Mailing Address 18 LADIK PL | | | 07 04 YYYYY 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65634 |
| | MONTVALE | NJ | 07645 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP SVC | n DELIVERY SYSTEM | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 1125.00 | |
| _ С. | Full Name (Last, First, Middle Initial) JAMES LANGLEY | | | Date of Receipt |
| | Mailing Address 10921 MAIN RANGE | TRAIL | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65863 |
| | LITTLETON | CO | 80127 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupatio VP REIM | n MBURSEMENT | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | \ | 150.00 |
| | TOTAL This Period (last page this line numbe | | <u> </u> | |

| ay not be sold or used by any perso ddress of any political committee to . ACTION COMMITTEE (a.k.a. Zip Code 07045 | n for the purpose of soliciting contributions solicit contributions from such committee. Medco Health PAC) Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65766 |
|--|--|
| Zip Code | Date of Receipt 0 7 0 4 2 0 0 9 |
| · | 07 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| · | 07 04 2009 |
| · | Transaction ID. INC A 65766 |
| 07045 | |
| | Amount of Each Receipt this Period 25.00 |
| ion IICAL SPECIALIST | |
| tte Year-to-Date ▼ 375.00 | |
| | Date of Receipt |
| | 07 04 2009 |
| Zip Code 95661 | Transaction ID: INC.A.65592 Amount of Each Receipt this Period |
| | 150.00 |
| ion R GOVERNMENT AFFAIRS | |
| tte Year-to-Date ▼ 2175.00 | |
| | Date of Receipt |
| | 07 04 2009 |
| Zip Code | Transaction ID: INC.A.65788 |
| 30017 | Amount of Each Receipt this Period 50.00 |
| | |
| tte Year-to-Date ▼ 750.00 | |
| | 225.00 |
| t | Zip Code 38017 tion RFORMANCE STRATEGY ate Year-to-Date |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 82 / 326 (check only one) X |
|--|--|---|
| NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any pers the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | C. POLITICAL ACTION COMMITTEE (a.k.a | , |
| EMMA LEVIN Mailing Address 18 SALEM RD | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City EAST BRUNSWICK | State Zip Code NJ 08816 | Transaction ID: INC.A.65807 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNICAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR ROBERT LONG | | Date of Receipt |
| Mailing Address 18 HARLIND TERR | ACE | $\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0.7 & & 0.4 & & 2.00.9 \end{bmatrix}$ |
| City | State Zip Code | Transaction ID: INC.A.65582 |
| RAMSEY FEC ID number of contributing federal political committee. | NJ 07446 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR BRICE LOVE | | Date of Receipt |
| Mailing Address 2390 BRANDON RI |) | 07 04 2009 |
| City | State Zip Code | Transaction ID: INC.A.65557 |
| COLUMBUS FEC ID number of contributing federal political committee. | OH 43221 | Amount of Each Receipt this Period 12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHARM PRACTICE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| SURTOTAL of Receipts This Page (ontions |) | 87.50 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 83 / 326 (check only one) X |
|---------------------------------------|---|--------------------|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | ne name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۷. | Full Name (Last, First, Middle Initial) MR ROSS LUCE | | | Date of Receipt |
| | Mailing Address 1066 WEST GROVE | СТ | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65480 |
| | GIBSONIA | PA | 15044 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 900.00 | 1 |
| _ s. | Full Name (Last, First, Middle Initial) MS SHARON MACCOY | | | Date of Receipt |
| | Mailing Address 9248 TALWAY CIR | | | 07 04 7 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65583 |
| | BOYNTON BEACH | FL | 33437 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 19.24 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALE | ES | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - |
| | Other (specify) | | 250.12 | |
| . – | Full Name (Last, First, Middle Initial) MS VERONA MACMAHON | • | | Date of Receipt |
| | Mailing Address 1504 WEST CULLOI UNIT G | | | 07 04 2009 |
| | City CHICAGO | State IL | Zip Code 60613 | Transaction ID: INC.A.65726 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 00013 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n ACCT MGMT OPS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 |] |
| Γ | SUBTOTAL of Receipts This Page (optional) | | | 74.24 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 84 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|---|--------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma e name and ad | 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) MEDCO HEALTH SOLUTIONS INC. I | POLITICAL | 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 RIVE | R ROAD | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State | Zip Code | Transaction ID: INC.A.65508 |
| | HO HO KUS | NJ | 07423 | 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 DUCT & CHANNEL MKTING | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO | I | | Date of Receipt |
| | Mailing Address 33 HICKORY TAVERI | 07 04 YYYY 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65380 |
| | 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: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| С. С. | Full Name (Last, First, Middle Initial) MRS COLLEEN MANLEY | | | Date of Receipt |
| | Mailing Address 70 RIDGE ROAD | | | 07 04 2009 |
| | City GLEN ROCK | State NJ | Zip Code | Transaction ID: INC.A.65756 |
| | FEC ID number of contributing federal political committee. | C | 07452 | Amount of Each Receipt this Period 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n GENERIC STRAT & CUST [| ov |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 110.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 85 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|-----------------------|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS ILENE MARCUS | | | Date of Receipt |
| | Mailing Address 97 BLUEBERRY DR | | | 07 04 2009 |
| | City WOODCLIFF LAKE DR | State NJ | Zip Code 07675 | Transaction ID: INC.A.65646 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 0.00 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR I | n FINANCE | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR JOSEPH MARINELLI Mailing Address 251 SQUAD REACLE | \/_NU | | Date of Receipt |
| | Mailing Address 351 SOUND BEACH A | 07 04 2009 | | |
| | City OLD GREENWICH | State CT | Zip Code | Transaction ID: INC.A.65464 |
| | FEC ID number of contributing federal political committee. | C | 06870 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR MED | n DICARE OPS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| - С. | Full Name (Last, First, Middle Initial) LORI MARINO | | | Date of Receipt |
| | Mailing Address 31 UNDERWOOD DRI | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65817 |
| | WEST ORANGE FEC ID number of contributing federal political committee. | C | 07052 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio ASST GI | n ENERAL COUNSEL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | |) | 100.00 |
| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 86 / 326 (check only one) X 11a | | |
|----|---|--|---|---|--|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma e name and ad | ly not be sold or used by any persol dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | | |
| | \ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N. | | | | |
| Α. | Full Name (Last, First, Middle Initial) MS TAMARA MARSHALL | | | Date of Receipt | | |
| | Mailing Address W144 N7150 TERRA | 07 04 2009 | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.65533 | | |
| | MENOMONEE FALLS | WI | 53051 | 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 NAT | on L ACCT EXEC | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | | | |
| В. | Full Name (Last, First, Middle Initial) MR JOSEPH MARSIGLIANO | 1 | | Date of Receipt | | |
| | Mailing Address 11 ECHO HILL ROAD | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.65819 | | |
| | MONTVALE | NJ | 07645 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | , · | TECHNOLOGY | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | | | |
| C. | Full Name (Last, First, Middle Initial) SHELLY MARTIN | Date of Receipt | | | | |
| | Mailing Address 9536 DOE MEADOW | Mailing Address 9536 DOE MEADOW DR | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.65869 | | |
| | GERMANTOWN | TN | 38139 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation DIR HR | _ | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 100.00 | | |
| | TOTAL This Period (last page this line number | only) | | | | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 87 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|-----------------------------|---|---|
| 0 | any information copied from such Reports and S r for commercial purposes, other than using the | tatements ma name and ad | y not be sold or used by any persod dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) THOMAS MARTIN | | | Date of Receipt |
| | Mailing Address 1882 E LAUREL HOLL | .OW State | Zip Code | 07 04 2009 |
| | City GERMANTOWN | TN | 38139 | Transaction ID: INC.A.65864 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 125.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupatio PRESIDI | n ENT - CCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1225.00 | |
| — В. | Full Name (Last, First, Middle Initial) MR TODD MARTIN | | | Date of Receipt |
| | Mailing Address 11825 SHEPPARDS C | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65490 |
| | CLARKSVILLE | MD | 21029 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ENERAL MGR | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2884.50 | |
| _ C. | Full Name (Last, First, Middle Initial) MR EDWARD MARTINEZ | | | Date of Receipt |
| | Mailing Address 35 SALTER PLACE | | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65774 |
| | MAPLEWOOD FEC ID number of contributing federal political committee. | C | 07040 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR I | n PRODUCT MGMT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 342.30 |
| H | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 88 / 326 (check only one) X 11a |
|---|---------------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | lress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JEFFREY MAY Mailing Address 137 WASHINGTON A City HILLSDALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation SVP DRL | Zip Code 07642 DISTRIB & CONTROL Year-to-Date ▼ 2884.50 | Date of Receipt M M M O D D O 2 0 0 9 Transaction ID: INC.A.65680 Amount of Each Receipt this Period 192.30 |
| Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE Mailing Address 11 JARDINE COURT City MORRIS PLAINS FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | | Zip Code 07950 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) THOMAS MCCANN Mailing Address 9600 DOVE SPRING City GERMANTOWN FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State TN C Occupation VP SALE | | Date of Receipt M M M D D D 2 2009 Transaction ID: INC.A.65871 Amount of Each Receipt this Period 50.00 |
| SUBTOTAL of Receipts This Page (optional) . | | | 292.30 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 89 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|--|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD Mailing Address 0-45 27TH ST City FAIR LAWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07410 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS ANNE MCGURRIN Mailing Address 28 ROSEMILT PLAC City MORRISTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07960 C Occupation DIR MARKET SEGMENT SOLUTION Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS 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 Zip Code NY 10930 C Occupation ASST GENERAL COUNSEL Aggregate Year-to-Date 2880.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | > | 242.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 90 / 326 (check only one) X |
|---|-------------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using t | I Statements may he name and add | l y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | . POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR WILLIAM MCLAUGHLIN | | | Date of Receipt |
| Mailing Address 8 BATES CIRCLE | | | 07 04 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65737 |
| FLORIDA | NY | 10921 | 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 DIR | n FECHNOLOGY | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 300.00 | |
| Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA | | | Date of Receipt |
| Mailing Address 112 GREEN TERRA | CE WAY | | 07 04 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65720 |
| WEST MILFORD | NJ | 07480 | 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 BUS | n SINESS OPS | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 2884.65 | |
| Full Name (Last, First, Middle Initial) MS LAURA MENVILLE | | | Date of Receipt |
| Mailing Address 23 UNION HILL RD | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State | Zip Code | Transaction ID: INC.A.65748 |
| 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 | Occupation DIR TEC | n HNOLOGY | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 375.00 | |
| | | | 237.31 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 91 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|---|--|
| NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persor g the name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS BARBARA MENZEL Mailing Address 921 AMARYLLIS A | ` | Date of Receipt |
| City ORADELL | State Zip Code NJ 07649 | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65424 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation DIR BUSINESS PLANNING & ADMIN | 25.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | Aggregate Year-to-Date ▼ 375.00 | |
| DANETTE MEREDITH Mailing Address 600 W 2ND AVE | | Date of Receipt 0 7 0 4 7 2 0 0 9 |
| City | State Zip Code | Transaction ID: INC.A.65842 |
| DERRY FEC ID number of contributing federal political committee. | PA 15627 | Amount of Each Receipt this Period 25.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupation AVP SALES | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) DAVID MILLER | | Date of Receipt |
| Mailing Address 7 CLOVER LANE | | 07 04 7 2009 |
| City RANDOLPH | State Zip Code NJ 07869 | Transaction ID: INC.A.65386 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 LABOR RELATIONS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 100.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 92 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | |
|------------|--|----------------------------------|---|---|--|--|
| 7 | Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | solicit contributions from such committee. | | |
| 4 . | Full Name (Last, First, Middle Initial) MRS KAREN MILLER | | | Date of Receipt | | |
| | Mailing Address 34 MACKENZIE LANE | | 7:a Cada | 07 04 2009 | | |
| | City DENVILLE | State NJ | Zip Code 07834 | Transaction ID: INC.A.65379 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 D | n IR INTERNAL AUDIT | | | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 750.00 | | | |
| - В. | Full Name (Last, First, Middle Initial) MR GIOVANNI MINARDI Mailing Address 12 LINCOLN ROAD | | | Date of Receipt | | |
| | | | | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65735 | | |
| | KINNELON FEC ID number of contributing federal political committee. | NJ C | 07405 | Amount of Each Receipt this Period 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n TECHNOLOGY | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | | | |
| -). | Full Name (Last, First, Middle Initial) MR BHUPESH MISTRY | | | Date of Receipt | | |
| | Mailing Address 106 HAMBURG ROAD | Mailing Address 106 HAMBURG ROAD | | | | |
| | City PARSIPPANY | State NJ | Zip Code 07054 | Transaction ID: INC.A.65394 Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNI | n CAL SPECIALIST | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 100.00 | | |
| Ī | TOTAL This Period (last page this line number of | only) | | | | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | (1) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 93 / 326 (check only one) X 11a |
|--|----------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | the name and add | ress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS JULIANA MOLEK Mailing Address 8620 LAKE RILEY [City CHANHASSEN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State MN C Occupation SR DIR S | Zip Code 55317 SPECIAL MARKETS Year-to-Date ▼ | Date of Receipt M M M O T O 4 2009 Transaction ID: INC.A.65497 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) ROBERT MOLONEY Mailing Address 24 ABBINGTON TE City GLEN ROCK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation TECHNIC | Zip Code 07452 CAL SPECIALIST Year-to-Date ▼ | Date of Receipt M M M O 7 O 4 2 0 0 9 Transaction ID: INC.A.65797 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR PETER MONKHOUSE Mailing Address 1320 BRONCO CIR City WARRINGTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State PA C Occupation SR DIR T | Zip Code 18976 ECHNOLOGY Year-to-Date ▼ | Date of Receipt M M M / D D / 2009 Transaction ID: INC.A.65505 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Receipts This Page (optional |) | | 75.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | ^) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 94 / 326 (check only one) |
|--|---|---|--|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may g the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | IC. POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY | | | Date of Receipt |
| Mailing Address 86 WELLINGTON | AVENUE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City SHORT HILLS | State NJ | Zip Code 07078 | Transaction ID: INC.A.65368 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 192.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENL C- | SEC-SVP PHARM STRAT S | — SQL |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2880.00 | |
| Full Name (Last, First, Middle Initial) MS THERESA MORMILE | I | | Date of Receipt |
| Mailing Address 59 VALLEY VIEW | 07 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City MONTVALE | State NJ | Zip Code 07645 | Transaction ID: INC.A.65681 |
| FEC ID number of contributing federal political committee. | C | 07043 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINA | | |
| Receipt For: Primary General Other (specify) ▼ | - + + | Year-to-Date ▼ 750.00 | |
| 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 SPARTA | State NJ | Zip Code 07871 | Transaction ID: INC.A.65714 |
| FEC ID number of contributing federal political committee. | C | 07071 | Amount of Each Receipt this Period 20.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL | n LACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 300.00 | |
| | l | | 262.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 95 / 326 (check only one) X |
|---|-----------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ROBERT MULLER Mailing Address 69 FERN PLACE City PARAMUS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | 1 | Zip Code 07652 n H BUS CLIENT ENROLLMNT | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS BECKY NAGLE Mailing Address 64 WALTER AVE City | State | Zip Code | Date of Receipt O 7 O 4 2 0 0 9 Transaction ID: INC.A.65429 |
| HASBROUCK HEIGHTS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | _ ' | n ICAL SVCS e Year-to-Date ▼ | Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) MR ANDREW NANICK Mailing Address 220 LAUREL BAY DE City MURRELLS INLET FEC ID number of contributing federal political committee. | State SC | Zip Code 29576 | 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 CLINICAL SVCS e Year-to-Date ▼ | |
| SUBTOTAL of Receipts This Page (optional) | | > | 125.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information conied from such Penerte 6 | Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any persor | FOR LINE NUMBER: PAGE 96 / 326 (check only one) X 11a |
|---|--|---|
| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) | g the name and address of any political committee to s | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) JANARDHAN NARAYANAN Mailing Address 32 BLACKSTONE | DRIVE | Date of Receipt |
| | | 07 04 2009 |
| City PRINCETON | State Zip Code NJ 08540 | Transaction ID: INC.A.65824 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 MARKET STRATEGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS BARBARA NEAVERTH | | Date of Receipt |
| Mailing Address PO BOX 523 | | 07 04 7 909 |
| City SUGAR LOAF | State Zip Code NY 10981 | Transaction ID: INC.A.65411 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR BUSINESS REQUIREMENTS | - : |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR MICHAEL NICODEMO | | Date of Receipt |
| Mailing Address 407 MEER AVE | | 07 04 2009 |
| City | State Zip Code | Transaction ID: INC.A.65719 |
| 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 INFO TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 470.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 100.00 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 97 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any per ne name and address of any political committee | to solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. | POLITICAL ACTION COMMITTEE (a.k | .a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS ARLENE NOLAN | | Date of Receipt |
| Mailing Address 319 BOGERT AVEN | UE | 07 04 2009 |
| City | State Zip Code | Transaction ID: INC.A.65465 |
| 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 FINANCE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR HAIK NOVSHADIAN | | Date of Receipt |
| Mailing Address 45 DAVIS ROAD | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State Zip Code | Transaction ID: INC.A.65536 |
| <u>SPARTA</u> | NJ 07871 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 38.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLINICAL THERAPEUTICS | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | _ |
| Other (specify) ▼ | 570.00 | |
| Full Name (Last, First, Middle Initial) MS JANINE NOWATZKY | | Date of Receipt |
| Mailing Address 24 CHEROKEE TRA | IL | 07 04 2009 |
| City | State Zip Code | Transaction ID: INC.A.65581 |
| OAKLAND | NJ 07436 | 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 MARKET STRATEGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Cities (Specify) | | |
| SUBTOTAL of Receipts This Page (optional) | | 113.00 |
| TOTAL This Period (last page this line numb | er only) | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 98 / 326 (check only one) X |
|--|--|---|
| NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any per the name and address of any political committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| | . POLITICAL ACTION COMMITTEE (a.k | .a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR ROBERT O'CONNELL Mailing Address 12001 PEONY CT | | Date of Receipt |
| City | State Zip Code | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65461 |
| TAMPA | FL 33635 | 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 SECURITY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) SUSAN O'CONNOR | | Date of Receipt |
| Mailing Address 5 HICKORY DRIVE | | 07 DD / YYYYY 04 2009 |
| City | State Zip Code | Transaction ID: INC.A.65829 |
| NANUET | NY 10954 | 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 MEDICAL | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 300.00 | |
| Full Name (Last, First, Middle Initial) MR CHARLES OESTREICHER | | Date of Receipt |
| Mailing Address 6 PARK DR SOUTH | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State Zip Code | Transaction ID: INC.A.65703 |
| RYE | NY 10580 | 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 COO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | 100.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 99 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|---|----------------------------|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements ma name and ad | 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. |
| | MEDCO HEALTH SOLUTIONS INC. PO | OLITICAL / | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MR SUNNY OGBONDA | NIDT. | | Date of Receipt |
| | Mailing Address 79 LAUREL WOOD CC City | State | Zip Code | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65396 |
| | 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 | on SINESS REQUIREMENTS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| В. | Full Name (Last, First, Middle Initial) MR MELVIN OHL Mailing Address 074 F. FRANKLIN TRICE | - | | Date of Receipt |
| | Mailing Address 274 E FRANKLIN TPKE | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65653 |
| | 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 | 1 | CUREMENT & INVENTORY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| с. С. | Full Name (Last, First, Middle Initial) MRS SUE OLIVER | | | Date of Receipt |
| | Mailing Address 11 LEE DRIVE | | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65663 |
| | NORTH HALEDON FEC ID number of contributing federal political committee. | C | 07508 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC D | IR TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 |
| | TOTAL This Period (last page this line number of | | <u> </u> | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 100 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS CLAUDINE OLSEN Mailing Address 4 HIGHGATE CT City SUFFERN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10901 C Occupation NATL ACCT EXEC Aggregate Year-to-Date 375.00 | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65697 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) ALEXANDER ONIK Mailing Address 1 SCHINDLER CT City UPPER SADDLE RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07458 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS NATALYA ONIK Mailing Address 1 SCHINDLER CT City UPPER SADDLE RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07458 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt M M M |
| SUBTOTAL of Receipts This Page (optional) | | 75.00 |

| IT | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and St. | atements maj | Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule s | FOR LINE NUMBER: PAGE 101 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions |
|------------|---|---|--|--|
| or | for commercial purposes, other than using the MAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | | | |
| A . | Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA Mailing Address 4 TEAK COURT City RINGWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07456 n IR TECHNOLOGY 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 |
| В. | Full Name (Last, First, Middle Initial) MS DAWN PAGANO Mailing Address 185 PASCACK ROAD City PARK RIDGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupatio GROUP Aggregate | | Date of Receipt 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 RICHARD PAGANO Mailing Address 185 PASCACK RD City PARK RIDGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | -1 | Zip Code 07656 on BUSINESS REQUIREMENTS e Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of | | • | 125.00 |

| | E A (FEC Form 3X) RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 102 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|-------------------------------|---|--|
| or for commerci | copied from such Reports and St ial purposes, other than using the COMMITTEE (In Full) HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. . Medco Health PAC) |
| MRS MICHE | ress 12 MILLBROOK COUF | RT State NJ | Zip Code 07039 | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65555 Amount of Each Receipt this Period |
| Name of Em MEDCO HE Receipt For: | | | n REE SOLUTIONS MKTG e Year-to-Date ▼ 825.00 | 55.00 |
| MR RICHAR Mailing Addr City BEESLEY FEC ID num federal politic | nber of contributing cal committee. nployer ALTH SOLUTIONS | State NJ C Occupatio SR DIR I | Zip Code 08223 n PHARMACY REGULATORY e Year-to-Date 7 298.05 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (I MS GIRA PA Mailing Addr City MONMOU FEC ID num federal politic Name of Em MEDCO HE Receipt For: | TH JUNCTION TH JUNCTION The of contributing cal committee. The pologer calculates and the calculations are calculated as a committee and the calculations are calculated as a calculation and the calculation are calculated as a calculation are calculated as a calculation are calculated as a calculation are calculated as a calculate | | Zip Code 08852 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL o | f Receipts This Page (optional) | | | 105.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 103 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|--------------------------------|---|---|
| | Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL . | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR JAY PATEL | | | Date of Receipt |
| | Mailing Address 14 BROWNSTONE T | ERRACE | | 07 04 4 2009 |
| | City HAWTHORNE | State NJ | Zip Code 07506 | Transaction ID: INC.A.65781 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 TEC | n CHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| - В. | Full Name (Last, First, Middle Initial) MRS CATHY PATTEN Mailing Address 2001 MEADOWS AVI | -NI IF | | Date of Receipt |
| | | | 7:a Cada | 07 04 2009 |
| | City LANTANA | State TX | Zip Code 76226 | Transaction ID: INC.A.65604 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 | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 |] |
| - С. | Full Name (Last, First, Middle Initial) MR PAVLOS PAVLIDIS | | | Date of Receipt |
| | Mailing Address 2780 FOLKSTONE R | OAD | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City COLUMBUS | State OH | Zip Code 43220 | Transaction ID: INC.A.65440 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | TOLLO | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| | Receipt For: Primary General Other (specify) ▼ | ++ | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 75.00 |
| | TOTAL This Period (last page this line number | r only) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 104 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|---|-----------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements ma name and ad | 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. |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL / | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MR ROBERT PELLEGRINI Mailing Address 211 WILTSIE COURT | | | Date of Receipt |
| | City | State | Zip Code | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65517 |
| | WYCKOFF | NJ | 07481 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP INFO | n) TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 450.00 |] |
| В. | Full Name (Last, First, Middle Initial) MERRI PENDERGRASS, MD Mailing Address 3201 QUEENSBURY V | N | | Date of Receipt |
| | | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65832 |
| | COLLEYVILLE | TX | 76034 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP NATI | n ONAL PRACTICE LEADER | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 750.00 | |
| С. С. | Full Name (Last, First, Middle Initial) JIMMY PERREN | | | Date of Receipt |
| | Mailing Address 1250 BRAY PARK DR | EAST | | 07 04 7 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65846 |
| | COLLIERVILLE | TN | 38017 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer ACCREDO HEALTH GROUP | | ULATORY COMPLIANCE | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1125.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 155.00 |
| | TOTAL This Period (last page this line number | only) | ······································ | |

| SCHEDULE A (FEC Form | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 105 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|---|---|
| NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persoing the name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | INC. POLITICAL ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| MR MICHAEL PETEROY Mailing Address 4769 STAVANG | ER LANE | Date of Receipt 0 7 0 4 2 0 0 9 |
| City LAS VEGAS | State Zip Code NV 89147 | Transaction ID: INC.A.65624 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PRODUCT DEVELOPMENT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR NATHAN PETERSON Mailing Address 1520 PEMBROK | F PASS | Date of Receipt |
| City | State Zip Code | 07 04 2009 |
| CHANHASSEN | MN 55317 | Transaction ID: INC.A.65529 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR THOMAS PETTYES | I | Date of Receipt |
| Mailing Address 8522 UPLAND L | N NORTH | 07 04 YYYYY |
| City MAPLE GROVE | State Zip Code MN 55311 | Transaction ID: INC.A.65485 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERAL MGR GROUP | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| SURTOTAL of Receipts This Page (opti- | onal) | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 106 / 326 (check only one) X 11a |
|--|-------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MARTINE PFLIEGER Mailing Address 44 HENRY TERRACE City LINCOLN PARK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation ATTORN | Year-to-Date ▼ 375.00 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MR LOUIS PICONE Mailing Address 37 TAMARACK DRIV City SUCCASUNNA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation DIR TEC | Zip Code 07876 n SHNOLOGY e Year-to-Date ▼ | Date of Receipt M M M O 7 O 4 2 0 0 9 Transaction ID: INC.A.65749 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR THOMAS PIERCE Mailing Address 10297 E. LAKE DR. City ENGLEWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 80111 n DR RELATIONS e Year-to-Date ▼ | Date of Receipt O 7 O 4 2 0 0 9 Transaction ID: INC.A.65806 Amount of Each Receipt this Period 50.00 |
| SUBTOTAL of Receipts This Page (optional) . | | | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | K) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 107/326 (check only one) |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) DR PAGE PIGG | | | Date of Receipt |
| Mailing Address 9297 ANGLER TRI | <u>_</u> | | 07 04 YYYY 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65527 |
| MECHANICSVILLE FEC ID number of contributing federal political committee. | C | 23116 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIN | n NICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN | | | Date of Receipt |
| Mailing Address 29 BLACKWELL A | VE | | 07 04 7 2009 |
| City MORRISTOWN | State NJ | Zip Code 07960 | Transaction ID: INC.A.65381 |
| FEC ID number of contributing federal political committee. | C | 07900 | Amount of Each Receipt this Period 192.30 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & G | n ENERAL MGR | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2884.50 | |
| Full Name (Last, First, Middle Initial) MS JANET PORAT | <u> </u> | | Date of Receipt |
| Mailing Address 5 CRABAPPLE CT | | | M M / D D / Y Y Y Y O O O O O |
| City MONSEY | State | Zip Code | Transaction ID: INC.A.65488 |
| FEC ID number of contributing federal political committee. | C | 10952 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | n HNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional | | | 242.30 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 108 / 326 (check only one) |
|----|--|-------------------------------|---|---|
| Ai | ny information copied from such Reports and S for commercial purposes, other than using the | tatements 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 / | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| _ | Full Name (Last, First, Middle Initial) MS LYDIA POTTER | | | Date of Receipt |
| | Mailing Address 19642 S.W. 88 LOOP | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City DUNNELLON | State FL | Zip Code 34432 | Transaction ID: INC.A.65704 |
| | FEC ID number of contributing federal political committee. | C | 34432 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR OPS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| _ | Full Name (Last, First, Middle Initial) MR NEIL PREZIOSO | | | Date of Receipt |
| | Mailing Address 10258 WINDSOR WA | Υ | | 07 04 YYYYY |
| | City POWELL | State OH | Zip Code 43065 | Transaction ID: INC.A.65611 |
| | FEC ID number of contributing federal political committee. | C | 43003 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP HLTH | n H CARE OPS/FORMULARY/ | CDP |
| | Receipt For: Primary General Other (specify) | . ' | e Year-to-Date ▼ 750.00 | |
| | Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE | | | Date of Receipt |
| | Mailing Address 875 ALEXANDRIA CT | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City RAMSEY | State NJ | Zip Code 07446 | Transaction ID: INC.A.65573 |
| | FEC ID number of contributing federal political committee. | C | 07440 | Amount of Each Receipt this Period |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SVP HR | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2884.50 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 267.30 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 109 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|----------------------------------|---|--|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements 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 |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET | | | Date of Receipt |
| | Mailing Address 135 HOLLYBERRY D | RIVE | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65669 |
| | HOPEWELL JUNCTION | NY | 12533 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR (| n CONTRACT ADMINISTRATI | ION |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 | |
| – В. | Full Name (Last, First, Middle Initial) MR MARK PROULX | | | Date of Receipt |
| | Mailing Address 20 BRANDY RIDGE F | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65742 |
| | SPARTA | NJ | 07871 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SVP PH | ⁿ ARMACY & CUST SVC OPS | 3 |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 2884.65 | |
| - C. | Full Name (Last, First, Middle Initial) SYED QUADRI | | | Date of Receipt |
| | Mailing Address 6040 KENNEDY BLVI APT 30N | | | $ \begin{bmatrix} \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $ |
| | City | State | Zip Code | Transaction ID: INC.A.65734 |
| | WEST NEW YORK FEC ID number of contributing | NJ C | 07093 | Amount of Each Receipt this Period 25.00 |
| | federal political committee. | | n | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR PRI | VACY | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - |
| | Other (specify) | | 375.00 | |
| Γ | | 1 | | 242.31 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 110 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------------|---|---|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and ad | dress of any political committee to | solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) MR GILBERT RAINES Mailing Address 800 SANDY TRAIL City KELLER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State TX C Occupation DIR HR Aggregate | Zip Code 76248 on e Year-to-Date ▼ 750.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| — В. | Full Name (Last, First, Middle Initial) MS FRANCES RAO Mailing Address 19 ROSS ROAD City SCARSDALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 10583 on IR REGULATORY e Year-to-Date ▼ 1125.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| _ С. | Full Name (Last, First, Middle Initial) MRS DOLORES RAPUANO Mailing Address 57660 BEAVER VALL City QUAKER CITY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State OH C Occupation SR DIR | Zip Code 43773 on ELIGIBILITY e Year-to-Date ▼ 375.00 | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ı | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | <u> </u> | 125.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 111 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|--|--------------------------------|---|---|
| | Any information copied from such Reports and or for commercial purposes, other than using th | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MRS MONICA REED | | | Date of Receipt |
| | Mailing Address 8475 DUNHAM STAT | ION DRIVE | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State | Zip Code | Transaction ID: INC.A.65568 |
| | TAMPA | FL | 33647 | 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 PRO | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 650.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR THOMAS REINCKENS | | | Date of Receipt |
| | Mailing Address 43 HAROLD ST. UNIT B | | | 07 |
| | City | State | Zip Code | Transaction ID: INC.A.65502 |
| | COS COB FEC ID number of contributing federal political committee. | C | 06807 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC D | n IR RECONCILIATION | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 |] |
| С. С. | Full Name (Last, First, Middle Initial) MR VICTOR RENNA | | | Date of Receipt |
| | Mailing Address 8 CARLA ANN CT | | | 07 04 2009 |
| | City FLANDERS | State NJ | Zip Code | Transaction ID: INC.A.65706 |
| | FEC ID number of contributing federal political committee. | C | 07836 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PRO | on CUREMENT & INVENTORY | - |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 125.00 |
| | TOTAL This Period (last page this line numbe | | <u> </u> | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 112 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|--|---|
| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS Mailing Address 412 RIVER MEWS L City EDGEWATER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | ANE State Zip Code NJ 07020 C Occupation EXEC DIR TECHNOLOGY Aggregate Year-to-Date ▼ 1050.00 | Date of Receipt M M / D D A / 2009 Transaction ID: INC.A.65759 Amount of Each Receipt this Period 70.00 |
| Full Name (Last, First, Middle Initial) SUZANNE RICHARDS Mailing Address 21357 W 115TH TER City OLATHE FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State Zip Code KS 66061 C Occupation NATL ACCT MGR PHARM MANUFAC Aggregate Year-to-Date 375.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR DAVID ROBARGE Mailing Address 4565 QUEENSLAND City MINNEAPOLIS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | OLN N State Zip Code MN 55446 C Occupation DIR CLINICAL SVCS Aggregate Year-to-Date 375.00 | Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | > | 120.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 113 / 326 (check only one) X |
|---------|---|---|---|---|
| A OI | ny information copied from such Reports and for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any persoldress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) MS TRACEY RODGERS-LENGE | | | Date of Receipt |
| | Mailing Address 19 FARMINGTON CC | DURT | | 07 04 7 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65388 |
| | RAMSEY FEC ID number of contributing federal political committee. | C | 07446 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR CLIN | n NICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| _ | Full Name (Last, First, Middle Initial) MS SORAYA RODRIGUEZ-BALZAC | | | Date of Receipt |
| | Mailing Address 22 PAPOOSE TRAIL | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | |
| | City | State | Zip Code | Transaction ID: INC.A.65758 |
| | ANDOVER FEC ID number of contributing federal political committee. | C | 07821 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR PUE | n BLIC AFFAIRS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | Full Name (Last, First, Middle Initial) MR MICHAEL ROMANZO | | | Date of Receipt |
| | Mailing Address 96 LEHMANN STREE | T | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65500 |
| | MAHWAH FEC ID number of contributing federal political committee. | C | 07430 | Amount of Each Receipt this Period 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio PRESIDI | n ENT SYSTEMED | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2884.50 | |
| Γ, | SUBTOTAL of Receipts This Page (optional) . | 1 | | 242.30 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 114 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | ly not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. I | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) DAVID ROOT | | | Date of Receipt |
| | Mailing Address 212 SPRING BRANCI | H ROAD | | 07 04 2009 |
| | City WAVERLY | State VA | Zip Code 23890 | Transaction ID: INC.A.65816 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 2000 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR STA | on ATE GOVERNMENT AFFAIR | es |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| В. | Full Name (Last, First, Middle Initial) MS DONNA ROSEN Mailing Address 7 RED OAK LANE | | | Date of Receipt |
| | | 07 04 2009 | | |
| | City KINNELON | State NJ | Zip Code 07405 | Transaction ID: INC.A.65670 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 | on -CLINICAL TECH | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 |] |
| C. | Full Name (Last, First, Middle Initial) DR CHRISTINE ROTTAS | I | | Date of Receipt |
| | Mailing Address 7227 RAMOTH DRIVE | Ξ | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City JACKSONVILLE | State FL | Zip Code | Transaction ID: INC.A.65470 |
| | FEC ID number of contributing federal political committee. | C | 32226 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC D | on IR CLINICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 |
| | TOTAL This Period (last page this line number | only) | ······································ | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | (,) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 115 / 326 (check only one) |
|---|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL / | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR RICHARD RUBINO | | | Date of Receipt |
| Mailing Address 3 APACHE DRIVE | 07 04 2009 | | |
| City | State | Zip Code | Transaction ID: INC.A.65667 |
| OAKLAND FEC ID number of contributing federal political committee. | NJ C | 07436 | Amount of Each Receipt this Period 193.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SVP FIN | n ANCE & CHIEF FIN OFFCR | - |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 2895.00 | |
| Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK | | | Date of Receipt |
| Mailing Address 21 SKY TOP RIDGE | 07 04 2009 | | |
| City OAKLAND | State NJ | Zip Code 07436 | Transaction ID: INC.A.65519 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07400 | 50.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupatio VP CLIN | n ICAL MGMT & SVCS | |
| Receipt For: Primary General Other (specify) | - | e Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MS KATHERYN RUSSI | | | Date of Receipt |
| Mailing Address 5965 VILLAGE CIR | CLE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City JOHNSTON | State | Zip Code | Transaction ID: INC.A.65418 |
| FEC ID number of contributing federal political committee. | C | 50131 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio EXEC DI | n IR CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional | | | 293.00 |

| may not be sold or used by any person address of any political committee to LACTION COMMITTEE (a.k.a. Zip Code 07456 | n for the purpose of soliciting contributions solicit contributions from such committee. Medco Health PAC) Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
|---|---|--|--|--|
| Zip Code | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65618 | | | |
| · | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65618 | | | |
| · | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65618 | | | |
| · | | | | |
| 07456 | Amount of Each Receipt this Poriod | | | |
| | 20.00 | | | |
| ation | _ | | | |
| gate Year-to-Date ▼ 300.00 | | | | |
| | Date of Receipt | | | |
| Mailing Address 334 MORRIS AVE City State Zip Code | | | | |
| Zip Code 07005 | Transaction ID: INC.A.65779 Amount of Each Receipt this Period | | | |
| 07003 | 30.00 | | | |
| ation ACCT EXEC | | | | |
| gate Year-to-Date 450.00 | | | | |
| | Date of Receipt | | | |
| MS MARY RYAN Mailing Address 456 RICHMOND AVENUE | | | | |
| ' | Transaction ID: INC.A.65660 | | | |
| 07040 | Amount of Each Receipt this Period 78.34 | | | |
| | | | | |
| gate Year-to-Date ▼ 1175.10 | | | | |
| | | | | |
| - (| ACCT EXEC gate Year-to-Date 450.00 2 Zip Code 07040 Pation HARMACY REGULATORY gate Year-to-Date | | | |

| SCHEDULE A (FEC FOR ITEMIZED RECEIPTS | orm 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 117/326 (check only one) X 11a |
|--|---|---|---|
| Any information copied from such or for commercial purposes, other | Reports and Statements mathran using the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Fi | * | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle I MISS CYNTHIA RYLANDS | nitial) | | Date of Receipt |
| Mailing Address 4836 MIDI | DLE RD | | 07 04 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65690 |
| ALLISON PARK FEC ID number of contributing federal political committee. | C | 15101 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTION | Occupatio DIR BUS | n SINESS REQUIREMENTS | |
| Receipt For: Primary Genera Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle I MR RYAN SADLER | nitial) | | Date of Receipt |
| Mailing Address 85 VANCE | 07 04 2009 | | |
| City MEMPHIS | State TN | Zip Code 38103 | Transaction ID: INC.A.65822 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupatio DIR GOV | n /ERNMENT AFFAIRS | |
| Receipt For: Primary Genera Other (specify) ▼ | 00 0 | e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle I MR MICHAEL SARDONE | nitial) | | Date of Receipt |
| Mailing Address 7 AHERN | WAY | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City WEST ORANGE | State NJ | Zip Code 07052 | Transaction ID: INC.A.65550 |
| FEC ID number of contributing federal political committee. | C | 0/032 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTION | S Occupatio | n ENTERPRISE BUS INTELLI | G |
| Receipt For: Primary Genera Other (specify) ▼ | 00 0 | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page | L | | 75.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 118 / 326 (check only one) X |
|--|-----------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | OLITIOAL 7 | TOTION CONNINT TEE (a.n.a | , |
| MR MATTHEW SARDY Mailing Address 230 FAIRFIELD AVE. | | | Date of Receipt M M |
| City | State | Zip Code | Transaction ID: INC.A.65449 |
| RIDGEWOOD | NJ | 07450 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP FINA | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) MS BETH SAVARE | | | Date of Receipt |
| Mailing Address 27 JONES LN | | | 07 04 7 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65664 |
| BLAIRSTOWN FEC ID number of contributing federal political committee. | C | 07825 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR I | n PHARM OPS | _ |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS TRINA SAYLER | | | Date of Receipt |
| Mailing Address 56 LAKESIDE DRIVE | | | 07 04 7 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65721 |
| RAMSEY | NJ | 07446 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR | n TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 225.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 65.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 119 / 326 (check only one) |
|---|---|---|--|
| Any information copied from such Reports or for commercial purposes, other than using | and Statements may | not be sold or used by any personess of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS II | NC. POLITICAL A | CTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR DAVID SCHLETT | | | Date of Receipt |
| Mailing Address 339 GRAMERCY | 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.65666 |
| GLEN ROCK FEC ID number of contributing federal political committee. | C | 07452 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP FINA | ANCIAL & ANALYTICAL SV | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ | | | Date of Receipt |
| Mailing Address 9111 N KARLOV | 07 04 7 2009 | | |
| City SKOKIE | State IL | Zip Code 60076 | Transaction ID: INC.A.65441 |
| FEC ID number of contributing federal political committee. | C | 00070 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DI | R CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | · · · · · · · · · · · · · · · · · | Year-to-Date ▼ 750.00 |] |
| Full Name (Last, First, Middle Initial) BRUCE SCOTT | | | Date of Receipt |
| Mailing Address 18650 BEARPATI | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O | | |
| City EDEN PRAIRIE | State MN | Zip Code 55347 | Transaction ID: INC.A.65831 |
| FEC ID number of contributing federal political committee. | C | 33347 | Amount of Each Receipt this Period 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & Ch | HIEF PHARMACIST | |
| Receipt For: Primary General Other (specify) ▼ | ' | Year-to-Date ▼ 2884.65 | |
| SUBTOTAL of Receipts This Page (option | nal) | | 292.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate for each categ Detailed Sumi | ory of the |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | name and address of any politic | seed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee. MITTEE (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS CYNTHIA SCOTT Mailing Address 18650 BEARPATH TF City EDEN PRAIRIE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code MN 55437 C Occupation VP CLINICAL PROG D Aggregate Year-to-Date | Date of Receipt M M M O T O D O D O D O D O D O D O D O D O D |
| Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT Mailing Address 7330 EVEREST LANE City MAPLE GROVE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | - NORTH State Zip Code MN 55311 C Occupation SR NATL ACCT EXEC Aggregate Year-to-Date | Date of Receipt M M M O O O O O O O O O O O O O O O O |
| Full Name (Last, First, Middle Initial) MS MONICA SCOZZARE Mailing Address 3021 E MILLCREEK F City SALT LAKE CITY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code UT 84109 C Occupation EXEC DIR CLINICAL S Aggregate Year-to-Date | Date of Receipt M M M D D D Z D D Z D D D D D D D D D D |
| SUBTOTAL of Receipts This Page (optional) . | | 150.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 121 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ROBERT SENDEWICZ | POLITICAL ACTION COMMITTEE (a.k | .a. Medco Health PAC) Date of Receipt |
| Mailing Address 1220 CROSSING W | | 07 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City WAYNE | State Zip Code NJ 07470 | Transaction ID: INC.A.65410 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 TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR GEORGE SERPIKOV | | Date of Receipt |
| Mailing Address 66 PROSPECT AVE | | 07 04 2009 |
| City | State Zip Code | Transaction ID: INC.A.65731 |
| WESTWOOD | 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 BUSINESS DEV | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MRS PATRICIA SGARELLA | | Date of Receipt |
| Mailing Address 275 MAIN STREET | | 07 04 YYYY 2009 |
| City | State Zip Code | Transaction ID: INC.A.65738 |
| 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 PRICING | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 300.00 | |
| SUBTOTAL of Receipts This Page (optional) | • | 100.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 122 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------------|--|--------------------------------|---|---|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ∠ A . | Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III | | | Date of Receipt |
| | Mailing Address 266 BRUSHY CREEK | AVE | | 07 04 7 2009 |
| | City LAS VEGAS | State NV | Zip Code 89148 | Transaction ID: INC.A.65589 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 60.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | on | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1800.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR ROBERT SHANNON | 1 | | Date of Receipt |
| | Mailing Address 59 DANNER AVE | | | 07 04 2009 |
| | City HARRISON | State NY | Zip Code 10528 | Transaction ID: INC.A.65671 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 10020 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| - С. | Full Name (Last, First, Middle Initial) MR JOHN SHEA | | | Date of Receipt |
| | Mailing Address 62 FRANKLIN TURNF | PIKE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City ALLENDALE | State NJ | Zip Code 07401 | Transaction ID: INC.A.65393 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07401 | 40.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST Co | on OUNSEL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 125.00 |
| | TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 123 / 326 (check only one) X |
|---|----------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR FRANK SHEEHY | | | Date of Receipt |
| Mailing Address 119 HAMILTON RD | | | 07 04 7 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65458 |
| 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 | Occupatio SVP & G | n ENERAL MGR | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 1500.00 | |
| Full Name (Last, First, Middle Initial) MR PETER SHERMAN | | | Date of Receipt |
| Mailing Address 139 GATES AVENUE | | | 07 04 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65369 |
| 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 | Occupatio MANAGI | n NG COUNSEL | |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR JAMES SHIVAS | | | Date of Receipt |
| Mailing Address 18 PROSPECT AVE | | | 07 |
| City | State | Zip Code | Transaction ID: INC.A.65543 |
| NORTH ARLINGTON | NJ | 07031 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupatio DIR PRI | | |
| Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| Primary General Other (specify) ▼ | 0 0 | 375.00 | |
| SUBTOTAL of Receipts This Page (optional) . | | | 125.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 124 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|--|--------------------------------|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III Mailing Address 150 CLAREMONT AVE City LONG BEACH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State CA C Occupation VP SALE | | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| В. | Full Name (Last, First, Middle Initial) JEFFREY SIMEK Mailing Address 704 SAW PALMETTO City PORT ORANGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State FL C Occupation VP COR | Zip Code 32128 on P COMMUNICATIONS e Year-to-Date ▼ 2884.65 | 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 LEE SIMON Mailing Address 2390 GREENVIEW RC City NORTHBROOK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State IL C Occupation GENERA | Zip Code 60062 on AL MGR GROUP e Year-to-Date ▼ | Date of Receipt M M M / D D A / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | | <u> </u> | 267.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 125 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|-----------------------|---|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements mand 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. |
| MEDCO HEALTH SOLUTIONS INC. P | OLITICAL | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR JEFFREY SINKO | | | Date of Receipt |
| Mailing Address 10 CHERRY TREE LAN | NE | | 07 04 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65598 |
| 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 | Occupatio ASST GI | n ENERAL COUNSEL | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO | | | Date of Receipt |
| Mailing Address 564 DALE COURT EAS | ST | | M M / D D / Y Y Y Y Y Y Y O 7 0 4 2 0 0 9 |
| City | State | Zip Code | Transaction ID: INC.A.65409 |
| 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 | Occupatio SR DIR | n FECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 450.00 | |
| Full Name (Last, First, Middle Initial) MR JOHN SISTO | | | Date of Receipt |
| Mailing Address 24 MAYBERRY LANE | | | 07 04 YYYY 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65652 |
| MECHANICSBURG | PA | 17050 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR I | n PHARMACY REGULATORY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional) | | > | 105.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 126 / 326 (check only one) X |
|--|---------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | the name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DAVID SITVER Mailing Address 24 YORKSHIRE AV City | /E State | Zip Code | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUFFERN FEC ID number of contributing federal political committee. | NY C | 10901 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | TECHNOLOGY Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) ANN SMITH Mailing Address 437 GLENDALE RE |) | | Date of Receipt 0 7 0 4 2 0 0 9 |
| City | State | Zip Code | Transaction ID: INC.A.65548 |
| WYCKOFF FEC ID number of contributing federal political committee. | NJ C | 07481 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR F | n PUBLIC AFFAIRS | |
| Receipt For: Primary General Other (specify) ♥ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR ROBERT SMITH | | | Date of Receipt |
| Mailing Address 40 JOSHUA DR | Т | | 07 04 2009 |
| City RAMSEY | State NJ | Zip Code 07446 | Transaction ID: INC.A.65688 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07440 | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1500.00 | |
| SUBTOTAL of Receipts This Page (optiona | 1) | | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | (Check only one) |
|--|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and address of any political commit | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR Mailing Address 23 CEDAR GATE RO City DARIEN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR ALAN SOKALER Mailing Address 30 MICHELLE WAY City PINE BROOK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) • | State Zip Code NJ 07058 C Occupation VP FINANCE Aggregate Year-to-Date 750.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) BARRY SOUTHERN Mailing Address 3705 MIDDLEBURY V City GREENSBORO FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State Zip Code NC 27410 C Occupation MGR PHARMACY Aggregate Year-to-Date 375.00 | Date of Receipt M M |
| SUBTOTAL of Receipts This Page (optional) . | | 267.31 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 128 / 326 (check only one) 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 NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | solicit contributions from such committee. |
| <u> </u> | Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 6108 HUNTER LANE City COLLEYVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State TX C Occupation VP/GM Aggregate | e Year-to-Date ▼ 750.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Full Name (Last, First, Middle Initial) BRENDA STAFFORD Mailing Address 647 BERKELEY AVEN City ORANGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation ASST CO | | Date of Receipt 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 RALPH STAIANO Mailing Address 1 LAMBROS DRIVE City MONROE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | _ | Zip Code 10950 n BUSINESS REQUIREMENTS e Year-to-Date 375.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SI | UBTOTAL of Receipts This Page (optional) | | | 75.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 129 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perso e name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. | POLITICAL ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle Initial) PETER STARK Mailing Address 4040 COLF DOAD | | Date of Receipt |
| Mailing Address 4840 COLE ROAD | | 07 04 2009 |
| City MEMPHIS | State Zip Code TN 38117 | Transaction ID: INC.A.65865 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupation GROUP VP MANUF SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN | | Date of Receipt |
| Mailing Address 7 FOREST LAKE DR | | 07 |
| City | State Zip Code | Transaction ID: INC.A.65668 |
| WEST HARRISON FEC ID number of contributing | NY 10604 | Amount of Each Receipt this Period |
| federal political committee. | C | 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP FINANCIAL & ANALYTICAL SV0 | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2884.65 | |
| Full Name (Last, First, Middle Initial) CHANNING STAVE | I | Date of Receipt |
| Mailing Address 77 HIGHVIEW AVE | | 07 04 2009 |
| City | State Zip Code NY 10707 | Transaction ID: INC.A.65815 |
| TUCKAHOE FEC ID number of contributing federal political committee. | NY 10707 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR MARKETING | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional) . | | 267.31 |
| TOTAL This Period (last page this line number | · · | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 130 / 326 (check only one) X |
|---|---|---|
| NAME OF COMMITTEE (In Full) | I Statements may not be sold or used by any person the name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS JILL STEARNS Mailing Address 13130 HALSELL DR City AUSTIN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | · | Date of Receipt O 7 O 4 Transaction ID: INC.A.65718 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) MR CRAIG STEEL Mailing Address 122 DEMAREST AV City EMERSON FEC ID number of contributing | State Zip Code NJ 07630 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation SR NATL ACCT EXEC Aggregate Year-to-Date 375.00 | 25.00 |
| Full Name (Last, First, Middle Initial) MS AMY STEINKELLNER Mailing Address 1740 HIGHLAND DF | RIVE | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City ELM GROVE FEC ID number of contributing federal political committee. | State Zip Code WI 53122 | Transaction ID: INC.A.65534 Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP NATIONAL PRACTICE LEADER Aggregate Year-to-Date 750.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 125.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 131 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person the name and address of any political committee to support the political ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) DR GLEN STETTIN Mailing Address 8 MILL GLEN CT City UPPER SADDLE RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07458 C Occupation SVP/GM ADVANCED CLINICAL SLTN Aggregate Year-to-Date 2884.65 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) MR GERARD STOCKER, JR Mailing Address 80 ALGONQUIN TRL City OAKLAND FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07436 C Occupation SR NATL ACCT EXEC Aggregate Year-to-Date 750.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS JANNA STOUL Mailing Address 4 APACHE WAY City MONTVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07045 C Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt M M M D D D Z D D Z D D D D D D D D D D |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | 267.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 132 / 326 (check only one) X |
|---|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR SCOTT STRATTON Mailing Address 351 TIMBERLANE DR City ORANGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State CT C Occupatio VP PRO | Zip Code 06477 on DUCT DEVELOPMENT e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS SUZANNE STREDNAK Mailing Address 157 WATCHUNG DR City HAWTHORNE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupatio SR DIR (| Zip Code 07506 on CLINICAL SVCS e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS PATRICIA STRETE Mailing Address 19275 PAVER BARN City MARYSVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State OH C Occupatio DIR CLIN | Zip Code 43040 IN NICAL THERAPEUTICS E Year-to-Date ▼ 375.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | |) | 125.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 133 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|---|---|---|
| | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. Polymers and St. or for commercial purposes, other than using the | name and ad | dress of any political committee to | solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) MILAYNA SUBAR, MD | | TOTION CONMITTEE (a.n.a. | Date of Receipt |
| | Mailing Address 11 RIVERSIDE DRIVE #8CE | State | Zip Code | 07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | NEW YORK | NY | 10023 | Transaction ID: INC.A.65830 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ONAL PRACTICE LEADER | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 450.00 | |
| В. | Full Name (Last, First, Middle Initial) MS COLEEN SULLIVAN Mailing Address 38 BARKMILL TERRAC | DF | | Date of Receipt |
| | | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65716 |
| | MONTVILLE FEC ID number of contributing federal political committee. | NJ C | 07045 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| C. | Full Name (Last, First, Middle Initial) MR MARK SULLIVAN | | | Date of Receipt |
| | Mailing Address 16025 PINE VALE PL. | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | |
| | City | State | Zip Code | Transaction ID: INC.A.65390 |
| | MIDLOTHIAN | VA | 23113 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 40.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | SYSTEMS PLAN & IMPLEM | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 95.00 |
| | TOTAL This Period (last page this line number of | only) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 134 / 326 (check only one) X 11a |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any perse name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR FREDERICK SUMNER Mailing Address 808 HOLLYWOOD AV City HO-HO-KUS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07423 C Occupation DIR PROJECT MGMT Aggregate Year-to-Date 375.00 | Date of Receipt M M M O T O A O A O O O O O O O O O O O O O O |
| Full Name (Last, First, Middle Initial) MS IRENE SUTTON Mailing Address 20 AVENUE @ PORT APT 209 City WEST NEW YORK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07093 C Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date ▼ 600.00 | Date of Receipt O 7 O 4 2 0 0 9 Transaction ID: INC.A.65462 Amount of Each Receipt this Period 40.00 |
| Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT Mailing Address 8362 GOLDEN PRAIF City TAMPA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code FL 33647 C Occupation VP/GM Aggregate Year-to-Date 1500.00 | Date of Receipt M M M O O O O O O O O O O O O O O O O |
| SUBTOTAL of Receipts This Page (optional) | | 115.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 135 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------------------|--|------------------|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | solicit contributions from such committee. |
| ∠ A. | Full Name (Last, First, Middle Initial) MS JOANNE TAYLOR Mailing Address 39 ROCKAWAY PLAC City PARSIPPANY | E State NJ | Zip Code 07054 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | on CONTRACT ADMINISTRATI e Year-to-Date ▼ 225.00 | 0] |
| – В. | Full Name (Last, First, Middle Initial) MR NICHOLAS TAYLOR Mailing Address 4241 CHADBOURNE [| DRIVE | | Date of Receipt 0 7 0 4 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.65743 |
| | UPPER ARLINGTON FEC ID number of contributing federal political committee. | ОН | 43220 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n NICAL SVCS | 7 |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 375.00 | |
| - C. | Full Name (Last, First, Middle Initial) MR BOOBALAN THANGAVELU Mailing Address 13 BIRCH TERRACE | | | Date of Receipt 0 7 0 4 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.65767 |
| | MT ARLINGTON FEC ID number of contributing federal political committee. | NJ C | 07856 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST | | | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 65.00 |
| | TOTAL This Period (last page this line number of | anly) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 136 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | |
|---|---|---|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perso e name and address of any political committee to | n for the purpose of soliciting contributions | | |
| MEDCO HEALTH SOLUTIONS INC. | POLITICAL ACTION COMMITTEE (a.k.a | . Medco Health PAC) | | |
| Full Name (Last, First, Middle Initial) MS MELINDA THIEL Mailing Address 27 GARVEY ROAD | | Date of Receipt | | |
| | 7: 0 - | 07 04 2009 | | |
| City WAYNE | State Zip Code NJ 07470 | Transaction ID: INC.A.65472 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 PRODUCT MGMT | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | | | |
| Full Name (Last, First, Middle Initial) MS MELISSA THOMET | | Date of Receipt | | |
| Mailing Address 721 HINMAN AVE #1E | | 07 04 YYYY 2009 | | |
| City | State Zip Code | Transaction ID: INC.A.65397 | | |
| EVANSTON | IL 60202 | 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 ACCT MGMT OPS | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | | | |
| Full Name (Last, First, Middle Initial) MS MARY THORSBY | | Date of Receipt | | |
| Mailing Address 17326 ELLEN DR | Mailing Address 17326 ELLEN DR | | | |
| City | State Zip Code | Transaction ID: INC.A.65515 | | |
| LIVONIA FEC ID number of contributing federal political committee. | MI 48152 | Amount of Each Receipt this Period 75.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL ACCT EXEC | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1125.00 | | | |
| SUBTOTAL of Receipts This Page (optional) . | | 125.00 | | |
| TOTAL This Period (last page this line number | · | | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 137 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. I | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) DREW THRAEN Mailing Address 63 STILES AVE | | | Date of Receipt |
| | Maining Address 63 STILES AVE | | | 07 04 2009 |
| | City | State NJ | Zip Code | Transaction ID: INC.A.65809 |
| | MORRIS PLAINS FEC ID number of contributing federal political committee. | C | 07950 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR OPS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 350.00 | |
| В. | Full Name (Last, First, Middle Initial) MR WILLIAM TOBIN Mailing Address 838 COLONIAL RD | I | | Date of Receipt |
| | Maining Address 050 GOLONIAL ND | | | 07 04 2009 |
| | City FRANKLIN LAKES | State NJ | Zip Code 07417 | Transaction ID: INC.A.65401 |
| | FEC ID number of contributing federal political committee. | C | 07417 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | EFIT SYSTEMS SUPPORT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| C. | Full Name (Last, First, Middle Initial) MR DAVID TRICE | Date of Receipt | | |
| | Mailing Address 150 BRADFORD DR. | | | 07 |
| | City | State | Zip Code | Transaction ID: INC.A.65363 |
| | SCHWENKSVILLE FEC ID number of contributing federal political committee. | PA C | 19473 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNI | on CAL SPECIALIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 100.00 |
| | TOTAL This Period (last page this line number | only) | · | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 138 / 326 (check only one) X | |
|---|----------------------------------|---|--|--|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | the name and add | dress of any political committee to | solicit contributions from such committee. | |
| Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER Mailing Address 713 INDIAN CREE | K RD | | Date of Receipt 0 7 0 4 2 0 0 9 | |
| City AMHERST FEC ID number of contributing | State VA | Zip Code 24521 | Transaction ID: INC.A.65595 Amount of Each Receipt this Period 75.00 | |
| Receipt For: Primary Other (specify) General | Occupation SR DIR (| n GOVERNMENT AFFAIRS Year-to-Date ▼ 1125.00 | 1 | |
| Full Name (Last, First, Middle Initial) MR GARY TULLY Mailing Address 16 FIELDHEDGE D | Date of Receipt 0 7 0 4 2 0 0 9 | | | |
| City HILLSBOROUGH FEC ID number of contributing federal political committee. | State NJ | Zip Code 08844 | Transaction ID: INC.A.65723 Amount of Each Receipt this Period 30.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | - | n ENT SVC DELIVERY Year-to-Date ▼ 450.00 | | |
| Full Name (Last, First, Middle Initial) MR JEFFREY TYLER Mailing Address 37 KNOLL TERRAG | | | | |
| City HAZLET FEC ID number of contributing federal political committee. | State NJ | Zip Code 07730 | Transaction ID: INC.A.65561 Amount of Each Receipt this Period 30.77 | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: ☐ Primary ☐ General Other (specify) ▼ | - ' ' | TECHNOLOGY Year-to-Date ▼ 461.55 | | |
| SUBTOTAL of Receipts This Page (optional | al) | | 135.77 | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 139 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|--|--------------------------------|---|---|
| A | ny information copied from such Reports and S r for commercial purposes, other than using the | Statements ma e name and ad | ly not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR KEITH URICH | | | Date of Receipt |
| | Mailing Address 12495 SOUTH 1745 E | EAST | | 07 04 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65538 |
| | DRAPER | UT | 84020 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation REGION | on IAL VP SALES-SYSTEMED | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 375.00 | |
| — В. | Full Name (Last, First, Middle Initial) MS CARA VAN ZILE | | | Date of Receipt |
| | Mailing Address 31 LINCOLN RD | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65510 |
| | 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 | , ' | IR ANALYTICAL SVCS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) | 0 0 | 750.00 | |
| с. С. | Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA | Date of Receipt | | |
| | Mailing Address W328 S4230 SPRING | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65840 |
| | WAUKESHA | WI | 53189 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & G | on GENERAL MGR | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1500.00 | |
| \[\s | SUBTOTAL of Receipts This Page (optional) . | | | 175.00 |
| | TOTAL This Period (last page this line number | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 140 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perse name and address of any political committee to | |
| | POLITICAL ACTION COMMITTEE (a.k. | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MRS JEANNINE VANKLEECK Mailing Address 56 ZIMMER AVENUE | | Date of Receipt |
| City | State Zip Code | 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65417 |
| MIDLAND PARK | NJ 07432 | 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 FINANCIAL APPLICATIONS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS | | Date of Receipt |
| Mailing Address 105 ARRANDALE RD | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | |
| City | State Zip Code | Transaction ID: INC.A.65587 |
| ROCKVILLE CENTRE | NY 11570 | 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 MKTING | |
| Receipt For: | Aggregate Year-to-Date ▼ | _ |
| Primary General Other (specify) ▼ | 750.00 | |
| Full Name (Last, First, Middle Initial) MR WIL VELARDE | 1 | Date of Receipt |
| Mailing Address 443 WEST SADDLE | 07 04 2009 | |
| City UPPER SADDLE RIVER | State Zip Code NJ 07458 | Transaction ID: INC.A.65460 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 TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |
| SUBTOTAL of Receipts This Page (optional) . | 1 | 105.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 141 / 326 (check only one) X |
|-----------------|--|-----------------------|---|---|
| \ \ \ | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | o solicit contributions from such committee. |
| ∠ 4 . | Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE Mailing Address 201 WATCHUNG AVE | NUE | ` | Date of Receipt 0 7 0 4 2 0 0 9 |
| | UNIT #17 City BLOOMFIELD | State NJ | Zip Code 07003 | Transaction ID: INC.A.65456 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07000 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SR DIR M | | 1 |
| - 3. | Full Name (Last, First, Middle Initial) MR GORDON VICKERS Mailing Address 436 MOUNTAIN AVEN | UE | | Date of Receipt 0 7 0 4 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.65366 |
| | WESTFIELD FEC ID number of contributing federal political committee. | NJ C | 07090 | Amount of Each Receipt this Period 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 ▼ 375.00 | |
| | Full Name (Last, First, Middle Initial) MR MUNISH VIJ Mailing Address 11 BOULDER TRAIL | | | Date of Receipt 0 7 0 4 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.65769 |
| | MAHWAH FEC ID number of contributing federal political committee. | NJ C | 07430 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNIC | n CAL SPECIALIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 75.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | 5A) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 142 / 326 (check only one) |
|---|---|---|---|
| Any information copied from such Reports or for commercial purposes, other than usi | and Statements may | 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. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS I | NC. POLITICAL A | CTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR STEVEN VREELAND | | | Date of Receipt |
| Mailing Address 19 ANNA STREE | 07 04 2009 | | |
| City DENVILLE | State NJ | Zip Code 07834 | Transaction ID: INC.A.65795 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 | HNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS ANNETTE WAGNER | I | | Date of Receipt |
| Mailing Address 8 INDIAN RUN R | 07 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City LONG VALLEY | State NJ | Zip Code 07853 | Transaction ID: INC.A.65636 |
| FEC ID number of contributing federal political committee. | | | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR T | TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | · · · · · · · · · · · · · · · · · | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR MICHAEL WAIBEL | | | Date of Receipt |
| Mailing Address N48 W16381 LONE OAK LN | | | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O |
| City MENOMONEE FALLS | State WI | Zip Code 53051 | Transaction ID: INC.A.65535 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 | | ACCT MGMT OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 225.00 | |
| SUBTOTAL of Receipts This Page (optic | nal) | | 65.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 143 / 326 (check only one) X |
|---|--------------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DANIEL WALDEN Mailing Address 450 BEECHMONT DF City NEW ROCHELLE FEC ID number of contributing | State NY | Zip Code 10804 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary Other (specify) ▼ | Occupatio SVP REC | n GULATORY & MC PROGRA e Year-to-Date ▼ 2884.65 | |
| Full Name (Last, First, Middle Initial) MS THERESE WALKER Mailing Address 363 MULBERRY CT City WYCKOFF FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State NJ C | Zip Code 07481 n PRODUCT MGMT | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE Mailing Address 5445 GOODWIN AVE | Aggregate | e Year-to-Date ▼ 375.00 | Date of Receipt |
| City DALLAS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State TX C Occupatio VP SALE | ES SEGMENT LEADER e Year-to-Date ▼ | Transaction ID: INC.A.65771 Amount of Each Receipt this Period 192.31 |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number | | • | 409.62 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | for each cat | te schedule(s) egory of the mmary Page | FOR LINE NUMBER: PAGE 144 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|--|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | the name and address of any pol | litical committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC | C. POLITICAL ACTION CON | ИМІТТЕЕ (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE | | | Date of Receipt |
| Mailing Address 5 APPLE ORCHAR | | | 07 04 7 2009 |
| City | State Zip Code | | Transaction ID: INC.A.65600 |
| MOORESTOWN | NJ 08057 | | 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 | | |
| Receipt For: | Aggregate Year-to-Date | ▼ | |
| Primary General Other (specify) ▼ | | 1500.00 | |
| Full Name (Last, First, Middle Initial) MS CATHERINE WASSON | | | Date of Receipt |
| Mailing Address 3912 CALLE ANDA | 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.65404 |
| SAN CLEMENTE | CA 92673 | | 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 ACCTS | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | 750.00 | |
| Full Name (Last, First, Middle Initial) MS BEVERLY WATSON | | | Date of Receipt |
| Mailing Address 2 MICHELANGELO COURT | | | 07 04 2009 |
| City | State Zip Code | | Transaction ID: INC.A.65639 |
| 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 BENEFIT DELIVE | ERY SYSTEMS | |
| Receipt For: | Aggregate Year-to-Date | V | |
| Primary General Other (specify) ▼ | | 375.00 | |
| | 1 | | 125.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 145 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|----------------------------|---|---|
| | Any information copied from such Reports and St or for commercial purposes, other than using the | atements ma name and ad | 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) MEDCO HEALTH SOLUTIONS INC. P | OLITICAL / | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) STACY WATSON | | | Date of Receipt |
| | Mailing Address 10180 HERONS NEST | 07 04 7 2009 | | |
| | City LAKELAND | State TN | Zip Code 38002 | Transaction ID: INC.A.65877 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation DIR MAF | n RKETING | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| Б. | Full Name (Last, First, Middle Initial) MRS KELLY WEBBER Mailing Address 107 UPPER SADDLE F | RIVER BOA | AD. | Date of Receipt |
| | | 07 04 2009 | | |
| | City MONTVALE | State NJ | Zip Code 07645 | Transaction ID: INC.A.65580 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: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1500.00 | |
| - C. | Full Name (Last, First, Middle Initial) MARK WEGRYN | | | Date of Receipt |
| ·- | Mailing Address 1717 DYMOKE DRIVE | | | 07 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State TN | Zip Code | Transaction ID: INC.A.65547 |
| | COLLIERVILLE FEC ID number of contributing federal political committee. | C | 38017 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation AVP QA | n AND PRODUCT INTEGRAT | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 150.00 |
| - | TOTAL This Period (last page this line number of | | <u> </u> | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 146 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 | |
|--|---|---|--|
| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person the name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | on for the purpose of soliciting contributions solicit contributions from such committee. | |
| Full Name (Last, First, Middle Initial) LOWELL WEINER Mailing Address 1 BURGESS COUR City WESTFIELD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | · | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Primary General Other (specify) Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH Mailing Address 309 WATERVIEW D | 750.00 | Date of Receipt | |
| City FRANKLIN LAKES FEC ID number of contributing federal political committee. | State Zip Code NJ 07417 | Transaction ID: INC.A.65482 Amount of Each Receipt this Period 192.31 | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation GROUP PRES EMPLOYER GROUP Aggregate Year-to-Date ▼ 2884.65 | | |
| Full Name (Last, First, Middle Initial) MR KENNETH WERMES Mailing Address 26037 N WRANGLE | | | |
| City SCOTTSDALE FEC ID number of contributing federal political committee. | State Zip Code AZ 85255 | Transaction ID: INC.A.65570 Amount of Each Receipt this Period 75.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP/GM Aggregate Year-to-Date ▼ 1125.00 | | |
| SUBTOTAL of Receipts This Page (optional) | | 317.31 | |

| SCHEDULE A (FE | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 147 / 326 (check only one) X |
|--|---|---|---|
| or for commercial purposes, o | other than using the name and ad (In Full) | ay not be sold or used by any personderess of any political committee to ACTION COMMITTEE (a.k.a. | on for the purpose of soliciting contributions o solicit contributions from such committee. a. Medco Health PAC) |
| Full Name (Last, First, Mic MR PETER WHITE Mailing Address 2241 #17F City PHOENIX FEC ID number of contrib federal political committee | E. PINCHOT AVE. State AZ uting | Zip Code 85016 | Date of Receipt 0 7 0 4 2 0 0 9 Transaction ID: INC.A.65391 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLU Receipt For: Primary Other (specify) ▼ | SK DIK | on ACCT MGMT OPS e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Mic MRS TAMARA WHITLEY Mailing Address 5847 (| CLENDENIN AVE | Date of Receipt 0 7 0 4 2 0 0 9 | |
| City DALLAS | State TX | Transaction ID: INC.A.65377 | |
| FEC ID number of contrib federal political committee | uting | 75228 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLU Receipt For: Primary G | SK DIK | BUSINESS REQUIREMENTS e Year-to-Date ▼ | 8 |
| Other (specify) ▼ Full Name (Last, First, Mic | Adle Initial) | 375.00 | |
| MR CHRISTOPHER WILSO Mailing Address 2 TIFF | ON | Date of Receipt 0 7 0 4 2 0 0 9 | |
| City | State | Zip Code | Transaction ID: INC.A.65545 |
| MORRISTOWN FEC ID number of contrib federal political committee | | 07960 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLU | Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP MKTING | | |
| Receipt For: Primary Gother (specify) | Aggregat | e Year-to-Date ▼ 750.00 | |
| | I . | | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule for each category of the Detailed Summary Pag | e (check only one) |
|--|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and address of any political comm | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS COLETTE WILSON Mailing Address 16608 56TH PL W City LYNNWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code WA 98037 C Occupation SR NATL ACCT EXEC Aggregate Year-to-Date 375.0 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER Mailing Address 17 LYNWOOD RD City VERONA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07044 C Occupation SR DIR ORG DEV Aggregate Year-to-Date 375.0 | Date of Receipt M M M O 7 O 4 2009 Transaction ID: INC.A.65665 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR MICHAEL WISNIEWSKI Mailing Address 23 DRUID HILL DR City PARSIPPANY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07054 C Occupation SR DIR CONTRACT ADMINIST Aggregate Year-to-Date 375.0 | |
| SUBTOTAL of Receipts This Page (optional) | | 75.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 149 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|--|--------------------------------|---|---|
| (| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any persondress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR STEPHEN WOGEN | ND. | | Date of Receipt |
| | Mailing Address 145 WAUGHAW ROA | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65494 |
| | 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 | Occupation SVP FIN | ⁱⁿ IANCIAL & ANALYTICAL SV | C |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 |] |
| _ В. | Full Name (Last, First, Middle Initial) MRS ELISSA WOJTOWICZ, RPH | | | Date of Receipt |
| | Mailing Address 43 AZALEA PLACE | 07 04 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65402 |
| | 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 SR DIR | RRA | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 450.00 | |
| с. С. | Full Name (Last, First, Middle Initial) MS ANNA WONG | | | Date of Receipt |
| | Mailing Address 64-20 BELL BLVD | | | 07 04 2009 |
| | City | State NY | Zip Code | Transaction ID: INC.A.65765 |
| | BAYSIDE FEC ID number of contributing federal political committee. | C | 11364 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INSL | n IRED SOLUTIONS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 130.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 150 / 326 (check only one) X |
|---|-----------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and ad | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS JUDITH WOOD Mailing Address 76 COLONIAL ROAD City STILLWATER FEC ID number of contributing | State NY | Zip Code 12170 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary Other (specify) ▼ | Occupation SR DIR / | n ACCT MGMT OPS e Year-to-Date ▼ 375.00 |] |
| Full Name (Last, First, Middle Initial) BRENDA WRIGHT Mailing Address 1834 HUNTERS CREE City GERMANTOWN FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General | State TN C Occupatio VP QUA | Zip Code 38138 n LITY INTEGRITY HEALTH e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY Mailing Address 793 LINCOLN AVE City POMPTON LAKES FEC ID number of contributing federal political committee. | State NJ | 750.00 Zip Code 07442 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | . ' | n SHNOLOGY • Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | • | 100.00 |

| WESTFIELD NJ 07090 | IEDULE A (FEC Form 3X) MIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 151 / 326 (check only one) X |
|--|--|---|---|
| MS SARAH YINCLING Mailing Address 901 ST MARKS AVE City State Zip Code NJ 07090 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | commercial purposes, other than using the name a ME OF COMMITTEE (In Full) | and address of any political committee to | solicit contributions from such committee. |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR DANIEL ZELEM, JR Mailing Address 219 SPOOK ROCK RD. City State Zip Code NY 10901 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Full Name (Last, First, Middle Initial) Name of Employer MEDCO HEALTH SOLUTIONS FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) MR DANIEL ZELMAN Name of Employer MEDCO HEALTH SOLUTIONS Full Name (Last, First, Middle Initial) MR JULI ZELMAN Mailing Address 43604 EMERALD DUNES PL City State Zip Code VA 20176 Transaction ID: INC.A. Date of Receipt M M M J D 0 4 Transaction ID: INC.A. Amount of Each Receipt C Transaction ID: INC.A. Amount of Each Receipt M M M J D 0 4 Transaction ID: INC.A. Amount of Each Receipt M M M J D 0 4 Transaction ID: INC.A. Amount of Each Receipt M M M J D 0 4 Transaction ID: INC.A. SR DIR ONSOLIDATION PLAN Receipt For: Primary General Occupation SR DIR CONSOLIDATION PLAN Receipt For: Primary General | S SARAH YINGLING ailing Address 901 ST MARKS AVE by Sta ESTFIELD Nu C ID number of contributing | | M M / D D / Y Y Y Y |
| MR DANIEL ZELEM, JR Mailing Address 219 SPOOK ROCK RD. City State Zip Code SUFFERN NY 10901 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS JILL ZELMAN Mailing Address 43604 EMERALD DUNES PL City State Zip Code LEESBURG VA 20176 FEC ID number of contributing federal political committee. Name of Employer Middle Initial) State Zip Code VA 20176 Transaction ID: INC.A. Amount of Each Receipt Transaction ID: INC.A. Amount of Each Receipt Aggregate Year-to-Date ▼ O 2 1 Transaction ID: INC.A. Amount of Each Receipt State Zip Code VA 20176 Transaction ID: INC.A. Amount of Each Receipt Aggregate Year-to-Date ▼ Primary General Occupation SR DIR CONSOLIDATION PLAN Receipt For: Primary General | me of Employer EDCO HEALTH SOLUTIONS sceipt For: Primary General | DIR MEDICARE OPS gregate Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) MS JILL ZELMAN Mailing Address 43604 EMERALD DUNES PL City State Zip Code LEESBURG VA 20176 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Date of Receipt Transaction ID: INC.A. Amount of Each Receipt C Aggregate Year-to-Date | A DANIEL ZELEM, JR pailing Address 219 SPOOK ROCK RD. Str. JFFERN CC ID number of contributing deral political committee. Cume of Employer EDCO HEALTH SOLUTIONS acceipt For: Agg | Y 10901 supation INFO TECHNOLOGY gregate Year-to-Date ▼ | M M / D D / Y Y Y Y |
| MEDCO HEALTH SOLUTIONS SR DIR CONSOLIDATION PLAN Receipt For: Primary General Aggregate Year-to-Date 375.00 | II Name (Last, First, Middle Initial) S JILL ZELMAN ailing Address 43604 EMERALD DUNES PL Ty Sta EESBURG C ID number of contributing | - ate Zip Code | M M / D D / Y Y Y Y |
| Other (specify) • | EDCO HEALTH SOLUTIONS SR sceipt For: Agg | DIR CONSOLIDATION PLAN pregate Year-to-Date ▼ | 100.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | for | e separate schedule(s) each category of the tailed Summary Page | FOR LINE NUMBER: PAGE 152 / 326 (check only one) X |
|--|--|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | the name and address of | of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) ANATOLY ZHELEZNYAK Mailing Address 5 DENISE COURT City MANALAPAN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Z | iip Code 17726 SPECIALIST | Date of Receipt M M M O D D A 2 0 0 9 Transaction ID: INC.A.65753 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) ANDREA ZICCARELLI Mailing Address 6550 HERONWOO City MEMPHIS | Full Name (Last, First, Middle Initial) ANDREA ZICCARELLI Mailing Address 6550 HERONWOOD DR City State Zip Code | | |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: □ Primary □ General □ Other (specify) ▼ | Occupation SR NATL ACC Aggregate Year- | | 50.00 |
| Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW D | MR JAMES ZIRPOLI | | |
| City LOVELAND FEC ID number of contributing | | ip Code 15140 | Transaction ID: INC.A.65532 Amount of Each Receipt this Period 25.00 |
| rederal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year- | to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional |) | | 100.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 153 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|--|--|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. Policy in the such as | name and ad | dress of any political committee to | solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO Mailing Address 726 HIGH MOUNTAIN City FRANKLIN LAKES FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation ASST CO | | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| В. | Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO Mailing Address 26 DAYLILY DRIVE City MOUNT LAUREL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation DIR HR Aggregate | Zip Code 08054 on e Year-to-Date ▼ 450.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| С. | Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 6527 SHORBURGH DF City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | State IN C Occupation DIR PHA | Zip Code 46278 on ARM PRACTICE e Year-to-Date ▼ 750.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | | · | 65.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 154 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | Statements may not be sold or used by any per ename and address of any political committee POLITICAL ACTION COMMITTEE (a.k.) | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS GWEN BRADY Mailing Address 219 E. COMO AVENU City COLUMBUS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code OH 43202 C Occupation DIR BUSINESS PLANNING Aggregate Year-to-Date ▼ 375.00 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MR BARRY CESANEK Mailing Address 5 LEXINGTON CT City SHAMONG FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 08088 C Occupation DIR PHARM PRACTICE Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR JASON COLE Mailing Address 14917 E BELLA VISTA City VERADALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code WA 99037 C Occupation VP/GM Aggregate Year-to-Date ▼ 750.00 | Date of Receipt M M M / D D / Y Y Y Y Y O 7 1 1 2 0 0 9 Transaction ID: INC.A.66104 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Receipts This Page (optional) | 1 | 50.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 155 / 326 (check only one) X 11a |
|----|--|-----------------|---|---|
| Ar | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ۸. | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS Mailing Address 4156 DUNMORE DR | IVE | | Date of Receipt 0 7 1 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.66169 |
| | LAKE WALES | FL | 33859 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| | Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO | | | Date of Receipt |
| | Mailing Address 9 GREEN HILL TRAI | 07 11 2009 | | |
| | City State | | Zip Code | Transaction ID: INC.A.66173 |
| | TROPHY CLUB | TX | 76262 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ONAL SERVICE CENTER | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1500.00 | |
| | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS Mailing Address 544 DENMOOR COURT | | | Date of Receipt 0 7 1 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.65972 |
| | GALLOWAY | OH | 43119 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | RM PRACTICE | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | UBTOTAL of Receipts This Page (optional) | | | 87.50 |

| SCHEDULE A (FEC Form SITEMIZED RECEIPTS | for each | parate schedule(s) h category of the d Summary Page | FOR LINE NUMBER: PAGE 156 / 326 (check only one) |
|--|--|---|---|
| Any information copied from such Reports or for commercial purposes, other than us | and Statements may not be solng the name and address of an | ld or used by any perso y political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS I | NC. POLITICAL ACTION (| COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR J. HOLLINGER | | | Date of Receipt |
| Mailing Address 784 CAPE HENF | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | State Zip C | | Transaction ID: INC.A.66161 |
| COLUMBUS FEC ID number of contributing federal political committee. | OH 4322 | 8 | Amount of Each Receipt this Period 10.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUSINESS P | LANNING | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-D | | |
| Full Name (Last, First, Middle Initial) MR RICHARD JONES | I | | Date of Receipt |
| Mailing Address 12224 MONTCAI | 07 11 YYYYY | | |
| City CARMEL | State Zip Ci | Transaction ID: INC.A.66230 | |
| FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-D | ate ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR BRICE LOVE | | | Date of Receipt |
| | | | |
| City COLUMBUS | State Zip C OH 4322 | | 0 7 1 1 2 0 0 9 Transaction ID: INC.A.66109 |
| FEC ID number of contributing federal political committee. | C 4322 | | Amount of Each Receipt this Period 12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHARM PRA | CTICE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-D | | |
| SUBTOTAL of Receipts This Page (optic | nal\ | | 47.50 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 157 / 326 (check only one) X 11a |
|-----|--|----------------------------|---|---|
| A 0 | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 1066 WEST GROVE | СТ | | Date of Receipt 0 7 1 1 2 0 0 9 |
| | City GIBSONIA | State PA | Zip Code 15044 | Transaction ID: INC.A.66032 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Occupation VP/GM Aggregate | Year-to-Date ▼ 900.00 | |
| _ | Full Name (Last, First, Middle Initial) MRS CATHY PATTEN Mailing Address 2001 MEADOWS AVE | ENUE | | Date of Receipt 0 7 1 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.66156 |
| | LANTANA FEC ID number of contributing federal political committee. | C | 76226 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | ١ | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 750.00 | |
| _ | Full Name (Last, First, Middle Initial) MR PAVLOS PAVLIDIS | | | Date of Receipt |
| | Mailing Address 2780 FOLKSTONE RO | OAD | | 07 11 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65992 |
| | COLUMBUS FEC ID number of contributing federal political committee. | OH C | 43220 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | ו | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 80.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 158 / 326 (check only one) X |
|--|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and addre | ess of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR GILBERT RAINES Mailing Address 800 SANDY TRAIL City KELLER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State TX C Occupation DIR HR Aggregate Y | Zip Code 76248 ✓ ear-to-Date ▼ | Date of Receipt M M M / D D V 2009 Transaction ID: INC.A.66315 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 266 BRUSHY CREEK City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NV C Occupation VP/GM | Zip Code 89148 /ear-to-Date ▼ | Date of Receipt O 7 |
| Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 6108 HUNTER LANE City COLLEYVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State TX C Occupation VP/GM Aggregate Y | Zip Code 76034 ✓ear-to-Date ▼ 750.00 | Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | | 110.00 |

| City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | FEC Form 3X) EIPTS | (check | INE NUMBER: PAGE 159 / 326 only one) 1a |
|---|---|------------------|--|
| MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) Full Name (Last, First, Middle Initial) Mit TIMOTHY SWETT Mailing Address 8362 GOLDEN PRAIRIE DRIVE City State Zip Code TAMPA FEC ID number of contributing federal political committee. C C Cocupation VP/GM Receipt For: Primary General Other (specify) ▼ Mailing Address 5 APPLE ORCHARD RD City State Zip Code MOORESTOWN NJ 08057 FEUI Name (Last, First, Middle Initial) MR CALINI WASDYKE MEDCO HEALTH SOLUTIONS Name of Employer MEDCO HEALTH SOLUTIONS PEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS PEC ID number of contributing federal political committee. C Love Last, First, Middle Initial) MR JAMES ZiRPOLI Mailing Address 6691 DEERVIEW DRIVE City State Zip Code MCCOC HEALTH SOLUTIONS Primary General Other (specify) ▼ Date of Receipt Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this | rom such Reports and Statements n ses, other than using the name and | person for the p | purpose of soliciting contributions |
| MR TIMOTHY SWETT Mailing Address 8362 GOLDEN PRAIRIE DRIVE City State Zip Code TL 33647 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Primary General Other (specify) ▼ Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD City State Zip Code NJ 08057 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Primary General Other (specify) ▼ Date of Receipt Transaction ID: INC. A.66 MOORESTOWN NJ 08057 FEC ID number of contributing federal political committee. C C Cocupation Primary General Other (specify) ▼ Transaction ID: INC. A.66 Amount of Each Receipt this part of Receipt Transaction ID: INC. A.66 Amount of Each Receipt this part of Receipt Transaction ID: INC. A.66 Amount of Each Recei | | .k.a. Medco | Health PAC) |
| City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD City State Zip Code MOORESTOWN NJ 08057 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD City State Zip Code MOORESTOWN NJ 08057 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS FULL Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DRIVE City State Zip Code OH 45140 Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this C C Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this C C Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this Date of Receipt Transaction ID: INC.A.66 Amount of Each Receipt this | | Date | e of Receipt |
| TAMPA FL 33647 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Neceipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD City State Zip Code MOORESTOWN NJ 08057 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DRIVE City State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Other (specify) ▼ Date of Receipt this Middle Initial) Date of Receipt this No. A.66 Amount of Each Receipt this No. A.66 Amou | | 0 | 7 11 2009 |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO CHALTH SOLUTIONS Receipt For: | | | |
| Receipt For: | ontributing | | 50.00 |
| Receipt For: Primary | Occupa OLUTIONS VP/GN | | |
| MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD RD City State Zip Code MOORESTOWN NJ 08057 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ City State Zip Code OH 45140 Date of Receipt Transaction ID: INC. A. 66 Amount of Each Receipt this Date of Receipt Transaction ID: INC. A. 66 Amount of Each Receipt this Date of Receipt Transaction ID: INC. A. 66 Amount of Each Receipt this Date of Receipt Transaction ID: INC. A. 66 Amount of Each Receipt this Date of Receipt Transaction ID: INC. A. 66 Amount of Each Receipt Transaction ID: INC. A. 66 Amount of Each Receipt Transaction ID: INC. A. 66 City State Zip Code LOVELAND OH 45140 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Aggregate Year-to-Date ▼ | General Aggrega | • | |
| City State Zip Code MOORESTOWN NJ 08057 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DRIVE City State Zip Code LOVELAND OH 45140 Name of Employer MEDCO HEALTH SOLUTIONS PEC ID number of contributing federal political committee. City State Zip Code LOVELAND OH 45140 Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Aggregate Year-to-Date ▼ Transaction ID: INC. A.66 Amount of Each Receipt this | | Date | e of Receipt |
| MOORESTOWN NJ 08057 Amount of Each Receipt this 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 JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DRIVE City State Zip Code OH 45140 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ | APPLE ORCHARD RD | | |
| 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 JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DRIVE City State Zip Code OH 45140 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Transaction ID: INC.A.66i Amount of Each Receipt this | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | Amo | ount of Each Receipt this Period |
| Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DRIVE City State Zip Code LOVELAND OH 45140 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Aggregate Year-to-Date ▼ Transaction ID: INC.A.66 Amount of Each Receipt this | nittee. | | 50.00 |
| Primary General Other (specify) ▼ 1500.00 Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DRIVE City State Zip Code LOVELAND OH 45140 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General 1500.00 Date of Receipt M M / D D / Y / T 1 1 / Y / T 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 / Y / T 1 / Y / T 1 / Y / T 1 1 / Y / T 1 / Y / T 1 1 / Y / T 1 / Y / T 1 1 / Y / T 1 1 / Y / T 1 / Y / T 1 / Y / T 1 / Y / T 1 1 / Y / T 1 | OLUTIONS Occupa VP/GN | | |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DRIVE City State Zip Code LOVELAND OH 45140 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Date of Receipt M M / D D / Y O T D D / Y O T D D / Y O T D D D / Y O T D D D / Y O T D D D D D D D D D D D D D D D D D D | | | |
| MR JAMES ZIRPOLI Mailing Address 6691 DEERVIEW DRIVE City State Zip Code LOVELAND OH 45140 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Date of Receipt M | | | |
| Mailing Address 6691 DEERVIEW DRIVE City State Zip Code LOVELAND OH 45140 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Primary General Transaction ID: INC.A.66 Amount of Each Receipt this | t, Middle Initial) | Date | e of Receipt |
| LOVELAND OH 45140 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Amount of Each Receipt this C Amount of Each Receipt this | 391 DEERVIEW DRIVE | M | M / D D / Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General C Occupation VP/GM Aggregate Year-to-Date | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Occupation VP/GM Aggregate Year-to-Date ▼ | | Amo | ount of Each Receipt this Period |
| Receipt For: Primary General Aggregate Year-to-Date 750.00 | | | 25.00 |
| Primary General 750,00 | OLUTIONS Occupa VP/GN | | |
| 750 00 1 | | | |
| | _ | | |
| SUBTOTAL of Receipts This Page (optional) | s This Page (optional) | | 125.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | for each c | rate schedule(s) ategory of the Summary Page | FOR LINE NUMBER: PAGE 160 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | he name and address of any p | political committee to s | olicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR THOMAS ABSON Mailing Address 57 SYCAMORE DRI City | State Zip Code | e | Date of Receipt 0 7 18 2009 Transaction ID: INC.A.66037 |
| WALDWICK FEC ID number of contributing federal political committee. Name of Employer | NJ 07463 C Occupation | | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | DIR FORMULARY 8 Aggregate Year-to-Date | | М Т |
| Full Name (Last, First, Middle Initial) MS LESLIE ACHTER Mailing Address 821 ALBEMARLE S | TREET | | Date of Receipt 0 7 1 8 2 0 0 9 |
| City | State Zip Code | e | Transaction ID: INC.A.66031 |
| WYCKOFF FEC ID number of contributing federal political committee. | NJ 07481 | | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DIR ANALYTI | ICAL SVCS | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date | | |
| Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK | | | Date of Receipt |
| Mailing Address 1021 SUNSET RIDO | iE | | 07 18 2009 |
| City BRIDGEWATER | State Zip Code NJ 08807 | e | Transaction ID: INC.A.65950 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 PHARM CONTR | ACT & CONSULT | T NG |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date | | |
| SUBTOTAL of Receipts This Page (optional) | 1 | | 125.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 161 / 326 (check only one) X |
|--|----------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) DIANE ADAMS Mailing Address 34 THOMAS ST. City CALDWELL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | Zip Code 07006 n BUSINESS REQUIREMENTS | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR STEPHEN ADLER Mailing Address 139 BELLVALE LAKE | ES RD | 375.00 | Date of Receipt |
| City WARWICK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | _ ' | Zip Code 10990 TECHNOLOGY e Year-to-Date 750.00 | Transaction ID: INC.A.66030 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) MR JEFFREY ALEXANDER Mailing Address 4 DEERPOND CT City FLEMINGTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 08822 n TECHNOLOGY e Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe | | | 90.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 162 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | i. Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) DR JODY ALLEN | | | Date of Receipt |
| | Mailing Address 3031 MOUNT HILL DF | ₹ | | 07 18 2009 |
| | City MIDLOTHIAN | State VA | Zip Code 23113 | Transaction ID: INC.A.66029 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 23113 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLIN | on IICAL POLICY-GOV AFFAIR | es |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| В. | Full Name (Last, First, Middle Initial) MARENE ALLISON | | | Date of Receipt |
| | Mailing Address 4405 WISMER ROAD | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66344 |
| | DOYLESTOWN FEC ID number of contributing federal political committee. | C | 18901 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | URITY & ASSET PROTECTI | ON |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 750.00 | |
| C. | Full Name (Last, First, Middle Initial) MR JAMES ALLOCCO | | | Date of Receipt |
| | Mailing Address 19 ROSS ROAD | | | 07 18 2009 |
| | City SCARSDALE | State NY | Zip Code 10583 | Transaction ID: INC.A.66092 |
| | FEC ID number of contributing federal political committee. | C | 10363 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INFC | on O TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 150.00 |
| | TOTAL This Period (last page this line number | only) | · | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 163 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|--|------------------------------|---|---|
| 7 | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements ma name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) TEJWANSH ANAND | | | Date of Receipt |
| | Mailing Address 10 WHIPPOORWILL | LAKE ROAL |) | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66311 |
| | 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 INFC | n) TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | 1 |
| – В. | Full Name (Last, First, Middle Initial) MS JAYME ANTONOPLOS | | | Date of Receipt |
| | Mailing Address 48 WITTE ROAD | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66168 |
| | HEWITT FEC ID number of contributing federal political committee. | C | 07421 | Amount of Each Receipt this Period 25.00 |
| | | 0 | - | _ |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR EXE | EC CORR | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 | |
| С. С. | Full Name (Last, First, Middle Initial) MR DAVID ARCISZEWSKI | 1 | | Date of Receipt |
| | Mailing Address 20 CHADWELL PLAC | E | | 07 18 2009 |
| | City MORRISTOWN | State NJ | Zip Code | Transaction ID: INC.A.66115 |
| | FEC ID number of contributing federal political committee. | C | 07960 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST Co | on OUNSEL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 100.00 |
| | TOTAL This Period (last page this line number | | | |

| City Salt Zip Code SALT LAKE CITY UT 84106 FEC ID number of contributing federal political committee. Name of Employee ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ State Zip Code OH 44118 PEUI Name (Last, First, Middle Initial) MS CHARLOTTE BABCOCK Mailing Address 2636 SHAKER RD City State Zip Code City General Other (specify) ▼ State Zip Code OH 44118 PEUI Name (Last, First, Middle Initial) MS CHARLOTTE BABCOCK NATL ACCT EXEC Receipt For: Primary General Other (specify) ▼ State Zip Code OH 44118 Date of Receipt Inition Inition. According to the second of contributing federal political committee. City GLEN RIDGE NJ 07028 PEUI Name (Last, First, Middle Initial) ERIK BAGIN Mailing Address 73 HIGHLAND AVENUE City State Zip Code Other (specify) ▼ State Zip Code Other (specify) ▼ Date of Receipt Transaction ID: INC. Ac63347 Amount of Each Receipt this Period Transaction ID: INC. Ac6347 Amount of Each Receipt Inc. | | HEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 164 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|------|--|-------------|---|--|
| Full Name (Last, First, Middle Initial) DENNIS AUCH Mailing Address 1981 E. COVEY VIEW COURT City State Zip Code SALT LAKE CITY UT 84106 FEC ID number of contributing federal political committee. Name (Employer Accretion of Courted Co | or f | or commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | solicit contributions from such committee. |
| Mailing Address 1981 E. COVEY VIEW COURT City State Zip Code SALT LAKE CITY UT 84106 Transaction ID: INC.A.66412 Amount of Each Receipt this Period FeC ID number of contributing federal political committee. C | | Full Name (Last, First, Middle Initial) | OLITICAL / | ACTION COMMINITIEE (a.k.a | , |
| SALT LAKE CITY FEG ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ State Zip Code Cocupation Dear to Co | - | | COURT | | M M / D D / Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: | | - | | · | |
| Receipt For: Primary | - | FEC ID number of contributing | | 84100 | 50.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS CHARLOTTE BABCOCK Mailing Address 2636 SHAKER RD City CLEVELAND HEIGHTS OH 44118 FEC ID number of contributing federal political committee. C Name of Employer Primary General Other (specify) ▼ State Zip Code Amount of Each Receipt this Period C Ccupation NATL ACCT EXEC Receipt For: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Transaction ID: INC.A.66330 Amount of Each Receipt this Period Transaction ID: INC.A.66331 Date of Receipt Transaction ID: INC.A.66331 Transaction ID: INC.A.663347 Amount of Each Receipt this Period C C State Zip Code NJ 07028 Transaction ID: INC.A.66347 Amount of Each Receipt this Period C State Zip Code NJ 07028 Transaction ID: INC.A.66347 Amount of Each Receipt this Period C State Zip Code NJ 07028 Transaction ID: INC.A.66347 Amount of Each Receipt this Period C Solution GENERAL MGR GROUP Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ | Ī | Name of Employer ACCREDO HEALTH GROUP | | n | |
| Mailing Address 2636 SHAKER RD City State Zip Code CLEVELAND HEIGHTS OH 44118 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Full Name (Last, First, Middle Initial) ERIK BAGIN Mailing Address 73 HIGHLAND AVENUE City State Zip Code Transaction ID: INC.A.66390 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) ERIK BAGIN Mailing Address 73 HIGHLAND AVENUE City State Zip Code Transaction ID: INC.A.66347 GLEN RIDGE NJ 07028 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary | Ī | Primary General | Aggregate | | |
| City CLEVELAND HEIGHTS CHORD OH 44118 FEC ID number of contributing federal political committee. CHORD OHEALTH SOLUTIONS Receipt For: Full Name (Last, First, Middle Initial) ERIK BAGIN Mailing Address 73 HIGHLAND AVENUE City State Zip Code NJ 07028 FEC ID number of contributing federal political committee. Coccupation NATL ACCT EXEC Aggregate Year-to-Date ▼ O7 18 2 009 Transaction ID: INC.A.66390 Amount of Each Receipt this Period 25.00 Date of Receipt Transaction ID: INC.A.66390 Amount of Each Receipt this Period Date of Receipt Transaction ID: INC.A.66347 Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 | 3. | MS CHARLOTTE BABCOCK | | | M M / D D / Y Y Y Y |
| CLEVELAND HEIGHTS OH 44118 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ PEC ID number of contributing federal political committee. Pagregate Year-to-Date ▼ Transaction ID: INC.A.66347 Amount of Each Receipt this Period 25.00 Date of Receipt Date of Receipt Transaction ID: INC.A.66347 Amount of Each Receipt this Period Date of Receipt Transaction ID: INC.A.66347 Amount of Each Receipt this Period Date of Receipt Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period Transaction ID: INC.A.66347 Amount of Each Receipt this Period | - | City | State | Zip Code | |
| Name of Employer MEDCO HEALTH SOLUTIONS NATL ACCT EXEC | | CLEVELAND HEIGHTS | ОН | 44118 | |
| Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ERIK BAGIN Mailing Address 73 HIGHLAND AVENUE City GLEN RIDGE NJ O7028 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: INC.A.66347 Amount of Each Receipt this Period C Scuppation GENERAL MGR GROUP Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ | | | C | | 25.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ERIK BAGIN Mailing Address 73 HIGHLAND AVENUE City State Zip Code GLEN RIDGE NJ 07028 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation GENERAL MGR GROUP Aggregate Year-to-Date ▼ Other (specify) ▼ | Ī | Name of Employer MEDCO HEALTH SOLUTIONS | | | |
| ERIK BAGIN Mailing Address 73 HIGHLAND AVENUE City State Zip Code GLEN RIDGE NJ 07028 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Date of Receipt N 7 1 8 2 0 0 9 Transaction ID: INC.A.66347 Amount of Each Receipt this Period 50.00 | Ī | Primary General | Aggregate | | |
| Mailing Address 73 HIGHLAND AVENUE City State Zip Code NJ 07028 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: INC.A.66347 Amount of Each Receipt this Period 50.00 | | , | | | Date of Receipt |
| GLEN RIDGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period C Solution General 750.00 | - | Mailing Address 73 HIGHLAND AVENU | E | | |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) Other (specify) Tocommittee Occupation GENERAL MGR GROUP Aggregate Year-to-Date Tocommittee | | - | | • | |
| MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00 | Ī | FEC ID number of contributing | | 07020 | 50.00 |
| Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00 | Ī | Name of Employer MEDCO HEALTH SOLUTIONS | | | |
| 105.00 | ļ | Primary General | - | e Year-to-Date ▼ | |
| SUBTOTAL of Receipts This Page (optional) | SU | IBTOTAL of Receipts This Page (optional) | | | 125.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 165 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|--|--------------------|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and ad | dress of any political committee to | solicit contributions from such committee. |
| . ∠ a. | Full Name (Last, First, Middle Initial) MS BECKIE BARATKO | OLITIONE / | TOTION GOMMITTEE (d.K.c | Date of Receipt |
| | Mailing Address 80 N. WOODLAND ST | TREET | | 07 18 7 2009 |
| | City ENGLEWOOD | State NJ | Zip Code 07631 | Transaction ID: INC.A.66246 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 0,000 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PRO | n POSAL UNIT | 1 |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| - 3. | Full Name (Last, First, Middle Initial) MR THOMAS BARATTA | I | | Date of Receipt |
| | Mailing Address 69 SKYLINE DR | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66178 |
| | UPPER SADDLE RIVER FEC ID number of contributing federal political committee. | C | 07458 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INFC | n) TECHNOLOGY | 7 |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| _ :_ | Full Name (Last, First, Middle Initial) JANE BARLOW | | | Date of Receipt |
| | Mailing Address 3 AVALON COURT | | | 07 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City HOPEWELL JUNCTION | State NY | Zip Code 12533 | Transaction ID: INC.A.66375 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 ICAL POLICIES | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 150.00 |
| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 166 / 326 (check only one) X |
|------------|--|-----------------------|---|--|
| 7 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and add | dress of any political committee to | solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) MR MICHAEL BARONE Mailing Address 452 MEDWAY ROAD City HIGHLAND HEIGHTS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State OH C Occupation | Zip Code 44143 n sENERAL MGR | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| _ | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 2892.34 | |
| В. | Full Name (Last, First, Middle Initial) MR STEPHEN BARROW Mailing Address 7 SOUTHVIEW ROAD | | | Date of Receipt 0 7 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66247 |
| | RANDOLPH FEC ID number of contributing federal political committee. | C | 07869 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR FINA | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date 375.00 | |
| с. С. | Full Name (Last, First, Middle Initial) MR DAVID BAUGH | | | Date of Receipt |
| | Mailing Address 1813 ADONIS AVE | | | 07 18 7 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66299 |
| | HENDERSON FEC ID number of contributing federal political committee. | C | 89074 | Amount of Each Receipt this Period 58.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio MGR BE | n NEFIT DELIVERY SYSTEMS | 3 |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 814.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | ····· | 275.31 |
| | TOTAL This Period (last page this line number | only) | > | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 167 / 326 (check only one) X 11a |
|---|-----------------------|---|---|
| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR PETER BEGANS Mailing Address 1605 CHARNITA CT City VIENNA FEC ID number of contributing federal political committee. | State VA | Zip Code 22182 | Date of Receipt M M M |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | - ' | n ERNMENT AFFAIRS e Year-to-Date ▼ 1500.00 | |
| Full Name (Last, First, Middle Initial) MR STEPHEN BELL Mailing Address 24 GLENWOOD ROA | AD | | Date of Receipt 0 7 1 8 2 0 0 9 |
| City | State | Zip Code | Transaction ID: INC.A.66314 |
| UPPER SADDLE RIVER FEC ID number of contributing federal political committee. | NJ C | 07458 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP FINA | | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MS FRANCINE BELLOFATTO | | | Date of Receipt |
| Mailing Address 4603 TUDOR DR | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: INC.A.66056 |
| POMPTON PLAINS FEC ID number of contributing federal political committee. | NJ C | 07444 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR (| n CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | -, ' | e Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional) . | 1 | | 175.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 168 / 326 (check only one) X |
|---------|--|--------------------|---|---|
| 7 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and add | dress of any political committee to | o solicit contributions from such committee. |
| ∠ 4. | Full Name (Last, First, Middle Initial) JEAN BERGWALL | | | Date of Receipt |
| | Mailing Address 2546 HOLLYHOCK CC | | 71.0 | 07 18 2009 |
| | City GERMANTOWN | State TN | Zip Code 38138 | Transaction ID: INC.A.66429 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation DIR PRC | n DDUCT LINE II | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 375.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS STACEY BERNSTEIN Mailing Address 166 BERKELEY PLAC | iE | | Date of Receipt |
| | City | State | Zip Code | 07 18 2009 |
| | GLEN ROCK | NJ | 21p Code 07452 | Transaction ID: INC.A.66358 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 20.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CC | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 300.00 | |
| - ;. | Full Name (Last, First, Middle Initial) MR DAVID BERRY Mailing Address 11 COBBLESTONE LA | ANE | | Date of Receipt 0 7 1 8 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.66176 |
| | RAMSEY FEC ID number of contributing federal political committee. | C | 07446 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | n HNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Γ | | • | | 70.00 |

| SCHEDULE A (ITEMIZED REC | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 169 / 326 (check only one) X |
|---|--|---|---|
| or for commercial purpos NAME OF COMMIT | ses, other than using the name and a | address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. a. Medco Health PAC) |
| Full Name (Last, Firs MS EILEEN BIDELL Mailing Address 71 City TOWACO FEC ID number of cofederal political comm Name of Employer MEDCO HEALTH So | State NJ Intributing sittee. OCCUPA | Zip Code 07082 tion R PHARM OPS | Date of Receipt M M M / D D M 2009 Transaction ID: INC.A.66172 Amount of Each Receipt this Period 25.00 |
| Receipt For: Primary Other (specify) Full Name (Last, Firs MR FLOYD BILLINGS | General ▼ | ate Year-to-Date ▼ 375.00 | Date of Receipt |
| City BUFORD FEC ID number of confederal political commod Mame of Employer MEDCO HEALTH Services Primary Other (specify) | OCCUPA TECHN General Aggregic | Zip Code 30518 | Transaction ID: INC.A.66188 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, Firs CALVIN BINGHAM Mailing Address 13 City SHAWNEE FEC ID number of confederal political communication of Employer ACCREDO HEALTH Receipt For: Primary Other (specify) | State KS I GROUP General Groupa Aggregic Aggregic | Zip Code 66216 tion LINICAL OPS ate Year-to-Date 375.00 | Date of Receipt M M M / D D / Y Y Y Y Y 1 8 2 0 0 9 Transaction ID: INC.A.66413 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Receipt | s This Page (optional) |) | 75.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 170 / 326 (check only one) X 11a 11b 11c 12 |
|---|--|--|
| Any information copied from such Reports | and Statements may not be sold or used by any persong the name and address of any political committee to | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | NC. POLITICAL ACTION COMMITTEE (a.k.a | |
| Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO | | Date of Receipt |
| Mailing Address 26 DAYLILY DRIV | Œ | 0 7 1 8 2 0 0 9 |
| City | State Zip Code | Transaction ID: INC.A.66356 |
| 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 | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 450.00 | |
| Full Name (Last, First, Middle Initial) MS SUZANNE BLACKBURN | 1 | Date of Receipt |
| Mailing Address 4520 LINWOOD I | | 07 18 7 2009 |
| City | State Zip Code | Transaction ID: INC.A.66298 |
| 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 CLIENT & MKT STRATEGIC DE | EV |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR MARK BLAKE | 1 | Date of Receipt |
| Mailing Address 129 NORWOOD | AVENUE | 07 18 2009 |
| City | State Zip Code | Transaction ID: INC.A.66359 |
| 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 BUSINESS DEV | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 750.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 115.00 |
| 1.50 (0) | · · · · · · · · · · · · · · · · · · · | - |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 171 / 326 (check only one) X | | | |
|--|--|---|--|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. N | | | | |
| Full Name (Last, First, Middle Initial) ALLYSON BLANDFORD Mailing Address 1808 N. QUINN ST APT. 322 City ARLINGTON FEC ID number of contributing federal political committee. | REET State Zip Code VA 22209 | Date of Receipt 0 7 18 2009 Transaction ID: INC.A.66381 Amount of Each Receipt this Period | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation MGR GOVERNMENT AFFAIRS Aggregate Year-to-Date 300.00 | | | | |
| Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN Mailing Address 50 NEW ENGLAND City | State Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y | | | |
| RAMSEY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | NJ 07446 C Occupation | Amount of Each Receipt this Period 50.00 | | | |
| Receipt For: Primary General Other (specify) | VP MKTING & PRODUCT DEV Aggregate Year-to-Date ▼ 750.00 | | | | |
| Full Name (Last, First, Middle Initial) KEN BODMER Mailing Address P.O. BOX 381947 | KEN BODMER | | | | |
| City GERMANTOWN FEC ID number of contributing | State Zip Code TN 38183 | Transaction ID: INC.A.66215 Amount of Each Receipt this Period | | | |
| federal political committee. Name of Employer ACCREDO HEALTH GROUP | Occupation SVP FINANCE | 192.00 | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2880.00 | | | | |
| SUBTOTAL of Receipts This Page (options | ıl) | 262.00 | | | |

| | JLE A (FEC Form 3X) D RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 172 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | |
|--|--|---|---|---|--|
| or for comme | on copied from such Reports and St rcial purposes, other than using the COMMITTEE (In Full) HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. a. Medco Health PAC) | |
| A. MR MICH/ Mailing Ac City LEVITTO FEC ID not federal po Name of EMEDCO H Receipt For Prim | LEVITTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Occ DIF | | Zip Code 11756 n SHNOLOGY e Year-to-Date ▼ | Date of Receipt M M M / D D D 2 0 0 9 Transaction ID: INC.A.66301 Amount of Each Receipt this Period 25.00 | |
| MRS HEAM Mailing Act City WASHIN FEC ID not federal pool Name of EMEDCO H Receipt For Prim | umber of contributing litical committee. Employer HEALTH SOLUTIONS or: | State DC C Occupation DIR CLIN | Zip Code 20002 n NICAL SVCS e Year-to-Date ▼ 375.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| City BRYN M FEC ID not federal pool Name of EMEDCO H Receipt For Prim | MAWR umber of contributing litical committee. Employer HEALTH SOLUTIONS or: | State PA C Occupation VP SALE Aggregate | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| SUBTOTAL | of Receipts This Page (optional) | | | 75.00 | |

| | EDULE A (FEC Form 3X) IIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 173 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---------------------|---|----------------------|---|---|
| Any inf | formation copied from such Reports and S commercial purposes, other than using the | tatements may | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions |
| \ | ME OF COMMITTEE (In Full) EDCO HEALTH SOLUTIONS INC. F | POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| 4. <u>MR</u> | Name (Last, First, Middle Initial) BARRY BOUDREAUX | | | Date of Receipt |
| Mai City | ling Address 6527 SHORBURGH D | State | Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.65927 |
| • | DIANAPOLIS | IN | 46278 | Amount of Each Receipt this Period |
| | C ID number of contributing eral political committee. | C | | 25.00 |
| Nar ME | ne of Employer DCO HEALTH SOLUTIONS | Occupatio DIR PHA | n IRM PRACTICE | |
| Rec | ceipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | Name (Last, First, Middle Initial) SS BOURNE | | | Date of Receipt |
| | Mailing Address 242 N HIGHLAND | | | 07 18 7 2009 |
| City | | State | Zip Code | Transaction ID: INC.A.66427 |
| FE | EMPHIS C ID number of contributing eral political committee. | C | 38111 | Amount of Each Receipt this Period 25.00 |
| Nar AC | ne of Employer CREDO HEALTH GROUP | Occupatio VP SALE | | |
| Rec | ceipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | Name (Last, First, Middle Initial) SALLIE BOWDEN | | | Date of Receipt |
| | Mailing Address 5259 FISHERCREST LN | | | 07 / 18 / Y Y Y Y Y |
| City | | State | Zip Code | Transaction ID: INC.A.66253 |
| FE | CHMOND C ID number of contributing eral political committee. | C | 23231 | Amount of Each Receipt this Period 200.00 |
| Nar ME | ne of Employer DCO HEALTH SOLUTIONS | Occupatio VP FORI | n MULARY CONSULTING | |
| Rec | ceipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 3000.00 | |
| SUBT | OTAL of Receipts This Page (optional) | | | 250.00 |
| | L This Period (last page this line number | | · | |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 174 / 326 (check only one) X |
|--|--|--|
| or for commercial purposes, other than us NAME OF COMMITTEE (In Full) | s and Statements may not be sold or used by any perso ing the name and address of any political committee to INC. POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) KAREN BOWE Mailing Address 1413 LIMERICK City | COURT State Zip Code | Date of Receipt 0 7 18 2009 Transaction ID: INC.A.66397 |
| HUMMELSTOWN FEC ID number of contributing federal political committee. | PA 17036 | Amount of Each Receipt this Period 25.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | Occupation AVP COMMUNITY AFFAIRS Aggregate Year-to-Date 375.00 | |
| Full Name (Last, First, Middle Initial) MS HEIDI BOWMAN Mailing Address 15 DAWN LANE | 1 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: INC.A.66295 |
| 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 DIR STRAT PRODUCT MGMT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR KEITH BRADBURY | ' | Date of Receipt |
| Mailing Address 122 DERFUSS L | .N | 07 18 2009 |
| City | State Zip Code | Transaction ID: INC.A.65975 |
| BLAUVELT FEC ID number of contributing federal political committee. | NY 10913 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DIR DRUG INFO | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (opti | onal) | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 175 / 326 (check only one) X | | | |
|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any perso the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| | C. POLITICAL ACTION COMMITTEE (a.k.a. | . Medco Health PAC) | | | |
| MS GWEN BRADY Mailing Address 219 E. COMO AVE | | | | | |
| City | State Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66022 | | | |
| COLUMBUS | OH 43202 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 12.50 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUSINESS PLANNING | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | | | | |
| Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM | S PATRICIA BRANUM | | | | |
| Mailing Address 210 FROG HOLLC | 07 18 2009 | | | | |
| City | State Zip Code | Transaction ID: INC.A.66239 | | | |
| 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 & PROCESS ENGINEERIN | G | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | 1125.00 | | | | |
| Full Name (Last, First, Middle Initial) MR JOHN BRENNAN | • | Date of Receipt | | | |
| Mailing Address 2 CARMEN LANE | | 07 / 18 / Y Y Y Y Y Y | | | |
| City <u>FLEMINGTON</u> | State Zip Code NJ 08822 | Transaction ID: INC.A.66337 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 AUDIT | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | | | | |
| SUBTOTAL of Receipts This Page (optional | al) | 137.50 | | | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 176 / 326 (check only one) X | |
|---|--|---|--|
| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to a lic. POLITICAL ACTION COMMITTEE (a.k.a) | o solicit contributions from such committee. | |
| Full Name (Last, First, Middle Initial) MS LINDA BRIDGE Mailing Address 136 BEECH ST City BELLEVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07109 C Occupation DIR CLIENT/MEMBER COMM Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Full Name (Last, First, Middle Initial) MR PAUL BRISSON Mailing Address 469 MANOR LANI City PELHAM MANOR FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10803 C Occupation DIR PRODUCT DEVELOPMENT Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Full Name (Last, First, Middle Initial) MR RICHARD BROOKLER Mailing Address 9 ROMARY COUF City GLEN ROCK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07452 C Occupation SR DIR FINANCE Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D M 2009 Transaction ID: INC.A.65968 Amount of Each Receipt this Period 25.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 75.00 | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | (Check only one) |
|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and address of any political commit | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR KENNETH BROWN Mailing Address 540 GIORDANO DRIV City YORKTOWN HEIGHTS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | E State Zip Code NY 10598 C Occupation VP ENTERPRISE BUS INTELLIC Aggregate Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) STEVEN BROWN Mailing Address 140 S GROVE PARK City MEMPHIS FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State Zip Code TN 38117 C Occupation DIR PRODUCT LINE II Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D D 2 2009 Transaction ID: INC.A.66415 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MS VIVIAN BULGER Mailing Address 120 EAST MAIN ST City WASHINGTONVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10992 C Occupation SR DIR FINANCE Aggregate Year-to-Date ▼ 300.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 95.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 178 / 326 (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 | on for the purpose of soliciting contributions o solicit contributions from such committee. | | | | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. M | | | | |
| Α. | Full Name (Last, First, Middle Initial) AMANDA BUNDY | | | Date of Receipt | | |
| | Mailing Address 5812 SEVEN POINTS | 07 18 2009 | | | | |
| | City HERMITAGE | State TN | Zip Code 37076 | Transaction ID: INC.A.66408 Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 50.00 | | |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation VP REIM | on MBURSEMENT | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | | | |
| В. | Full Name (Last, First, Middle Initial) BRIAN BURFORD | Date of Receipt | | | | |
| | Mailing Address 603 CHARLESWOOD | 07 18 2009 | | | | |
| | City Sta | | Zip Code 72364 | Transaction ID: INC.A.66407 Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | 7200 | 25.00 | | |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation DIR TRO | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | | | |
| С. | Full Name (Last, First, Middle Initial) MR KEVIN BURON | | | Date of Receipt | | |
| • | Mailing Address 25 TIMBERLAND | | | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City ALISO VIEJO | State CA | Zip Code 92656 | Transaction ID: INC.A.66119 Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | 92030 | 50.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENERA | on AL MGR GROUP | | | |
| | Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 | | |
| | TOTAL This Period (last page this line number | | <u> </u> | | | |

| | E A (FEC Form 3X RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 179 / 326 (check only one) X |
|----------------------------------|---|---|---|---|
| Any information or for commercia | copied from such Reports and purposes, other than using | d Statements may the name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \ | OMMITTEE (In Full) EALTH SOLUTIONS INC | . POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (L. MRS NANCY | ast, First, Middle Initial) BUTLER | Date of Receipt | | |
| - | ess 21 WINDSOR PL | 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.66200 |
| CRANFOR | D | NJ | 07016 | Amount of Each Receipt this Period |
| FEC ID numb federal politic | per of contributing al committee. | C | | 25.00 |
| Name of Emp MEDCO HE | oloyer ALTH SOLUTIONS | Occupation SR ATTO | | |
| Receipt For: Primary Other (| / General specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| Full Name (L MRS DOREE | ast, First, Middle Initial) N CALDER | | | Date of Receipt |
| | ess 441 S ELM STREET | 07 18 2009 | | |
| City | D | State | Zip Code | Transaction ID: INC.A.65924 |
| | per of contributing al committee. | NJ C | 07607 | Amount of Each Receipt this Period 40.00 |
| Name of Emp MEDCO HE | ployer ALTH SOLUTIONS | Occupation DIR BUS | n SINESS REQUIREMENTS | |
| Receipt For: Primary Other (| / General specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | |
| Full Name (L MR GABRIEL | ast, First, Middle Initial) | | | Date of Receipt |
| | Mailing Address 119 WASHINGTON AVENUE | | | 07 18 2009 |
| City CHATHAM | | State NJ | Zip Code 07928 | Transaction ID: INC.A.66197 |
| | per of contributing | C | 0/920 | Amount of Each Receipt this Period 192.31 |
| Name of Emp MEDCO HEA | oloyer ALTH SOLUTIONS | Occupation SVP & C | n ONTROLLER | |
| Receipt For: Primary Other (| / General specify) ▼ | Aggregate | e Year-to-Date ▼ 2884.65 | |
| SUBTOTAL of | Receipts This Page (optional |) | _ | 257.31 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 180 / 326 (check only one) X |
|-----------|---|----------------------------------|---|--|
| | Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI Mailing Address 24 SHERI DRIVE 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 |
| | ALLENDALE FEC ID number of contributing federal political committee. | C | 07401 | Amount of Each Receipt this Period 52.50 |
| | Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | - ' | n VP MARKET STRATEGY & I e Year-to-Date ▼ 787.50 | DEV |
| В. | Full Name (Last, First, Middle Initial) JOSEPH CASACCIA JR Mailing Address 9788 LIPSEY CV | Date of Receipt 0 7 1 8 2 0 0 9 | | |
| | City GERMANTOWN FEC ID number of contributing federal political committee. | State TN | Zip Code 38139 | Transaction ID: INC.A.66175 Amount of Each Receipt this Period 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | | n DFESSIONAL PRACTICES e Year-to-Date ▼ 375.00 | |
| _ C. | Full Name (Last, First, Middle Initial) MS MARY CASALE Mailing Address 822 CEDAR AVE | | | Date of Receipt |
| | City HADDENFIELD FEC ID number of contributing federal political committee. | State NJ | Zip Code 08033 | Transaction ID: INC.A.66124 Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | - ' | n ES STRATEGY & MARKETIN e Year-to-Date ▼ 375.00 | G |
| | SUBTOTAL of Receipts This Page (optional). | | ····· | 102.50 |
| | TOTAL This Period (last page this line number | r only) | > | |

| WEST COLUMBIA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS SF | First Property of the property | solicit contributions from such committee. |
|--|--|---|
| MS KAREN CATHCART RUSSELL Mailing Address 148 CLUBHOUSE DR City WEST COLUMBIA 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 BARRY CESANEK | ccupation R DIR CLINICAL SVCS ggregate Year-to-Date | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) MR BARRY CESANEK | 375.00 | |
| | 7. 0.4 | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SHAMONG FEC ID number of contributing federal political committee. Name of Employer NEDCO LEAD THE SOLUTIONS | State Zip Code NJ 08088 Coupation IR PHARM PRACTICE | Amount of Each Receipt this Period 12.50 |
| Receipt For: Primary General Other (specify) | ggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) HWEI-CHUNG CHOU Mailing Address 36 TANGLEWOOD HOLLO | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| UPPER SADDLE RIVER | State Zip Code NJ 07458 | Transaction ID: INC.A.66382 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Oct. | ccupation | 25.00 |
| MEDCO HEALTH SOLUTIONS DI | IR TECHNOLOGY ggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 182 / 326 (check only one) X |
|---|----------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and addre | ess of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JASON COLE Mailing Address 14917 E BELLA VIST City VERADALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State WA C Occupation VP/GM | Zip Code 99037 ✓ear-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS SUSAN COLUCCI Mailing Address 703 SUCCASUNNA F City LANDING FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation DIR HLTH | Zip Code 07850 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) WILLIAM CONSIDINE Mailing Address 130 WEST 67TH STF City NEW YORK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NY C Occupation SR DIR TE | Zip Code 10023 ECHNOLOGY /ear-to-Date ▼ 375.00 | Date of Receipt M M M / D D D 2009 Transaction ID: INC.A.66326 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Receipts This Page (optional) . | | | 75.00 |

| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may | | 13 14 15 16 1 |
|---|--------------------------------|-------------------------------------|---|
| / | | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ROBERT COOK Mailing Address 270 S FRANKLIN TU City RAMSEY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State NJ C Occupation DIR HLTI | H CARE OPS-TECHNOLOG | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 |] |
| Full Name (Last, First, Middle Initial) JEFFREY COOLE Mailing Address 155 ASTON HALL D | RIVE | | Date of Receipt 0 7 1 8 2 0 0 9 |
| City | State | Zip Code | Transaction ID: INC.A.66406 |
| EADS FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP | C | 38028 | Amount of Each Receipt this Period 50.00 |
| ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | _, - | AND REGULATORY REPO | <u> </u> |
| Full Name (Last, First, Middle Initial) ANTONIO CORREIA | | | Date of Receipt |
| Mailing Address 19 WILLIAMS LANE | | | 07 18 2009 |
| City CHAPPAQUA | State NY | Zip Code 10514 | Transaction ID: INC.A.66365 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10014 | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BUSI | n NESS DEV | 7 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | | 125.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 184 / 326 (check only one) X |
|--|--------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | ress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN Mailing Address 25 FAIRWAY TRAIL City SPARTA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07871 RMACY NETWORK MGM Year-to-Date 2884.65 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR HART COVEN Mailing Address 28 OAK LANE City MORRISTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07960 TECHNOLOGY Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR ROBERT CRAIG Mailing Address 7979 E SANTA CATA City SCOTTSDALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State AZ C Occupation EXEC DIF | Zip Code 85255 R PRODUCT Year-to-Date ▼ 900.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | |) | 302.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 185 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|-----------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | OLITIOAL 7 | TOTION CONNINT TEE (a.ra | , |
| MR PETER CSUTOROS Mailing Address 16 PLEASANT AVENU | JE | | Date of Receipt 0 7 1 8 2 0 0 9 |
| City | State | Zip Code | Transaction ID: INC.A.66318 |
| LINCOLN PARK FEC ID number of contributing federal political committee. | C | 07035 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR FINA | ANCE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR ANGELO CUOZZO | <u> </u> | | Date of Receipt |
| Mailing Address 19 IDA COURT | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City STATEN ISLAND | State NY | Zip Code 10312 | Transaction ID: INC.A.66132 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.2 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR TEC | n HNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) JANET DAGLEY | | | Date of Receipt |
| Mailing Address 721 BROWNLEE DRIV | VE | | 07 18 2009 |
| City NASHVILLE | State TN | Zip Code 37205 | Transaction ID: INC.A.66428 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupatio DIR MAF | | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 75.00 |

TOTAL This Period (last page this line number only)

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 186 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | |
|---------------------------------------|---|---------------------|---|---|--|--|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and add | lress of any political committee to | o solicit contributions from such committee. | | |
| | MEDCO HEALTH SOLUTIONS INC. P | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MR JOHN DALY | | | Date of Receipt | | |
| | Mailing Address 46 BLUEBELL CT | | | 07 18 2009 | | |
| | City PARAMUS | State NJ | Zip Code 07652 | Transaction ID: INC.A.66225 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 MEDCO HEALTH SOLUTIONS | Occupation SR DIR T | TECHNOLOGY | | | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 375.00 | | | |
| Б. | Full Name (Last, First, Middle Initial) MS ROSELIN DANIEL Mailing Address 17 DEVONSHIRE DRI | Date of Receipt | | | | |
| | City | | Zip Code | 07 18 2009 | | |
| | RANDOLPH | State NJ | 07869 | Transaction ID: INC.A.66193 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 T | TECHNOLOGY | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | | | |
| с. | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS | <u> </u> | | Date of Receipt | | |
| . | Mailing Address 4156 DUNMORE DRIV | | | | | |
| | City LAKE WALES | State FL | Zip Code 33859 | Transaction ID: INC.A.66170 | | |
| | FEC ID number of contributing federal political committee. | C | 33609 | Amount of Each Receipt this Period 25.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | | | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 750.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 75.00 | | |
| ŀ | TOTAL This Period (last page this line number | | <u> </u> | | | |

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 187 / 326 (check only one) X |
|-------------------------------|--|--------------|---|--|
| or for | nformation copied from such Reports and Star commercial purposes, other than using the I AME OF COMMITTEE (In Full) IEDCO HEALTH SOLUTIONS INC. Po | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. M: Ma Ci M FE fec Na M | ull Name (Last, First, Middle Initial) S MARY DASCHNER ailing Address 2926 EWING AVE S ity IINNEAPOLIS EC ID number of contributing deral political committee. ame of Employer EDCO HEALTH SOLUTIONS eccipt For: | | Zip Code 55416 n PRES RETIREE SOLUTION | Date of Receipt M M M / D D M 2009 Transaction ID: INC.A.66062 Amount of Each Receipt this Period 192.30 |
| B. MI | Primary General Other (specify) ▼ Ill Name (Last, First, Middle Initial) R ANDREW DAVIS ailing Address 5616 BROOK DRIVE | 0 0 | 2884.50 | Date of Receipt |
| Ci ⁻ <u>E</u> l | | State MN | Zip Code 55439 | Transaction ID: INC.A.66075 Amount of Each Receipt this Period 50.00 |
| | ame of Employer EDCO HEALTH SOLUTIONS eceipt For: Primary General Other (specify) | | n ICARE CLIENT & SALES SU e Year-to-Date ▼ 750.00 | JP |
| Ma Ma Cir | JII Name (Last, First, Middle Initial) R BARRY DAVIS ailing Address 11 WEISS DR ity OWACO | State NJ | Zip Code 07082 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FE fed | EC ID number of contributing deral political committee. ame of Employer EDCO HEALTH SOLUTIONS | C | n EENERAL MGR | 50.00 |
| Re | eceipt For: Primary General Other (specify) | | e Year-to-Date ▼ 470.00 | |
| SUB | TOTAL of Receipts This Page (optional) | | | 292.30 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 188 / 326 (check only one) X |
|---|---------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) WARREN DAVIS Mailing Address 3131 SADDLEGAIT (City GERMANTOWN FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State TN C Occupation DIR BUS | | Date of Receipt M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR DANIEL DAVISON Mailing Address 908 STERLING DRIV City FRANKLIN LAKES FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation SVP FIN | Zip Code 07417 n ANCIAL PLANNING Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y O 7 1 8 2 0 0 9 Transaction ID: INC.A.66211 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) MS KATHLEEN DEFABIIS Mailing Address 104 HUDSON AVE City WALDWICK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07463 n ENT SVC DELIVERY e Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | | | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 189 / 326 (check only one) X |
|--|---|--|---|
| Any information copied from such Reports at or for commercial purposes, other than using | nd 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 o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | C. POLITICAL <i>F</i> | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS | | | Date of Receipt |
| Mailing Address W62 N1032 FAIRH | HAVEN CT | | 07 18 2009 |
| City CEDARBURG | State WI | Zip Code 53012 | Transaction ID: INC.A.66147 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 | ACCT MGMT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO | | | Date of Receipt |
| Mailing Address 80 HILLSIDE AVEN | NUE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City GLEN RIDGE | State NJ | Zip Code 07028 | Transaction ID: INC.A.66117 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07020 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CO | | |
| Receipt For: Primary General Other (specify) ▼ | - | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS TONI DEMANSS | | | Date of Receipt |
| Mailing Address 32 RED BARN LAN | NE | | M M / D D / 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.66336 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07-100 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional | | | 75.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 190 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any perso g the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS ANN-MARGARET DEMARCO Mailing Address 1 RUGBY ROAD City CEDAR GROVE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State Zip Code NJ 07009 C Occupation DIR FINANCE | Date of Receipt M M |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) | Aggregate Year-to-Date ▼ 375.00 | |
| MS MAUREEN DEMPSEY Mailing Address 17 RICHWOOD PL City DENVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07834 C Occupation DIR MEDICARE COMPLIANCE Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D M 2 0 0 9 Transaction ID: INC.A.66350 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR JAMES DENBY Mailing Address 78 SHERWOOD S City CLIFTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07013 C Occupation SR DIR FINANCE Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D M 2009 Transaction ID: INC.A.66076 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Receipts This Page (options | al) | 75.00 |

| | ULE A (FEC Form 3X) ED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 191 / 326 (check only one) X |
|------------------|--|---------------------|---|---|
| or for comm | ation copied from such Reports and Stercial purposes, other than using the DF COMMITTEE (In Full) O HEALTH SOLUTIONS INC. F | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. a. Medco Health PAC) |
| | ne (Last, First, Middle Initial) N DERRICO Address 195 HACKENSACK A' | VENUE | | Date of Receipt 0 7 1 8 2 0 0 9 |
| City | | State | Zip Code | Transaction ID: INC.A.66306 |
| <u>HARRI</u> | NGTON PARK | NJ | 07640 | Amount of Each Receipt this Period |
| | number of contributing olitical committee. | C | | 25.00 |
| | Employer HEALTH SOLUTIONS | Occupation SR DIR I | n MARKETING | |
| | For: imary ☐ General her (specify) ♥ | Aggregate | e Year-to-Date ▼ 375.00 | |
| MS LAUI | ne (Last, First, Middle Initial) RA DEVEAU Address 2289 BEDFORD ST A | PT D2 | | Date of Receipt |
| | TOTAL STATE OF THE | 07 18 2009 | | |
| City | -000 | State | Zip Code | Transaction ID: INC.A.66138 |
| | number of contributing olitical committee. | CT | 06905 | Amount of Each Receipt this Period 25.00 |
| Name of ACCRE | Employer DO HEALTH GROUP | Occupation AVP MA | n RKETING | |
| | For: imary ☐ General her (specify) ♥ | Aggregate | e Year-to-Date ▼ 375.00 | |
| MS KAR | Full Name (Last, First, Middle Initial) MS KAREN DEZEARN Mailing Address 3625 PATTERSTONE DR | | | Date of Receipt 0 7 1 8 2 0 0 9 |
| City | | State | Zip Code | Transaction ID: INC.A.65957 |
| <u>ALPHA</u> | RETTA | GA | 30022 | Amount of Each Receipt this Period |
| | number of contributing political committee. | C | | 25.00 |
| | Employer HEALTH SOLUTIONS | | L ACCT EXEC | |
| | For: imary ☐ General her (specify) ♥ | Aggregate | e Year-to-Date ▼ 375.00 | |
| SUBTOTA | .L of Receipts This Page (optional) | • | | 75.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 192 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|---------------------|---|--|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) ANDREW DOEDYNS | Date of Receipt | | |
| | Mailing Address 117 CREST DRIVE | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66395 |
| | BEAVER FEC ID number of contributing | PA C | 15009 | Amount of Each Receipt this Period 25.00 |
| | federal political committee. | | | |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation DIR REC | on GIONAL OPS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR ROBERT DOLAN | Date of Receipt | | |
| | Mailing Address 9 CRANE AVENUE | 07 18 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.66194 |
| | WEST CALDWELL | NJ | 07006 | 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 TEC | on CHNOLOGY | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 375.00 | |
| - С. | Full Name (Last, First, Middle Initial) MS JUDITH DONNELLY | Date of Receipt | | |
| | Mailing Address 3 IRONWORKS ROA | D | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66278 |
| | MONROE | NY | 10950 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 75.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 193 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|---|---------------------------------|---|---|
| , A | Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) MS MERIDITH DORNER Mailing Address 8010 ORCHARD VIEW City FOGELSVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State PA C Occupation NATL AG | Zip Code 18051 on CCT EXEC 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 |
| В. | Full Name (Last, First, Middle Initial) MICHEL DUFRESNE Mailing Address 58 INDEPENDENCE V City MORRIS TWP 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 ENTE | Zip Code 07960 on ERPRISE BUS INTELLIGEN e Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| _ С. | Full Name (Last, First, Middle Initial) MR DANA DUNCAN Mailing Address 125 COMSTOCK TRAI City EAST HAMPTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State CT C Occupation SR DIR | Zip Code 06424 on TECHNOLOGY e Year-to-Date ▼ | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | | · | 242.30 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 194 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|---|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | | |
| Full Name (Last, First, Middle Initial) MR PETER DUNLEAVY Mailing Address 2 DECKER TERRACE | | Date of Receipt |
| City KINNELON | State Zip Code NJ 07405 | Transaction ID: INC.A.66004 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | Occupation SR DIR FINANCE Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) MR STEPHEN DUNLEAVY | 375.00 | Date of Receipt |
| Mailing Address 14026 KNOX STREET City OVERLAND PARK | State Zip Code KS 66221 | Transaction ID: INC.A.66034 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 50.00 |
| Receipt For: Primary General Other (specify) ▼ | VP SALES SEGMENT LEADER Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR MARK DUNN | | Date of Receipt |
| Mailing Address 2 OLD MILL ROAD | | 07 18 2009 |
| City SANDY HOOK | State Zip Code CT 06482 | Transaction ID: INC.A.66008 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 TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 100.00 |

TOTAL This Period (last page this line number only)

| GLEN ROCK 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) DR SUMIT DUTTA Mailing Address 534 HUDSON STREET #3C City NEW YORK FEC ID number of contributing federal political committee. | e and address of any political committee to s FICAL ACTION COMMITTEE (a.k.a. State Zip Code NJ 07452 | solicit contributions from such committee. | | |
|---|---|---|--|--|
| Full Name (Last, First, Middle Initial) MR PETER DURAN Mailing Address 875 HARRISTOWN RD City GLEN ROCK 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) DR SUMIT DUTTA Mailing Address 534 HUDSON STREET #3C City NEW YORK FEC ID number of contributing federal political committee. | State Zip Code NJ 07452 | Date of Receipt 0 7 1 8 2 0 0 9 Transaction ID: INC.A.65990 | | |
| MR PETER DURAN Mailing Address 875 HARRISTOWN RD City GLEN ROCK 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) DR SUMIT DUTTA Mailing Address 534 HUDSON STREET #3C City NEW YORK FEC ID number of contributing federal political committee. | NJ 07452 | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.65990 | | |
| City GLEN ROCK 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) DR SUMIT DUTTA Mailing Address 534 HUDSON STREET #3C City NEW YORK FEC ID number of contributing federal political committee. | NJ 07452 | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.65990 | | |
| GLEN ROCK 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) DR SUMIT DUTTA Mailing Address 534 HUDSON STREET #3C City NEW YORK FEC ID number of contributing federal political committee. | NJ 07452 | | | |
| 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) DR SUMIT DUTTA Mailing Address 534 HUDSON STREET #3C City NEW YORK FEC ID number of contributing federal political committee. | | I AMOUNT OF EACH RECEINT THIS PERIOD | | |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) DR SUMIT DUTTA Mailing Address 534 HUDSON STREET #3C City NEW YORK FEC ID number of contributing federal political committee. | | 25.00 | | |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) DR SUMIT DUTTA Mailing Address 534 HUDSON STREET #3C City NEW YORK FEC ID number of contributing federal political committee. | ccupation IR PRIVACY | | | |
| DR SUMIT DUTTA Mailing Address 534 HUDSON STREET #3C City NEW YORK FEC ID number of contributing federal political committee. | ggregate Year-to-Date ▼ 375.00 | | | |
| #3C City NEW YORK FEC ID number of contributing federal political committee. | | Date of Receipt | | |
| NEW YORK FEC ID number of contributing federal political committee. | • | | | |
| FEC ID number of contributing federal political committee. | State Zip Code NY 10014 | Transaction ID: INC.A.66127 | | |
| Name of Employer | NY 10014 | Amount of Each Receipt this Period 77.00 | | |
| MEDICO REALTH SOLUTIONS S | ccupation VP & GENERAL MGR | 1 | | |
| Receipt For: Primary General Other (specify) | ggregate Year-to-Date ▼ 1155.00 | | | |
| Full Name (Last, First, Middle Initial) REBECCA DYER | | Date of Receipt | | |
| Mailing Address 1400 POPLAR ESTATES F | PKY | 07 18 2009 | | |
| City GERMANTOWN | State Zip Code TN 38138 | Transaction ID: INC.A.66414 Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | | 25.00 | | |
| ACCDEDO DEALTO CROLLO | ccupation IR RN PERF MGMT & IMPROVEME | T NT | | |
| Receipt For: Primary General Other (specify) | ggregate Year-to-Date ▼ 375.00 | | | |
| SUBTOTAL of Receipts This Page (optional) | | 127.00 | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 196 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|--|---------------------|---|---|
| 7 | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL | ACTION COMMITTEE (a.k.a | i. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR MICHAEL EDWARDS Mailing Address 109 KAREN PLACE | | | Date of Receipt |
| | Walling Address 109 KAREN PLACE | | | 07 18 2009 |
| | City WYCKOFF | State NJ | Zip Code | Transaction ID: INC.A.65996 |
| | FEC ID number of contributing federal political committee. | C | 07481 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | on | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| В. | Full Name (Last, First, Middle Initial) DR EDWARD EISENBERG, MD Mailing Address 128 SUMMIT AVENU | = | | Date of Receipt |
| | IVIAIIIII AUGI 655 126 SUIVIIVII I AVEINU | | 07 18 2009 | |
| | City | State | Zip Code | Transaction ID: INC.A.66339 |
| | UPPER MONTCLAIR FEC ID number of contributing federal political committee. | NJ C | 07043 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio MEDICA | n RE CHIEF MEDICAL OFFIC | EER |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| с. С. | Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON | | | Date of Receipt |
| | Mailing Address 106 GRAHAM TERRA | 07 18 2009 | | |
| | City SADDLE BROOK | State NJ | Zip Code | Transaction ID: INC.A.66183 |
| | FEC ID number of contributing federal political committee. | C | 07663 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNI | on CAL SPECIALIST | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 125.00 |
| r | TOTAL This Period (last page this line number | · onlv) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 197 / 326 (check only one) X | |
|--|-------------------------------|---|---|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | | | | |
| MEDCO HEALTH SOLUTIONS INC. P | OLITICAL | ACTION COMMITTEE (a.k.a | . Medco Health PAC) | |
| Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN | | | Date of Receipt | |
| Mailing Address 359 LONG HILL ROAD | EAST | | 07 18 2009 | |
| City | State | Zip Code | Transaction ID: INC.A.66341 | |
| BRIARCLIFF MANOR | NY | 10510 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | | 50.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP COR | n P COMMUNICATIONS | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | | |
| Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN | | | Date of Receipt | |
| Mailing Address 75 TWEED BLVD | Mailing Address 75 TWEED BLVD | | | |
| City | State | Zip Code | Transaction ID: INC.A.65916 | |
| UPPER GRANDVIEW FEC ID number of contributing | C | 10960 | Amount of Each Receipt this Period | |
| federal political committee. | 0 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio CMO SV | ⁿ P MEDICAL&ANLYTC AFFF | RS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2884.65 | | |
| Full Name (Last, First, Middle Initial) MR SCOTT ERHARDT | | | Date of Receipt | |
| Mailing Address 11540 39TH AVE N | | | 07 18 2009 | |
| City | State | Zip Code | Transaction ID: INC.A.66081 | |
| PLYMOUTH | MN | 55441 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | С | | 50.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio EXEC DI | n R ACCT MGMT | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 575.00 | | |
| SUBTOTAL of Receipts This Page (optional) | | | 292.31 | |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 198 / 326 (check only one) X |
|--|-------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS Mailing Address 100 WINSTON DRIVITY 17 C NORTH City CLIFFSIDE PARK FEC ID number of contributing federal political committee. | E State NJ | Zip Code 07010 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SR DIR | n FECHNOLOGY • Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) MR STEVEN FANDETTI Mailing Address 15804 SORAWATER City | DR. | Zip Code | Date of Receipt 0 7 18 2009 Transaction ID: INC.A.66016 |
| LITHIA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | C Occupation | 33547 | Amount of Each Receipt this Period 35.00 |
| Receipt For: Primary General Other (specify) | _ ' | Year-to-Date ▼ 505.00 | |
| Full Name (Last, First, Middle Initial) RICHARD FARIS Mailing Address 2020 HEATHER COV | /E | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City MEMPHIS FEC ID number of contributing federal political committee. | State TN | Zip Code 38119 | Transaction ID: INC.A.66424 Amount of Each Receipt this Period 50.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | | n LTH OUTCOME SOLUTIONS Year-to-Date ▼ 750.00 | 5 |
| SUBTOTAL of Receipts This Page (optional) . | | ····· | 110.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 199 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|--------------------------------|---|---|
| | Any information copied from such Reports and or for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL . | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) SUSAN FAUST Mailing Address 6614 HFRONSWOOI | D 001/E | | Date of Receipt |
| | Mailing Address 6614 HERONSWOOI | DCOVE | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66402 |
| | 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 | Occupation VP CLIE | n NT SLS AND MGD CARE | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 750.00 | |
| - В. | Full Name (Last, First, Middle Initial) DR RICHARD FEIFER | | | Date of Receipt |
| | Mailing Address 32 EILEEN DR | | | 07 18 7 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66066 |
| | MAHWAH | NJ | 07430 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | E ENHANCING SOLUTIONS | 3 |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 |] |
| - С. | Full Name (Last, First, Middle Initial) MR THOMAS FEITEL | | | Date of Receipt |
| | Mailing Address 58 APPLE HILL DR | 07 18 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.66120 |
| | GILLETTE | NJ | 07933 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.23 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | - ' | RP MKTG & E-COMM | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2883.45 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 292.23 |
| | TOTAL This Period (last page this line numbe | | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 200 / 326 (check only one) X |
|-----------------|--|--------------------|---|---|
| \ | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | o solicit contributions from such committee. |
| ∠ 4 . | Full Name (Last, First, Middle Initial) MR STUART FELDMAN Mailing Address 109 MEADOWBROOK | ROAD | | Date of Receipt 0 7 1 8 2 0 0 9 |
| | City RANDOLPH | State NJ | Zip Code 07869 | Transaction ID: INC.A.65913 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | R TECHNOLOGY P Year-to-Date 375.00 | |
| - 3. | Full Name (Last, First, Middle Initial) MS DAWN FELDNER Mailing Address 275 BIRCH STREET | | | Date of Receipt 0 7 1 8 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.66254 |
| | EMERSON FEC ID number of contributing federal political committee. | NJ C | 07630 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUS | n SINESS REQUIREMENTS | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| | Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 464 SPRING AVE. | | | Date of Receipt 0 7 1 8 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.66212 |
| | RIDGEWOOD FEC ID number of contributing federal political committee. | NJ C | 07450 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | | | 75.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 201 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | tatements may not be sold or used by any perso name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) RONALD FIELMANN Mailing Address 2061 ARLEEN CT City SCHAUMBURG FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State Zip Code IL 60194 C Occupation AVP SALES Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D A 2009 Transaction ID: INC.A.66403 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR DON FISCHER Mailing Address 10 TRACY CIRCLE City CAMPBELL HALL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10916 C Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR EDWARD FISCHER Mailing Address 465 OLD STONE RD City RIDGEWOOD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07450 C Occupation VP CLINICAL PROD INTEGRATION Aggregate Year-to-Date 750.00 | Date of Receipt M M M / D D M 2009 Transaction ID: INC.A.66057 Amount of Each Receipt this Period 50.00 |
| SUBTOTAL of Receipts This Page (optional) | | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 202 / 326 (check only one) X |
|--|-------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MEGHAN FITZGERALD Mailing Address 6 MORGAN AVE City NORWALK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | - ' | Zip Code 06851 on SINESS DEVELOPMENT e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS Mailing Address 1933 MT. OLIVE AGOSTA ROAD City NEW BLOOMINGTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | - ' | Zip Code 43341 on HLTH CARE OPS 2 Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) CHAD FOREMAN Mailing Address 9544 DOGWOOD ES City GERMANTOWN FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State TN C Occupatio DIR FINA | | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | | | 242.31 |

| | OULE A (FEC Form 3X) ED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 203 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------------|---|----------------------------|---|---|
| or for comr | ation copied from such Reports and St mercial purposes, other than using the OF COMMITTEE (In Full) | atements ma name and ad | 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. |
| \ \ | O HEALTH SOLUTIONS INC. P | OLITICAL | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| A. HOLLE | ne (Last, First, Middle Initial) Y FORTH Address 115 BAYSIDE COURT | | | Date of Receipt |
| | Address 115 BAYSIDE COURT | | | 07 18 2009 |
| City RICHN | MOND | State CA | Zip Code 94804 | Transaction ID: INC.A.66422 Amount of Each Receipt this Period |
| FEC ID | number of contributing political committee. | C | 34004 | 25.00 |
| Name o ACCRE | f Employer EDO HEALTH GROUP | Occupatio GENERA | n AL MGR - MULTI BRANCH | |
| | For: rimary General ther (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | me (Last, First, Middle Initial) FRANCO | | | Date of Receipt |
| Mailing | Mailing Address 648 RIVERSIDE DR #222 | | | 07 18 2009 |
| City MEMP | nu no | State TN | Zip Code | Transaction ID: INC.A.66226 |
| FEC ID | number of contributing political committee. | C | 38103 | Amount of Each Receipt this Period 50.00 |
| Name o ACCRE | f Employer EDO HEALTH GROUP | Occupatio VP FINA | | |
| | For: rimary General ther (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | me (Last, First, Middle Initial) SEPH FRENDO | | | Date of Receipt |
| Mailing | Address 9 GREEN HILL TRAIL | | | 07 18 2009 |
| City | HY CLUB | State TX | Zip Code 76262 | Transaction ID: INC.A.66174 Amount of Each Receipt this Period |
| FEC ID | number of contributing political committee. | C | | 50.00 |
| Name o MEDCO | f Employer O HEALTH SOLUTIONS | Occupatio VP NATI | n ONAL SERVICE CENTER | |
| | For: rimary General ther (specify) ▼ | Aggregate | e Year-to-Date ▼ 1500.00 | |
| SUBTOTA | AL of Receipts This Page (optional) | | _ | 125.00 |
| | his Period (last page this line number of | | | |

| Any information copied from such Reports a | | ailed Summary Page | X 11a 11b 11c 12 13 14 15 16 11 |
|---|---------------------------|----------------------------|---|
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | the name and address of | any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ANDREW FRIEDELL | 5. FOLITIOAL ACTION | N GOIVIIVII I I LL (a.K.a | Date of Receipt |
| Mailing Address 1434 NARRAGANS | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City CRANSTON | | o Code 2905 | Transaction ID: INC.A.66028 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 GOV AFFA | AIRS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | o-Date ▼ 450.00 | |
| Full Name (Last, First, Middle Initial) FELIX FRUEH | AE DDWE | | Date of Receipt |
| Mailing Address 14401 FALLING LE | 07 18 7 2009 | | |
| City | • | o Code | Transaction ID: INC.A.66380 |
| DARNESTOWN FEC ID number of contributing federal political committee. | MD 20 | 0878 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP RESEARCH | H & DEVELOPMENT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | o-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) ROBERT FURTH | | | Date of Receipt |
| Mailing Address 1450 PORTLAND | AVENUE | | 07 18 2009 |
| City ST PAUL | | o Code 5104 | Transaction ID: INC.A.66411 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupation GENERAL MGI | R | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | o-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional | ١)الا | | 105.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Κ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 205 / 326 (check only one) |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd 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 o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI | | | Date of Receipt |
| Mailing Address 24 MOREHOUSE I | PL | | 07 18 2009 |
| City | State | Zip Code | Transaction ID: INC.A.65912 |
| NEW PROVIDENCE FEC ID number of contributing federal political committee. | NJ C | 07974 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP & CO | | 7 |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 750.00 | |
| 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 CHICAGO | State IL | Zip Code 60654 | Transaction ID: INC.A.66294 |
| FEC ID number of contributing federal political committee. | C | 00054 | Amount of Each Receipt this Period 192.31 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & G | n ENERAL MGR | |
| Receipt For: Primary General Other (specify) ▼ | - | Year-to-Date ▼ 2884.65 | |
| Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER | | | Date of Receipt |
| Mailing Address 842 ASHLER CT | | | 07 18 2009 |
| City COLUMBUS | State OH | Zip Code 43235 | Transaction ID: INC.A.66255 |
| FEC ID number of contributing federal political committee. | C | 40200 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL AC | CCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional | | | 267.31 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | , | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 206 / 326 (check only one) |
|--|--------------------|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | lress of any political committee to | o solicit contributions from such committee. |
| / | POLITICAL F | CHON COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO | | | Date of Receipt |
| Mailing Address 69 LAKEVIEW DR | | | 07 18 2009 |
| City | State | Zip Code | Transaction ID: INC.A.66154 |
| OLD TAPPAN FEC ID number of contributing federal political committee. | C | 07675 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLIE | NT RELATIONS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MICHAEL GALVIN Mailing Address 25 BALLYMEADE RO | OAD | | Date of Receipt |
| City | State | Zip Code | 07 18 2009 Transaction ID: INC.A.66322 |
| 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 | EF INFRASTRUCTURE OF | FR |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2884.65 | |
| Full Name (Last, First, Middle Initial) MR OMHARAISRIRAM GANGAIKONDAN-IYE | R | | Date of Receipt |
| Mailing Address 9 CAIRNES ROAD | | | 07 18 2009 |
| City | State NJ | Zip Code | Transaction ID: INC.A.66329 |
| MORRIS PLAINS FEC ID number of contributing federal political committee. | C | 07950 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNIC | CAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 267.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 207 / 326 (check only one) X |
|--|-----------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | he name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR PETER GAYLORD Mailing Address 1201 BRIDGE STRE | ET | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City ASBURY PARK FEC ID number of contributing federal political committee. | State NJ | Zip Code 07712 | Transaction ID: INC.A.65911 Amount of Each Receipt this Period 60.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary Other (specify) ▼ | Occupation SVP TRE | n EASURY & FINANCIAL EVA Year-to-Date ▼ 870.00 | LS |
| Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA Mailing Address 20 BROOKSHIRE DI | R | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City ROBBINSVILLE FEC ID number of contributing federal political committee. | State NJ | Zip Code 08691 | Transaction ID: INC.A.66036 Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | _ , | n AL MGR GROUP Year-to-Date ▼ |] |
| Full Name (Last, First, Middle Initial) MATTHEW GIBBS Mailing Address 27 N. WACKER DR. SUITE 246 | | | Date of Receipt 0 7 1 8 2 0 0 9 |
| City CHICAGO FEC ID number of contributing federal political committee. | State IL | Zip Code 60606 | Transaction ID: INC.A.66372 Amount of Each Receipt this Period 75.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | | n LINICAL OFFICER Year-to-Date ▼ | 1 |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | | 0 0 0 0 0 0 0 | 185.00 |

| | FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 208 / 326 (check only one) X |
|--------|--|--------------------|---|---|
| , C | ny information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS | | | Date of Receipt |
| | Mailing Address 544 DENMOOR COU | RI | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65973 |
| | GALLOWAY | OH | 43119 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n IRM PRACTICE | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 | |
| _ | Full Name (Last, First, Middle Initial) MR THOMAS GILSON | | | Date of Receipt |
| | Mailing Address 2 PELL FARM ROAD | | | 07 18 YYYY 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66287 |
| | SADDLE RIVER | NJ | 07458 | 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 & G | n ENERAL MGR | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 2884.65 |] |
| _ | Full Name (Last, First, Middle Initial) MR SCOTT GILYARD | | | Date of Receipt |
| | Mailing Address 305 BERGAMOT DRI | VE | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65917 |
| | MEDINA | MN | 55340 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation PRES UP | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 2884.50 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 397.11 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 209 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | tatements may not be sold or used by any person name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JONAH GITLITZ Mailing Address 43 OVERLOOK RIDGI City OAKLAND FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07436 C Occupation SR NATL ACCT EXEC Aggregate Year-to-Date 750.00 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MS AUDREY GOODMAN Mailing Address 26 HILLSIDE AVE. City GLEN ROCK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07452 C Occupation VP ORG DEV Aggregate Year-to-Date 225.00 | Date of Receipt M M J J B J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR JAMES GORMAN Mailing Address 11 WASHBURN RD City CANTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code CT 06022 C Occupation SR DIR CLIENT & MKT PROG STRA Aggregate Year-to-Date 375.00 | Date of Receipt M M J J D D J Z D O D J Z D O D D J D J D D D D D D D D D D D D D |
| SUBTOTAL of Receipts This Page (optional) | > | 90.00 |

| Any information copied from such Reports and Statements may not be sold or used by any per or for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k) Full Name (Last, First, Middle Initial) Mailing Address 1928 BEVERLY LANE City State Zip Code BUFFALO GROVE IL 60089 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Typ Financy Toda Txx 78015 FEC ID number of contributing federal political committee. City State Zip Code TX 78015 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ State Zip Code TX 78015 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00 Full Name (Last, First, Middle Initial) MR EDWARD GRIX Mailing Address 525 ORANGEBURG RD | |
|--|--|
| MR JAMES GRANT, JR Mailing Address 1928 BEVERLY LANE City State Zip Code BUFFALO GROVE IL 60089 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS VP FINANCIAL INSIGHTS Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) LAURIE GREENBERG Mailing Address 27760 WOODLAND GREEN City State Zip Code BOERNE TX 78015 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Occupation SR DIR CLINICAL THERAPEUTICS Receipt For: Aggregate Year-to-Date ▼ CITY STATE | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) LAURIE GREENBERG Mailing Address 27760 WOODLAND GREEN City State Zip Code BOERNE TX 78015 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 EDWARD GRIX Mailing Address 525 ORANGEBURG RD City State Zip Code NY 10965 | Date of Receipt M M |
| Primary General Other (specify) Full Name (Last, First, Middle Initial) MR EDWARD GRIX Mailing Address 525 ORANGEBURG RD City State Zip Code PEARL RIVER NY 10965 | Date of Receipt M M M |
| federal political committee. | Date of Receipt M M M |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | <u>'S</u> |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate sched for each category of Detailed Summary F | the Check only one) |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and address of any political co | rany person for the purpose of soliciting contributions mmittee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS GINA GRUHN Mailing Address 13 WEATHER VANE City CONVENT STATION FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07960 C Occupation REGIONAL VP SALES-SYS Aggregate Year-to-Date | Date of Receipt M M M J D D J Z O 0 9 Transaction ID: INC.A.66112 Amount of Each Receipt this Period 40.00 TEMED 0.00 |
| Full Name (Last, First, Middle Initial) MS TRACY GRUNSFELD Mailing Address 264 HARVEST AVE City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10310 C Occupation VP CONSUMER DRIVEN M Aggregate Year-to-Date 75 | Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MRS CAROLYN GUGLIELMO Mailing Address 42 VETERANS PAR City PEARL RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10965 C Occupation NATL ACCT EXEC Aggregate Year-to-Date | Date of Receipt M M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | • | 115.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 212 / 326 (check only one) X |
|------------|--|-------------------------------|---|--|
| A | ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) MR RICHARD GUIOR Mailing Address 50 BELLEVUE AVE City SUMMIT FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State NJ C Occupation GROUP | COO | Date of Receipt 0 7 18 2009 Transaction ID: INC.A.65934 Amount of Each Receipt this Period 90.00 |
| _ 3. | Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS KAVITHA GULLAPALLI | Aggregate | e Year-to-Date ▼ 1350.00 | Date of Receipt |
| | Mailing Address 67 ATHERTON CT City WAYNE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | _ | Zip Code 07470 n SHNOLOGY e Year-to-Date ▼ | Transaction ID: INC.A.66048 Amount of Each Receipt this Period 25.00 |
| | Full Name (Last, First, Middle Initial) MS VALERIE HAERTEL Mailing Address 7 PARSLOE COURT City MAHWAH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | _ | Zip Code 07430 n STOR RELATIONS e Year-to-Date ▼ | Date of Receipt M M M / D D D 2 2 0 0 9 Transaction ID: INC.A.66362 Amount of Each Receipt this Period 50.00 |
| | SUBTOTAL of Receipts This Page (optional) | | | 165.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 213 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------------|--|---------------------|---|--|
| 7 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| ∠ . . | Full Name (Last, First, Middle Initial) MR MARK HALLORAN | | (4.11) | Date of Receipt |
| | Mailing Address 19 KINGS RIDGE ROA City | AD State | Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66184 |
| | 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 CHIEF II | on NFO OFFICER | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2884.65 | |
| - 3. | Full Name (Last, First, Middle Initial) MR GREGORY HANSEN Mailing Address 1659 ISABELLA PARK | 1 | | Date of Receipt |
| | Mailing Address 1609 ISABELLA FARN | 07 18 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.66293 |
| | <u>CHASKA</u> | 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 | on T SVCS & ADMIN | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 750.00 |] |
| | Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW Mailing Address 8 PROSPECT PLACE | | | Date of Receipt |
| | City | State | Zip Code | 07 18 2009 |
| | POMPTON PLAINS | NJ | 21p Code 07444 | Transaction ID: INC.A.65967 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 | n FINANCE | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 267.31 |
| Γ | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 214 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|-----------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) SHARON HARRIS | | | Date of Receipt |
| | Mailing Address 186 N. WHITE STATIO | | 7:- 0-4- | 07 18 2009 |
| | City MEMPHIS | State TN | Zip Code 38117 | Transaction ID: INC.A.66404 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation DIR HR | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR MARK HARTMANN Mailing Address 8980 KNOBLE COUR | T | | Date of Receipt |
| | | 07 18 2009 | | |
| | City EDEN PRAIRIE | State MN | Zip Code 55347 | Transaction ID: INC.A.66083 |
| | FEC ID number of contributing federal political committee. | C | 33347 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR ACC | on CT MGMT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| – C. | Full Name (Last, First, Middle Initial) MR PETER HARTY | | | Date of Receipt |
| | Mailing Address 19520 YELLOW WING | GCOURT | | 07 18 YYYYY 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65914 |
| | COLORADO SPRINGS FEC ID number of contributing federal political committee. | CO | 80908 | Amount of Each Receipt this Period 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP GOV | n ERNMENT AFFAIRS | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 2884.65 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 242.31 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 215 / 326 (check only one) X 11a |
|---------|--|----------------------|---|---|
| (| Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| . ∠ | Full Name (Last, First, Middle Initial) DAN HAYES | OLITICAL / | ACTION COMMITTEE (a.n.a | Date of Receipt |
| ١. | Mailing Address 4679 AYRON TERRAC | E | | 0 7 1 8 2 0 0 9 |
| | City PALM HARBOR | State FL | Zip Code | Transaction ID: INC.A.66398 |
| | FEC ID number of contributing federal political committee. | C | 34685 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupatio VP OPS | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| - 3. | Full Name (Last, First, Middle Initial) MR WILLIAM HEAD | | | Date of Receipt |
| | Mailing Address 501 SLATERS LANE #816 | | | 07 18 2009 |
| | City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID: INC.A.66352 |
| | FEC ID number of contributing federal political committee. | C | 22314 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP GOV | n ERNMENT AFFAIRS | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 450.00 | |
| | Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD | | | Date of Receipt |
| | Mailing Address 13210 N. 11TH AVE. | | | 07 18 2009 |
| | City | State AZ | Zip Code | Transaction ID: INC.A.66001 |
| | PHOENIX FEC ID number of contributing federal political committee. | C | 85029 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP SALE | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 |
| T | TOTAL This Period (last page this line number of | only) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 216 / 326 (check only one) X |
|---------|--|------------------------------|---|---|
| , | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements mage name and add | 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. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۷. | Full Name (Last, First, Middle Initial) MR THOMAS HEKKER | .=== | | Date of Receipt |
| | Mailing Address 28 WEST THRID STF | REET #1332 | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66327 |
| | SOUTH ORANGE | NJ | 07079 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR | n TECHNOLOGY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 370.00 | |
| - 3. | Full Name (Last, First, Middle Initial) MR SCOTT HELMUS | | | Date of Receipt |
| | Mailing Address 23 VALLEY RD | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65979 |
| | SUCCASUNNA | NJ | 07876 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | NT SOLUTIONS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - |
| | Other (specify) ▼ | | 1125.00 | |
| - :. | Full Name (Last, First, Middle Initial) MR GLENN HERDLING | <u>'</u> | | Date of Receipt |
| | Mailing Address 646 JAMES LN | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66097 |
| | RIVER VALE | NJ | 07675 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | , ' | EATIVE DEVELOPMENT | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | | 375.00 | |
| Γ | | 1 | | 130.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 217 / 326 (check only one) X |
|---|---------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR ERIC HESS Mailing Address 10 CARLTON RD City FLANDERS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07836 n INEERING & OPS e Year-to-Date ▼ | Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS JANE HILDEBRANDT Mailing Address 35 CASCADE WAY City BUTLER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07405 | Date of Receipt M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR DANIEL HLUDZINSKI Mailing Address 385 WASHINGTON S City TAPPAN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NY C Occupation TECHNIG | Zip Code 10983 n CAL SPECIALIST e Year-to-Date ▼ 375.00 | Date of Receipt M M M J D D J D Z D O D D Z D D D D D D D D D D D D D |
| SUBTOTAL of Receipts This Page (optional) . | | | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 218 / 326 (check only one) X |
|---|----------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON | | | Date of Receipt |
| Mailing Address 16 LUTH TERRACE | | 7: 0 ! | 07 18 2009 |
| City | State | Zip Code | Transaction ID: INC.A.66158 |
| WEST ORANGE | NJ | 07052 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio REGION | n IAL VP PHARMACIES | |
| Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| Primary General Other (specify) ▼ | 0 0 | 750.00 |] |
| Full Name (Last, First, Middle Initial) MR GLENN HOFFMAN | | | Date of Receipt |
| Mailing Address 974 HILLCREST ROA | ND | | 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.66229 |
| 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 | Occupatio VP FACI | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN | | | Date of Receipt |
| Mailing Address 9 HIRLE ST | | | 07 18 2009 |
| City | State | Zip Code | Transaction ID: INC.A.66074 |
| CORNWALL ON HUDSON | NY | 12520 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio TECHNIC | n CAL SPECIALIST | |
| Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| Primary General Other (specify) ▼ | 0 0 | 375.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | | 125.00 |

TOTAL This Period (last page this line number only)

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 219 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|-----------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements ma name and ad | 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. |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR ROGER HOLLAND Mailing Address 41 SAINT RAPHAEL | | | Date of Receipt |
| | Maining Address 41 SAINT RAPHAEL | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66150 |
| | 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 Other (specify) ▼ | | 750.00 | |
| В. | Full Name (Last, First, Middle Initial) MR J. HOLLINGER | | | Date of Receipt |
| | Mailing Address 784 CAPE HENRY DF | l | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66162 |
| | COLUMBUS | OH | 43228 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | SINESS PLANNING | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 230.04 | 1 |
| | Full Name (Last, First, Middle Initial) | | | 4 |
| C. | MR ROBERT HOLLIS Mailing Address 88 MILLS STREET | | | Date of Receipt |
| | OO WILLS STREET | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66064 |
| | MORRISTOWN | NJ | 07960 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | BUSINESS DEVELOPMENT | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 85.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 220 / 326 (check only one) X |
|------------|---|----------------------|---|--|
| A | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) ELIZABETH HOLLOWAY Mailing Address 9222 RANDLE VALLE City CORDOVA FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP | State TN C | Zip Code 38018 n ANT GENERAL COUNSEL | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Receipt For: Primary General Other (specify) | ++ | e Year-to-Date 600.00 | |
| В. | Full Name (Last, First, Middle Initial) MR MATTHEW HOLMES Mailing Address 21979 SHADYBROOK | (DR | | Date of Receipt O 7 18 2009 |
| | City NOVI | State MI | Zip Code 48375 | Transaction ID: INC.A.66125 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | , · | n NICAL SVCS • Year-to-Date ▼ | |
| | Other (specify) | 0 0 | 373.00 | |
|) . | Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK Mailing Address 49 S HILLSIDE AVE | | | Date of Receipt 0 7 1 8 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.66181 |
| | ELMSFORD FEC ID number of contributing federal political committee. | C | 10523 | Amount of Each Receipt this Period 80.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP INTE | n RVENTION DELIVERY SYS | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1200.00 | |
| 5 | SUBTOTAL of Receipts This Page (optional) | | ····· | 145.00 |
| | FOTAL This Period (last page this line number | only) | > | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 221 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) RITA HOLT | | (4 | Date of Receipt |
| Mailing Address 1558 N PISGAH ROAD | , | | 07 18 2009 |
| City | State | Zip Code | Transaction ID: INC.A.66405 |
| CORDOVA | TN | 38016 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 50.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupation VP REIM | n MBURSEMENT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 |] |
| 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 O O O O |
| City TWINSBURG | State OH | Zip Code 44087 | Transaction ID: INC.A.66393 |
| FEC ID number of contributing federal political committee. | C | 44007 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CUS | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ | | | Date of Receipt |
| Mailing Address 4 MELISSA COURT | | | 07 18 2009 |
| City | State | Zip Code | Transaction ID: INC.A.66357 |
| MONTVILLE | NJ | 07045 | 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: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 150.00 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | for ea | eparate schedule(s) ch category of the ed Summary Page | FOR LINE NUMBER: PAGE 222 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and address of a | ny political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) LYNN HOSTMYER Mailing Address 6708 N.W. 112TH City OKLAHOMA CITY FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | OK 731 | - MULTI BRANCH | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 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) | State Zip of OH 430 C Occupation SR DIR HLTH CA | ARE OPS | Date of Receipt M M M / D D A 2009 Transaction ID: INC.A.66163 Amount of Each Receipt this Period 32.00 |
| Full Name (Last, First, Middle Initial) MRS KIMBERLY HUMPHRIES Mailing Address 3726 ST PHILIP City BARTLETT FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State Zip of TN 381 C Occupation VP BUSINESS F Aggregate Year-to- | PLANNING | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | ····· | 107.00 |

| I | FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a |
|---------|--|----------------------------------|---|---|
| 0 | Any information copied from such Reports and Sor 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 o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۷. | Full Name (Last, First, Middle Initial) MR DAVID ISRAEL | | | Date of Receipt |
| | Mailing Address 730 COLUMBUS AVE | NUE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State NY | Zip Code | Transaction ID: INC.A.65919 |
| | NEW YORK FEC ID number of contributing federal political committee. | C | 10025 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP BUSI | n NESS DEV | |
| | Receipt For: Primary General Other (specify) ▼ | + | e Year-to-Date ▼ 750.00 | |
| - 3. | Full Name (Last, First, Middle Initial) MS SUSAN ITO | | | Date of Receipt |
| | Mailing Address 6366 SW 90TH STRE | | | 07 18 2009 |
| | City GAINESVILLE | State FL | Zip Code 32608 | Transaction ID: INC.A.65930 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 0.000 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio EXEC DI | n IR CLINICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| _ | Full Name (Last, First, Middle Initial) MS MARIANNE JACKS | | | Date of Receipt |
| | Mailing Address 329 MORRIS AVENU | E | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City MOUNTAIN LAKES | State NJ | Zip Code 07046 | Transaction ID: INC.A.65960 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07010 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR NATI | n _ ACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | , · | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 150.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 224 / 326 (check only one) X |
|------------------------|---|-----------------------|---|--|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠ A . | Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON Mailing Address 56 WARREN RD City WEST ORANGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State NJ C Occupation | Zip Code 07052 | Date of Receipt 0 7 18 2009 Transaction ID: INC.A.66265 Amount of Each Receipt this Period 50.00 |
| _ | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 750.00 | |
| В. | Full Name (Last, First, Middle Initial) MS MICHELLE JAEGER Mailing Address 302 HERMAN TERRAC | CE | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: INC.A.66331 |
| | HOPKINS FEC ID number of contributing federal political committee. | C | 55343 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATI AC | n CCT EXEC | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 375.00 | |
| -). | Full Name (Last, First, Middle Initial) MR JASON JAMES Mailing Address RR 2 BOX 2036 | | | Date of Receipt |
| | City | State | Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.65923 |
| | <u>CANADENSIS</u> | PA | 18325 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 35.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHY | n YSICIAN ENGAGEMENT | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 510.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 110.00 |
| | TOTAL This Period (last page this line number) | only) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 225 / 326 (check only one) X 11a |
|---|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR TODD JEFFREY Mailing Address 15 ELIZABETH STRE City DUMONT FEC ID number of contributing | State Zip Code NJ 07628 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary Other (specify) ▼ | Occupation VP PHARM CONTRACT & CONSUL Aggregate Year-to-Date 750.00 | |
| Full Name (Last, First, Middle Initial) ROBERT JINKS Mailing Address 22 PAGE AVE 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 |
| LYNDHURST FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | NJ 07071 C Occupation | Amount of Each Receipt this Period 50.00 |
| Receipt For: Primary General Other (specify) ▼ | VP BUSINESS REQUIREMENTS Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR WILLIAM JOEL Mailing Address 32 VENTOSA DR | | Date of Receipt 0 7 1 8 2 0 0 9 |
| City MORRISTOWN | State Zip Code NJ 07960 | Transaction ID: INC.A.66113 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR ANALYTICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| | • | |

| City State Zip Code NV 89136 FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | R: PAGE 226/326 11c 12 15 16 11 |
|---|---|
| A. Full Name (Last, First, Middle Initial) MBS REGINA JONES Mailing Address POST OFFICE BOX 752345 City State Zip Code NV 89136 FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address 12224 MONTCALM STREET City State Zip Code IN 46032 Transaction ID: Amount of Each Transaction ID: Amount of Each Transaction ID: Amount of Each City State Zip Code IN 46032 Transaction ID: Amount of Each Transaction ID: Amount of Each City State Zip Code IN 46032 Transaction ID: Amount of Each Transaction ID: Amount of Each Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each City State Zip Code MN 55372 Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD Mailing Address 16357 VICTORIA CURVE SE City State Zip Code MN 55372 Date of Receipt Transaction ID: Amount of Each | om such committee. |
| Mailing Address POST OFFICE BOX 752345 City LAS VEGAS State NV 89136 FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Primary Other (specify) ▼ City State FEC ID number of contributing federal political committee. Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) MR RICHARD JONES Mailing Address Mailing Address 12224 MONTCALM STREET City CARMEL IN 46032 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Primary Other (specify) ▼ Coccupation VP/GM Aggregate Year-to-Date ▼ Transaction ID: Amount of Each Transaction ID: Aggregate Year-to-Date ▼ Transaction ID: Amount of Each | <u> </u> |
| City State Zip Code NV 89136 FEC ID number of contributing federal political committee. Name of Employer ACREPO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ City State Zip Code NAME RICHARD JONES Mailing Address 12224 MONTCALM STREET City State Zip Code LIN 46032 FEC ID number of contributing federal political committee. City State Zip Code LIN 46032 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) Aggregate Year-to-Date ▼ Transaction ID: Amount of Each | |
| LAS VEGAS NV 89136 Amount of Each FEC ID number of contributing federal political committee. Name of Employer Accretion Fec ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ State Zip Code IN 46032 Transaction ID: Amount of Each C Date of Receipt Mailing Address 12224 MONTCALM STREET City State Zip Code IN 46032 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Cccupation VP/GM Receipt For: Primary General Other (specify) ▼ Top Top Top Top Top Top Top Top Top Top | 8 2009 |
| FEC ID number of contributing federal political committee. Name of Employer ACREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | |
| Receipt For: | Receipt this Period 50.00 |
| Primary | |
| Date of Receipt Mailing Address 12224 MONTCALM STREET City State Zip Code IN 46032 Amount of Each FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Full Name (Last, First, Middle Initial) Mis KATHRYN JONSRUD Mailing Address 16357 VICTORIA CURVE SE City State Zip Code Min 55372 Fec ID number of contributing federal political committee. City State Zip Code Min 55372 Transaction ID: Amount of Each Transaction ID: Amount of Each City State Zip Code PRIOR LAKE MN 55372 Amount of Each City State Zip Code PRIOR LAKE MN 55372 Amount of Each Transaction ID: Transaction ID: Amount of Each Transaction ID: Transaction ID: Amount of Each Transaction ID: Tr | |
| City State Zip Code Transaction ID: CARMEL IN 46032 Amount of Each FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms KATHRYN JONSRUD Mailing Address 16357 VICTORIA CURVE SE City State Zip Code Transaction ID: PRIOR LAKE MN 55372 Amount of Each Transaction ID: Amount of Each C C C C C C C C C C C C C | |
| CARMEL IN 46032 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Occupation VP/GM Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD Mailing Address 16357 VICTORIA CURVE SE City State Zip Code MN 55372 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Amount of Each C Transaction ID: Amount of Each Transaction ID: Amount of Each | 8 2009 |
| 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) MS KATHRYN JONSRUD Mailing Address 16357 VICTORIA CURVE SE City State Zip Code PRIOR LAKE MN 55372 Transaction ID: PEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Name of Employer MEDCO HEALTH SOLUTIONS Direction Aggregate Year-to-Date ▼ Occupation Direction MKT PROG STRAT Aggregate Year-to-Date ▼ Primary General | |
| Receipt For: Primary Other (specify) Mailing Address 16357 VICTORIA CURVE SE City PRIOR LAKE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary Aggregate Year-to-Date Aggregate Year-to-Date Total Aggregate Year-to-Date Occupation DIR CLIENT & MKT PROG STRAT Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date | Receipt this Period 25.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD Mailing Address 16357 VICTORIA CURVE SE City State Zip Code PRIOR LAKE MN 55372 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Name of Employer MEDCO HEALTH SOLUTIONS DIR CLIENT & MKT PROG STRAT Receipt For: Primary General Aggregate Year-to-Date ▼ | |
| Ms KATHRYN JONSRUD Mailing Address 16357 VICTORIA CURVE SE City State Zip Code PRIOR LAKE MN 55372 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Date of Receipt Transaction ID: Occupation DIR CLIENT & MKT PROG STRAT Aggregate Year-to-Date ▼ | |
| City State Zip Code Transaction ID: PRIOR LAKE MN 55372 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Primary General O 7 1 Transaction ID: Amount of Each Occupation DIR CLIENT & MKT PROG STRAT Aggregate Year-to-Date ▼ | |
| City State Zip Code MN 55372 FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General State Zip Code Transaction ID: Amount of Each Occupation DIR CLIENT & MKT PROG STRAT Aggregate Year-to-Date ▼ | 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS DIR CLIENT & MKT PROG STRAT Receipt For: Primary General Aggregate Year-to-Date ▼ | |
| MEDCO HEALTH SOLUTIONS DIR CLIENT & MKT PROG STRAT Receipt For: Primary General Aggregate Year-to-Date ▼ | 35.00 |
| Primary General 525.00 | |
| | |
| SUBTOTAL of Receipts This Page (optional) | 110.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 227 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JOHN KAPIOSKI Mailing Address 8202 MARSH GLEN City TAMPA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | CT State Zip Code FL 33647 C Occupation SR DIR PHARMACY COMPLIANCE Aggregate Year-to-Date ▼ 225.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) MR STEVEN KARATY Mailing Address 19 PARK AVE City POMPTON PLAINS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07444 C Occupation VP OPS PLANNING Aggregate Year-to-Date 375.00 | Date of Receipt M M M J D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS BECKY KAUS Mailing Address N81 W18359 TOURS City MENOMONEE FALLS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | S DR State Zip Code WI 53051 C Occupation SR DIR CLINICAL SVCS Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D D 2 2 0 0 9 Transaction ID: INC.A.66090 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Receipts This Page (optional) | | 75.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 228 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|--------------------|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | solicit contributions from such committee. |
| 2 | MEDCO HEALTH SOLUTIONS INC. F | OLITICAL | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MR WILLIAM KEELER | DOAD | | Date of Receipt |
| | Mailing Address 63 MOUNTAIN GLEN | | | 07 18 2009 |
| | City RINGWOOD | State NJ | Zip Code 07456 | Transaction ID: INC.A.66300 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | on CAL SPECIALIST | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| - В. | Full Name (Last, First, Middle Initial) MS DEEPTI KEHOE | | | Date of Receipt |
| | Mailing Address 995 PINES TERR | | | 07 18 2009 |
| | City FRANKLIN LAKES | State NJ | Zip Code 07417 | Transaction ID: INC.A.66012 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 0/41/ | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP FIN | on IANCIAL & ANALYTICAL SV | c |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| - C. | Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III | | | Date of Receipt |
| | Mailing Address 1970 WOODLANDS P | 'L | | 07 18 2009 |
| | City POWELL | State OH | Zip Code 43065 | Transaction ID: INC.A.66155 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENER/ | on AL MGR GROUP | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 125.00 |
| f | TOTAL This Period (last page this line number | only) | • | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 229 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|------------|--|-----------------------------|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE City HACKENSACK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07601 on TECHNOLOGY e Year-to-Date ▼ | Date of Receipt M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| В. | Full Name (Last, First, Middle Initial) MR PETER KENNY Mailing Address 6040 BOULEVARD E A 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 Occupatio SR DIR | Zip Code 07093 on ACCT MGMT e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| С. | Full Name (Last, First, Middle Initial) MS LISA KETNER Mailing Address 7 POINT VIEW 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 IBER STRATEGY e Year-to-Date ▼ | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | | <u> </u> | 100.00 |

| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. Full Name (Last, First, Middle Initial) | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
|---|---------------------|---|---|
| , | | | a. Medco Health PAC) |
| MS INNA KHANIN Mailing Address 3403 SPRINGBROO City | K DRIVE State | Zip Code | Date of Receipt 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66324 |
| EDISON FEC ID number of contributing federal political committee. | NJ C | 08820 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary Other (specify) | Occupatio TECHNI | n CAL SPECIALIST e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS DONNA KLEIN Mailing Address 1080 FOREST CLIFF | DRIVE | | Date of Receipt 0 7 1 8 2 0 0 9 |
| City | State | Zip Code | Transaction ID: INC.A.66392 |
| LAKEWOOD FEC ID number of contributing federal political committee. | OH C | 44107 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio | n CCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS KARIN KLEINEGGER Mailing Address 121 CONKLING TOV | VN ROAD | | Date of Receipt |
| City | State | Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66267 |
| CHESTER | NY | 10918 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR | n ACCT MGMT | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 100.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | (Crieck drilly drie) |
|----|---|--|--|
| Ar | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any e name and address of any political commit | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL ACTION COMMITTEE (| a.k.a. Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) KENNETH KLEPPER Mailing Address 295 GLEN PLACE | | Date of Receipt |
| | City | State Zip Code | 07 18 2009 |
| | FRANKLIN LAKES | NJ 07417 | Transaction ID: INC.A.66309 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation PRES & CHIEF OPERATING OF | FICER |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2884.50 | |
| | Full Name (Last, First, Middle Initial) RICHARD KLUSOVSKY | | Date of Receipt |
| | Mailing Address 1016 FAIRWOOD LA | 07 18 2009 | |
| | City | State Zip Code | Transaction ID: INC.A.66416 |
| | ACWORTH FEC ID number of contributing federal political committee. | GA 30101 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation AVP MANAGED CARE | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 375.00 | |
| | Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN | 1 | Date of Receipt |
| | Mailing Address 555 FORBUSH STRE | ET | 07 18 YYYY 2009 |
| | City | State Zip Code | Transaction ID: INC.A.66259 |
| | BOONTON FEC ID number of contributing federal political committee. | NJ 07005 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR CLIENT RETAIL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| | UBTOTAL of Receipts This Page (optional) | 1 | 242.30 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 232 / 326 (check only one) X |
|---------|---|-----------------------------|--|---|
| A oı | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements ma name and ad | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS KATHLEEN KORDUCKI Mailing Address 920 CLARK STREET | | | Date of Receipt |
| | | | 7: 0 ! | 07 18 2009 |
| | City BOWLING GREEN | State OH | Zip Code 43402 | Transaction ID: INC.A.65984 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATI | n L ACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS JOANN KRENITSKY | DAOE | | Date of Receipt |
| | Mailing Address 143 DEERFIELD TER | 07 18 2009 | | |
| | City MAHWAH | State NJ | Zip Code 07430 | Transaction ID: INC.A.66020 |
| | 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 EXEC D | n IR PRODUCT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| _ >. | Full Name (Last, First, Middle Initial) MR ALEXANDER KRYNICKI | • | | Date of Receipt |
| | Mailing Address 60 BEECH ROAD | | | 07 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City RANDOLPH | State NJ | Zip Code 07869 | Transaction ID: INC.A.65941 |
| | FEC ID number of contributing federal political committee. | C | 07009 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | on TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| Ę | SUBTOTAL of Receipts This Page (optional) | 1 | | 100.00 |
| F | OTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 233 / 326 (check only one) X |
|---|-----------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS BARBARA KRZAK Mailing Address 495 ISLAND WAY City FRANKLIN LAKES FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07417 on D TECHNOLOGY e Year-to-Date ▼ | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR MICHAEL KRZAN Mailing Address 2735 YORK RD City COLUMBUS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | _ ' ' | Zip Code 43221 n IAL VP PHARMACIES e Year-to-Date ▼ 750.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR DEEPAK KUMAR Mailing Address 50 MANCHESTER C City KINNELON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupatio TECHNI | Zip Code 07405 on CAL SPECIALIST e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | | 130.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 234 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|--|--|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MATTHEW KUPFERBERG Mailing Address 3235 CAMBRIDGE A City BRONX FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) — | VENUE, APT. #2J State Zip Code NY 10463 C Occupation SR ATTORNEY Aggregate Year-to-Date ▼ | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) MR MARK LANDY Mailing Address 18 LADIK PL City MONTVALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07645 C Occupation VP SVC DELIVERY SYSTEM Aggregate Year-to-Date 1125.00 | Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) JAMES LANGLEY Mailing Address 10921 MAIN RANGE City LITTLETON FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | TRAIL State Zip Code CO 80127 C Occupation VP REIMBURSEMENT Aggregate Year-to-Date ▼ 750.00 | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | 1 | 150.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 235 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|---|--------------------------------|--|---|
| , | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|) | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL . | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR EDWARD LAPUSHCHIK | | | Date of Receipt |
| | Mailing Address 2 OLD LANE | | | 07 18 2009 |
| | City MONTVILLE | State NJ | Zip Code 07045 | Transaction ID: INC.A.66320 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNI | CAL SPECIALIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| В. | Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER Mailing Address 1100 KIMBERI V COL | IDT | | Date of Receipt |
| | Mailing Address 1100 KIMBERLY COU | 07 18 2009 | | |
| | City ROSEVILLE | State CA | Zip Code 95661 | Transaction ID: INC.A.66145 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 33331 | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | GOVERNMENT AFFAIRS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2175.00 | |
| с. С. | Full Name (Last, First, Middle Initial) JOSEPH LENZ | | | Date of Receipt |
| | Mailing Address 1735 LINKENHOLT C | OVE | | 07 18 2009 |
| | City | State TN | Zip Code | Transaction ID: INC.A.66342 |
| | COLLIERVILLE FEC ID number of contributing federal political committee. | C | 38017 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PER | on FORMANCE STRATEGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 150.00 |
| t | TOTAL This Period (last page this line number | | <u> </u> | |

| | for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any pe the name and address of any political committee c. POLITICAL ACTION COMMITTEE (a.k. | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) EMMA LEVIN Mailing Address 18 SALEM RD | Chata 7:in Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City EAST BRUNSWICK FEC ID number of contributing federal political committee. | State Zip Code NJ 08816 | Transaction ID: INC.A.66361 Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation TECHNICAL SPECIALIST Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR ROBERT LONG Mailing Address 18 HARLIND TERR | ACE | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: INC.A.66135 |
| RAMSEY FEC ID number of contributing federal political committee. | NJ 07446 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation SR NATL ACCT EXEC | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR BRICE LOVE | | Date of Receipt |
| Mailing Address 2390 BRANDON RE |) | 07 18 2009 |
| City COLUMBUS | State Zip Code OH 43221 | Transaction ID: INC.A.66110 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 43221 | 12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHARM PRACTICE | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| | • | 87.50 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 237 / 326 (check only one) X 11a |
|----|---|---|---|---|
| 0 | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | ne name and ad | dress of any political committee to | solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL | ACTION COMMITTEE (a.K.a | a. Medco Health PAC) |
| ۱. | Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 1066 WEST GROVE | OT. | | Date of Receipt |
| | Mailing Address 1066 WEST GROVE | . C1 | | 07 18 7 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66033 |
| | GIBSONIA | PA | 15044 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 900.00 | |
| _ | Full Name (Last, First, Middle Initial) MS SHARON MACCOY | | | Date of Receipt |
| | Mailing Address 9248 TALWAY CIR | 0 7 1 8 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.66136 |
| | BOYNTON BEACH | FL | 33437 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 19.24 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP SALE | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.12 | |
| _ | Full Name (Last, First, Middle Initial) MS VERONA MACMAHON | | | Date of Receipt |
| | Mailing Address 1504 WEST CULLON UNIT G | M 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.66280 |
| | CHICAGO | <u>IL</u> | 60613 | 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 | n ACCT MGMT OPS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | | | 74.24 |

| | EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | Check only one |
|----|--|---|---|---|
| Ar | ny information copied from such Reports and S for commercial purposes, other than using the | tatements 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) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| _ | Full Name (Last, First, Middle Initial) MR KENNETH MALLEY | | | Date of Receipt |
| | Mailing Address 764 W. SADDLE 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.66061 |
| | FEC ID number of contributing federal political committee. | C | 07423 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP PRO | n DUCT & CHANNEL MKTING | - |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 750.00 | |
| | Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO | | | Date of Receipt |
| | Mailing Address 33 HICKORY TAVERN | 07 18 2009 | | |
| | City GILLETTE | State NJ | Zip Code 07933 | Transaction ID: INC.A.65932 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07333 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP FINA | | |
| | Receipt For: Primary General Other (specify) ▼ | . ' | e Year-to-Date ▼ 750.00 | |
| | Full Name (Last, First, Middle Initial) MRS COLLEEN MANLEY | | | Date of Receipt |
| | Mailing Address 70 RIDGE ROAD | | | M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O |
| | City GLEN ROCK | State NJ | Zip Code 07452 | Transaction ID: INC.A.66310 |
| | FEC ID number of contributing federal political committee. | C | 07432 | Amount of Each Receipt this Period 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR (| n GENERIC STRAT & CUST D | ov |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 270.00 | |
| | UBTOTAL of Receipts This Page (optional) | l | | 110.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 239 / 326 (check only one) X |
|--|---------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS ILENE MARCUS Mailing Address 97 BLUEBERRY DR City WOODCLIFF LAKE DR FEC ID number of contributing | State NJ | Zip Code 07675 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary Other (specify) General | Occupation SR DIR F | n FINANCE • Year-to-Date ▼ |] |
| Full Name (Last, First, Middle Initial) MR JOSEPH MARINELLI Mailing Address 351 SOUND BEACH City OLD GREENWICH | AVENUE State CT | Zip Code 06870 | Date of Receipt M M M |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | n DICARE OPS • Year-to-Date ▼ | 25.00 |
| Full Name (Last, First, Middle Initial) LORI MARINO Mailing Address 31 UNDERWOOD Di | RIVE | | Date of Receipt 0 7 |
| City WEST ORANGE FEC ID number of contributing federal political committee. | State NJ | Zip Code 07052 | Transaction ID: INC.A.66371 Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | n ENERAL COUNSEL e Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | > | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 240 / 326 (check only one) X | | |
|---|-------------------|---|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | lress of any political committee to | o solicit contributions from such committee. | | |
| Full Name (Last, First, Middle Initial) MS TAMARA MARSHALL Mailing Address W144 N7150 TERRA City MENOMONEE FALLS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State WI C | Zip Code 53051 | Date of Receipt M M | | |
| Receipt For: Primary General Other (specify) | | Year-to-Date ▼ 750.00 | | | |
| Full Name (Last, First, Middle Initial) MR JOSEPH MARSIGLIANO Mailing Address 11 ECHO HILL ROAI | D | | Date of Receipt 0 7 | | |
| City | State | Zip Code | Transaction ID: INC.A.66373 | | |
| MONTVALE | NJ | 07645 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | | ECHNOLOGY | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | | | |
| Full Name (Last, First, Middle Initial) SHELLY MARTIN | • | | Date of Receipt | | |
| Mailing Address 9536 DOE MEADOW | | | | | |
| City GERMANTOWN | State TN | Zip Code 38139 | Transaction ID: INC.A.66423 Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | С | | 25.00 | | |
| Name of Employer ACCREDO HEALTH GROUP | Occupation DIR HR | 1 | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | | | |
| SUBTOTAL of Receipts This Page (optional) | | | 100.00 | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 241 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|----|--|-------------------|---|---|
| A | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) THOMAS MARTIN Mailing Address 1882 E LAUREL HOL | LOW | | Date of Receipt |
| | 1882 L LAUNEL HOL | LOW | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66418 |
| | GERMANTOWN | TN | 38139 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation PRESID | n ENT - CCS | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1225.00 | |
| _ | Full Name (Last, First, Middle Initial) MR TODD MARTIN | | | Date of Receipt |
| | Mailing Address 11825 SHEPPARDS CROSSING | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66043 |
| | CLARKSVILLE FEC ID number of contributing federal political committee. | MD C | 21029 | Amount of Each Receipt this Period 192.30 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n GENERAL MGR | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 2884.50 | |
| | Full Name (Last, First, Middle Initial) MR EDWARD MARTINEZ Mailing Address 35 SALTER PLACE | l | | Date of Receipt |
| | City | State | Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66328 |
| | MAPLEWOOD | NJ | 07040 | 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 | PRODUCT MGMT | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 375.00 | |
| Γ, | SUBTOTAL of Receipts This Page (optional) . | | | 367.30 |

| ITEMIZED RECEIPT | S | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a | |
|---|--|---|---|--|
| or for commercial purposes, oth NAME OF COMMITTEE (In | er than using the name and ac Full) | ddress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | |
| | | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | |
| Full Name (Last, First, Middl MR JEFFREY MAY Mailing Address 137 WA | | | Date of Receipt | |
| | | 7: 01- | 07 18 2009 | |
| City <u>HILLSDALE</u> | State NJ | Zip Code 07642 | Transaction ID: INC.A.66233 Amount of Each Receipt this Period | |
| FEC ID number of contribution federal political committee. | ng C | | 192.30 | |
| Name of Employer MEDCO HEALTH SOLUTION | Occupation SVP DF | on RUG DISTRIB & CONTROL | | |
| Receipt For: Primary Gene Other (specify) ▼ | | te Year-to-Date ▼ 2884.50 | | |
| Full Name (Last, First, Middl MR SHAMUS MC GUIRE | e Initial) | | Date of Receipt | |
| Mailing Address 11 JARE | Mailing Address 11 JARDINE COURT | | | |
| City | State | Zip Code | Transaction ID: INC.A.66067 | |
| MORRIS PLAINS FEC ID number of contributing federal political committee. | ng C | 07950 | Amount of Each Receipt this Period 50.00 | |
| Name of Employer ACCREDO HEALTH GROU | JP Occupation VP SAL | on ES AND MARKETING | | |
| Receipt For: Primary Gene Other (specify) ▼ | | te Year-to-Date ▼ 750.00 | | |
| Full Name (Last, First, Middl | e Initial) | | Date of Receipt | |
| Mailing Address 9600 DC | OVE SPRING CV | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| City GERMANTOWN | State TN | Zip Code 38139 | Transaction ID: INC.A.66425 Amount of Each Receipt this Period | |
| FEC ID number of contribution federal political committee. | ng C | | 50.00 | |
| Name of Employer ACCREDO HEALTH GROU | JP Occupation VP SAL | | | |
| Receipt For: Primary Gene Other (specify) ▼ | | te Year-to-Date ▼ 750.00 | | |
| SUBTOTAL of Receipts This R | Page (optional) | | 292.30 | |

| SCHEDULE A (FEC Form 3) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 243 / 326 (check only one) X |
|---|---|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any per g the name and address of any political committee IC. POLITICAL ACTION COMMITTEE (a.k | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD Mailing Address 0-45 27TH ST City FAIR LAWN | State Zip Code NJ 07410 | Date of Receipt 0 7 18 2009 Transaction ID: INC.A.66182 |
| FEC ID number of contributing federal political committee. | NJ 07410 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | |
| Full Name (Last, First, Middle Initial) MS ANNE MCGURRIN Mailing Address 28 ROSEMILT PLA | ACE | Date of Receipt 0 7 |
| City | State Zip Code | Transaction ID: INC.A.66374 |
| MORRISTOWN | NJ 07960 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation DIR MARKET SEGMENT SOLUTION | DNS |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH | | Date of Receipt |
| Mailing Address 87 ROSELAWN R | D | 07 18 2009 |
| City | State Zip Code | Transaction ID: INC.A.66144 |
| HIGHLAND MILLS FEC ID number of contributing federal political committee. | NY 10930 | Amount of Each Receipt this Period 192.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST GENERAL COUNSEL | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2880.00 | |
| | al) | 242.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 244 / 326 (check only one) X |
|--|------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | ne name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR WILLIAM MCLAUGHLIN Mailing Address 8 BATES CIRCLE City FLORIDA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | | Zip Code 10921 n TECHNOLOGY | Date of Receipt 0 7 18 2009 Transaction ID: INC.A.66291 Amount of Each Receipt this Period 20.00 |
| Primary General Other (specify) Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA | riggrogate | 300.00 | Date of Receipt |
| Mailing Address 112 GREEN TERRA City WEST MILFORD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | State NJ C Occupatio SVP BUS | Zip Code 07480 n SINESS OPS e Year-to-Date ▼ | Transaction ID: INC.A.66274 Amount of Each Receipt this Period 192.31 |
| Full Name (Last, First, Middle Initial) MS LAURA MENVILLE Mailing Address 23 UNION HILL RD City MORRIS PLAINS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | ' | Zip Code 07950 n cHNOLOGY e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: INC.A.66302 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 237.31 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 245 / 326 (check only one) X |
|---|---|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any persong the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS BARBARA MENZEL Mailing Address 921 AMARYLLIS A | AVE | Date of Receipt 0 7 1 8 2 0 0 9 |
| City ORADELL FEC ID number of contributing | State Zip Code NJ 07649 | Transaction ID: INC.A.65977 Amount of Each Receipt this Period 25.00 |
| Receipt For: Primary Other (specify) General Other (specify) Federal political committee. Rame of Employer MEDCO HEALTH SOLUTIONS Receipt For: General Other (specify) ▼ | Occupation DIR BUSINESS PLANNING & ADMII Aggregate Year-to-Date 375.00 | |
| Full Name (Last, First, Middle Initial) DANETTE MEREDITH Mailing Address 600 W 2ND AVE | | Date of Receipt 0 7 1 8 2 0 0 9 |
| City DERRY FEC ID number of contributing federal political committee. | State Zip Code PA 15627 | Transaction ID: INC.A.66396 Amount of Each Receipt this Period 25.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General | Occupation AVP SALES Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) DAVID MILLER | 375.00 | Date of Receipt |
| Mailing Address 7 CLOVER LANE City RANDOLPH | State Zip Code NJ 07869 | Transaction ID: INC.A.65938 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP LABOR RELATIONS | 50.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 100.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 246 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|---|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to NC. POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MRS KAREN MILLER Mailing Address 34 MACKENZIE L | ANE NORTH | Date of Receipt |
| City DENVILLE | State Zip Code NJ 07834 | Transaction ID: INC.A.65931 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | 50.00 |
| Receipt For: Primary General Other (specify) | EXEC DIR INTERNAL AUDIT Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR GIOVANNI MINARDI Mailing Address 12 LINCOLN ROA | AD | Date of Receipt 0 7 1 8 2 0 0 9 |
| City | State Zip Code | Transaction ID: INC.A.66289 |
| 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 SR DIR TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR BHUPESH MISTRY | | Date of Receipt |
| Mailing Address 106 HAMBURG F | ROAD | 07 18 2009 |
| City | State Zip Code | Transaction ID: INC.A.65946 |
| PARSIPPANY FEC ID number of contributing federal political committee. | NJ 07054 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNICAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 247 / 326 (check only one) X 11a |
|--|----------------------------------|---|--|
| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS JULIANA MOLEK Mailing Address 8620 LAKE RILEY DF City CHANHASSEN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State MN C Occupation SR DIR S | SPECIAL MARKETS e Year-to-Date ▼ | Date of Receipt M M D D D 2009 Transaction ID: INC.A.66050 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) ROBERT MOLONEY Mailing Address 24 ABBINGTON TER City GLEN ROCK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation TECHNIC | Zip Code 07452 On CAL SPECIALIST e Year-to-Date ▼ 375.00 | Date of Receipt M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR PETER MONKHOUSE Mailing Address 1320 BRONCO CIR City WARRINGTON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | , ' | Zip Code 18976 In TECHNOLOGY e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | | | 75.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | 38) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 248 / 326 (check only one) |
|--|---|---|---|
| Any information copied from such Reports or for commercial purposes, other than us | s and Statements may n sing the name and addre | ot be sold or used by any perso ss of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS | INC. POLITICAL AC | TION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY | | | Date of Receipt |
| Mailing Address 86 WELLINGTO | N AVENUE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City SHORT HILLS | State NJ | Zip Code 07078 | Transaction ID: INC.A.65920 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 192.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation GENL C-SI | EC-SVP PHARM STRAT S | — SQL |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Y | ear-to-Date ▼ 2880.00 | |
| Full Name (Last, First, Middle Initial) MS THERESA MORMILE | | | Date of Receipt |
| Mailing Address 59 VALLEY VIEW TER | | | 07 18 YYYYY 2009 |
| City MONTVALE | State NJ | Zip Code 07645 | Transaction ID: INC.A.66234 |
| FEC ID number of contributing federal political committee. | C | 07043 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP FINANO | NF. | |
| Receipt For: Primary General Other (specify) ▼ | | ear-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR RICHARD MOUNTJOY | | | Date of Receipt |
| Mailing Address 2 STONEBRIDG | iE RD | | 07 18 2009 |
| City SPARTA | State NJ | Zip Code 07871 | Transaction ID: INC.A.66268 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07071 | 20.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL A | ACCT EXEC | 7 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Y | ear-to-Date ▼ 300.00 | |
| | | | 262.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 249 / 326 (check only one) |
|--|--|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR ROBERT MULLER | | | Date of Receipt |
| Mailing Address 69 FERN PLACE | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City PARAMUS | State NJ | Zip Code 07652 | Transaction ID: INC.A.66245 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07032 | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP HLTH | n I BUS CLIENT ENROLLMN | — г |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MS BECKY NAGLE | <u> </u> | | Date of Receipt |
| Mailing Address 64 WALTER AVE | | | 07 18 2009 |
| City HASBROUCK HEIGHTS | State NJ | Zip Code 07604 | Transaction ID: INC.A.65982 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07004 | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CLIN | n ICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | - ' ' | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR ANDREW NANICK | | | Date of Receipt |
| Mailing Address 220 LAUREL BAY I | DRIVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City MURRELLS INLET | State SC | Zip Code 29576 | Transaction ID: INC.A.65987 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 29370 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| n CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | - | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | | 125.00 |

| SCHEDULE A (FEC FITEMIZED RECEIPTS | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 250 / 326 (check only one) |
|--|---|---|---|
| Any information copied from such or for commercial purposes, other | Reports and Statements may r than using the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In F | , | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle JANARDHAN NARAYANAN | Initial) | | Date of Receipt |
| Mailing Address 32 BLACK | KSTONE DRIVE | | 07 18 2009 |
| City PRINCETON | State NJ | Zip Code 08540 | Transaction ID: INC.A.66378 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTION | NS Occupation SR DIR N | n MARKET STRATEGY | |
| Receipt For: Primary Gener Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle MS BARBARA NEAVERTH | Initial) | | Date of Receipt |
| Mailing Address PO BOX | 523 | | 07 18 2009 |
| City SUGAR LOAF | State NY | Zip Code 10981 | Transaction ID: INC.A.65964 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | 10001 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTION | Occupation SR DIR E | n BUSINESS REQUIREMENT | S |
| Receipt For: Primary Gener Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle MR MICHAEL NICODEMO | Initial) | | Date of Receipt |
| Mailing Address 407 MEE | R AVE | | M M / D D / 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.66273 |
| FEC ID number of contributing federal political committee. | | 07401 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTION | NS Occupation VP INFO | TECHNOLOGY | |
| Receipt For: Primary Gener Other (specify) ▼ | Aggregate | Year-to-Date ▼ 470.00 | |
| SUBTOTAL of Receipts This Pa | age (optional) | \ | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 251 / 326 (check only one) X |
|--|---|---|
| NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any perso the name and address of any political committee to C. POLITICAL ACTION COMMITTEE (a.k.a. | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS ARLENE NOLAN Mailing Address 319 BOGERT AVE City RIDGEWOOD FEC ID number of contributing federal political committee. | · | 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 MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation VP FINANCE Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR HAIK NOVSHADIAN Mailing Address 45 DAVIS ROAD | | Date of Receipt 0 7 1 8 2 0 0 9 |
| City | State Zip Code | Transaction ID: INC.A.66089 |
| SPARTA | NJ 07871 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 38.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLINICAL THERAPEUTICS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 570.00 | |
| Full Name (Last, First, Middle Initial) MS JANINE NOWATZKY Mailing Address 24 CHEROKEE TR | AIL | Date of Receipt 0 7 1 8 2 0 0 9 |
| City | State Zip Code | Transaction ID: INC.A.66134 |
| OAKLAND FEC ID number of contributing federal political committee. | NJ 07436 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR MARKET STRATEGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| | | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 252 / 326 (check only one) X |
|---------|---|--------------------------------|---|---|
| 0 | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y 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. |
| | MEDCO HEALTH SOLUTIONS INC. I | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MR ROBERT O'CONNELL Mailing Address 12001 PEONY CT | | | Date of Receipt |
| | | Stata | Zin Codo | 07 18 2009 |
| | City TAMPA | State FL | Zip Code 33635 | Transaction ID: INC.A.66014 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio DIR SEC | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| — В. | Full Name (Last, First, Middle Initial) SUSAN O'CONNOR | 1 | | Date of Receipt |
| | Mailing Address 5 HICKORY DRIVE | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66383 |
| | NANUET FEC ID number of contributing federal political committee. | C | 10954 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR I | n MEDICAL | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 300.00 | |
| c. | Full Name (Last, First, Middle Initial) MR CHARLES OESTREICHER | | | Date of Receipt |
| | Mailing Address 6 PARK DR SOUTH | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66257 |
| | RYE FEC ID number of contributing federal political committee. | C | 10580 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio GROUP | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 100.00 |
| Ι. | TOTAL This Period (last page this line number | only) | • | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 253 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | |
|----|---|------------------------------|---|---|--|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma name and ad | 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) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) | | |
| Α. | Full Name (Last, First, Middle Initial) MR SUNNY OGBONDA | OUDT | | Date of Receipt | | |
| | Mailing Address 79 LAUREL WOOD C | 07 18 2009 | | | | |
| | City | State | Zip Code | Transaction ID: INC.A.65948 | | |
| | 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 | on BINESS REQUIREMENTS | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | | 375.00 | | | |
| В. | Full Name (Last, First, Middle Initial) MR MELVIN OHL | 1 | | Date of Receipt | | |
| | Mailing Address 274 E FRANKLIN TPK | 07 18 2009 | | | | |
| | City State | | Zip Code | Transaction ID: INC.A.66206 | | |
| | 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: Primary General | Aggregate | e Year-to-Date ▼ | , | | |
| | Other (specify) | | 750.00 | | | |
| C. | Full Name (Last, First, Middle Initial) MRS SUE OLIVER | | | Date of Receipt | | |
| | Mailing Address 11 LEE DRIVE | Mailing Address 11 LEE DRIVE | | | | |
| | City NORTH HALEDON | State NJ | Zip Code | Transaction ID: INC.A.66216 | | |
| | FEC ID number of contributing | | 07508 | Amount of Each Receipt this Period | | |
| | federal political committee. | C | | 50.00 | | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | IR TECHNOLOGY | | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , | | |
| | Other (specify) | | 750.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 | | |
| | TOTAL This Period (last page this line number | | <u> </u> | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 254 / 326 (check only one) X 11a |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | Statements may not be sold or used by any persename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.: | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS CLAUDINE OLSEN Mailing Address 4 HIGHGATE CT City SUFFERN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NY 10901 C Occupation NATL ACCT EXEC Aggregate Year-to-Date 375.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) ALEXANDER ONIK Mailing Address 1 SCHINDLER CT City UPPER SADDLE RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07458 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) MS NATALYA ONIK Mailing Address 1 SCHINDLER CT City UPPER SADDLE RIVER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07458 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 75.00 |

| I | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and State or for commercial purposes, other than using the received the such respective to the such | atements ma | Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any persor | FOR LINE NUMBER: PAGE 255 / 326 (check only one) X |
|------------|--|---|--|---|
| A . | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA Mailing Address 4 TEAK COURT | | ACTION COMMITTEE (a.k.a. | Date of Receipt 0 7 1 8 2 0 0 9 |
| | City RINGWOOD FEC ID number of contributing federal political committee. | State NJ | Zip Code 07456 | Transaction ID: INC.A.66196 Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | IR TECHNOLOGY e Year-to-Date ▼ 750.00 | |
| В. | Full Name (Last, First, Middle Initial) MS DAWN PAGANO Mailing Address 185 PASCACK ROAD City PARK RIDGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupation GROUP Aggregate | | Date of Receipt M M M / D D M 2009 Transaction ID: INC.A.66195 Amount of Each Receipt this Period 50.00 |
| c. | Full Name (Last, First, Middle Initial) MR RICHARD PAGANO Mailing Address 185 PASCACK RD City PARK RIDGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 07656 on BUSINESS REQUIREMENTS e Year-to-Date ▼ | Date of Receipt M M M / 18 2009 Transaction ID: INC.A.66191 Amount of Each Receipt this Period 25.00 |
| | SUBTOTAL of Receipts This Page (optional) | | ····· | 125.00 |

TOTAL This Period (last page this line number only)

| | IEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 256 / 326 (check only one) X |
|-----------------|--|--|---|--|
| or for | formation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full) EDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | solicit contributions from such committee. |
| A. MF Ma Cit LI | II Name (Last, First, Middle Initial) RS MICHELE PAIGE siling Address 12 MILLBROOK COUF Y VINGSTON C ID number of contributing deral political committee. | State NJ | Zip Code 07039 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | me of Employer EDCO HEALTH SOLUTIONS ceipt For: Primary General Other (specify) | | REE SOLUTIONS MKTG e Year-to-Date 825.00 | |
| B. MF | II Name (Last, First, Middle Initial) R RICHARD PALOMBO ailing Address 19 E. HOLLYWOOD La | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| FE fec | ESLEY'S POINT COID number of contributing deral political committee. The properties of the propertie | State NJ C Occupation | | Transaction ID: INC.A.66305 Amount of Each Receipt this Period 25.00 |
| | ceipt For: Primary General Other (specify) ▼ | _ <u> </u> | PHARMACY REGULATORY Year-to-Date ▼ 298.05 | |
|). <u>M</u> S | II Name (Last, First, Middle Initial) S GIRA PATEL siling Address 5 FOXHILL RUN | | | Date of Receipt 0 7 1 8 2 0 0 9 |
| FE | y ONMOUTH JUNCTION C ID number of contributing deral political committee. | State NJ | Zip Code 08852 | Transaction ID: INC.A.66102 Amount of Each Receipt this Period 25.00 |
| | me of Employer EDCO HEALTH SOLUTIONS sceipt For: Primary General Other (specify) | _ | n BUSINESS REQUIREMENT Year-to-Date ▼ 375.00 | s S |
| SUB | TOTAL of Receipts This Page (optional) | | | 105.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | х) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 257/326 (check only one) |
|--|---|---|---|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | NC. POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR JAY PATEL | | | Date of Receipt |
| Mailing Address 14 BROWNSTON | E TERRACE | | 07 18 2009 |
| City HAWTHORNE | State NJ | Zip Code 07506 | Transaction ID: INC.A.66335 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 07300 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | n HNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MRS CATHY PATTEN | Date of Receipt | | |
| Mailing Address 2001 MEADOWS | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City LANTANA | State TX | Zip Code 76226 | Transaction ID: INC.A.66157 |
| FEC ID number of contributing federal political committee. | C | 70220 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | 1 | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR PAVLOS PAVLIDIS | | | Date of Receipt |
| Mailing Address 2780 FOLKSTONI | E ROAD | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City COLUMBUS | State OH | Zip Code 43220 | Transaction ID: INC.A.65993 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40220 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | ١ | |
| Receipt For: Primary General Other (specify) ▼ | - + + | Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (option | l l | | 75.00 |

| | LE A (FEC Form 3X) RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 258 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|----------------------------------|---|---|
| or for commerc | n copied from such Reports and St cial purposes, other than using the COMMITTEE (In Full) HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. a. Medco Health PAC) |
| MR ROBER Mailing Add City WYCKOF FEC ID nun federal politi Name of En MEDCO HE Receipt For Prima | nber of contributing ical committee. nployer EALTH SOLUTIONS | | Zip Code 07481 TECHNOLOGY 9 Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (MERRI PEN Mailing Add City COLLEYV FEC ID nun federal politi | Last, First, Middle Initial) DERGRASS, MD ress 3201 QUEENSBURY V //ILLE nber of contributing ical committee. nployer EALTH SOLUTIONS | State TX C Occupation VP NATIO | Zip Code 76034 | Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (JIMMY PERI Mailing Add City COLLIER FEC ID nun federal politi Name of En ACCREDO Receipt For | VILLE nber of contributing ical committee. nployer HEALTH GROUP | State TN C Occupation VP REGI | Zip Code 38017 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL o | of Receipts This Page (optional) | |) | 155.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 259 / 326 (check only one) X 11a |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | Statements may not be sold or used by any persename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY Mailing Address 4769 STAVANGER LASIVEGAS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NV 89147 C Occupation DIR PRODUCT DEVELOPMENT Aggregate Year-to-Date 375.00 | Date of Receipt 0 7 18 2009 Transaction ID: INC.A.66177 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR NATHAN PETERSON Mailing Address 1520 PEMBROKE PA City CHANHASSEN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | | Date of Receipt M M M D D D 2009 Transaction ID: INC.A.66082 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR THOMAS PETTYES Mailing Address 8522 UPLAND LN NO City MAPLE GROVE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | | Date of Receipt O 7 |
| Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) | Aggregate Year-to-Date ▼ 750.00 | 100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 260 / 326 (check only one) |
|--|---|--|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the 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. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MARTINE PFLIEGER | | | Date of Receipt |
| Mailing Address 44 HENRY TERRA | CE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City LINCOLN PARK | State NJ | Zip Code 07035 | Transaction ID: INC.A.66366 |
| FEC ID number of contributing federal political committee. | C | 07035 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ATTORN | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR LOUIS PICONE | | | Date of Receipt |
| Mailing Address 37 TAMARACK DR | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City SUCCASUNNA | State NJ | Zip Code | Transaction ID: INC.A.66303 |
| FEC ID number of contributing federal political committee. | C | 07876 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR TEC | HNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | - ' ' | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR THOMAS PIERCE | | | Date of Receipt |
| Mailing Address 10297 E. LAKE DR | R. | | 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.66360 |
| ENGLEWOOD FEC ID number of contributing federal political committee. | C | 80111 | 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) ▼ | | Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | | 100.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 261 / 326 (check only one) X |
|---|--------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) DR PAGE PIGG Mailing Address 9297 ANGLER TRL City MECHANICSVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | _ ' | Zip Code 23116 on NICAL SVCS e Year-to-Date ▼ 375.00 | Date of Receipt M M M / D D M 2009 Transaction ID: INC.A.66080 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN Mailing Address 29 BLACKWELL AVE City MORRISTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State NJ C Occupatio SVP & G | Zip Code 07960 on BENERAL MGR e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MS JANET PORAT Mailing Address 5 CRABAPPLE CT City MONSEY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | Zip Code 10952 on CHNOLOGY e Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | | | 242.30 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 262 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | Statements may not be sold or used by any persename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k. | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS LYDIA POTTER Mailing Address 19642 S.W. 88 LOOP City DUNNELLON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code FL 34432 C Occupation DIR OPS Aggregate Year-to-Date 375.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) MR NEIL PREZIOSO Mailing Address 10258 WINDSOR WA City POWELL FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | Y State Zip Code OH 43065 C Occupation VP HLTH CARE OPS/FORMULARY Aggregate Year-to-Date ▼ 750.00 | Date of Receipt O 7 |
| Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE Mailing Address 875 ALEXANDRIA CT City RAMSEY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07446 C Occupation SVP HR Aggregate Year-to-Date ▼ 2884.50 | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 267.30 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 263 / 326 (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 | tatements may name and add | 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. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| ∠ А . | Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET | | | Date of Receipt |
| | Mailing Address 135 HOLLYBERRY DF | 07 18 7 2009 | | |
| | City HOPEWELL JUNCTION | State NY | Zip Code 12533 | Transaction ID: INC.A.66222 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 C | ONTRACT ADMINISTRATI | ON |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 375.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR MARK PROULX Mailing Address 20 BRANDY RIDGE RO | | | Date of Receipt |
| | | 07 18 2009 | | |
| | City SPARTA | State NJ | Zip Code 07871 | Transaction ID: INC.A.66296 |
| | FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 | Amount of Each Receipt this Period 192.31 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP PHA | RMACY & CUST SVC OPS | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 2884.65 | |
| с. | Full Name (Last, First, Middle Initial) SYED QUADRI | | | Date of Receipt |
| | Mailing Address 6040 KENNEDY BLVD APT 30N | EAST | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City WEST NEW YORK | State NJ | Zip Code 07093 | Transaction ID: INC.A.66288 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 DIR PRIV | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 242.31 |
| f | TOTAL This Period (last page this line number of | | <u> </u> | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 264 / 326 (check only one) X 11a |
|---------|---|----------------------------------|---|---|
| A oi | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | 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 o solicit contributions from such committee. |
| 2 | MEDCO HEALTH SOLUTIONS INC. I | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR GILBERT RAINES Mailing Address 800 SANDY TRAIL | | | Date of Receipt |
| | City | State | Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66316 |
| | KELLER | TX | 76248 | 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 HR | n | 7 |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 750.00 | |
| В. | Full Name (Last, First, Middle Initial) MS FRANCES RAO Mailing Address 19 ROSS ROAD | | | Date of Receipt |
| | Maining Address 19 HOOO HOAD | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65961 |
| | SCARSDALE | NY | 10583 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DI | n IR REGULATORY | |
| | Receipt For: Primary General Other (appairs) | Aggregate | e Year-to-Date ▼ 1125.00 | 1 |
| | Other (specify) | 0 0 | | |
| C. | Full Name (Last, First, Middle Initial) MRS DOLORES RAPUANO | | | Date of Receipt |
| | Mailing Address 57660 BEAVER VALL | EY RD | | 07 18 YYYYY 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66263 |
| | QUAKER CITY | OH | 43773 | 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 ELIGIBILITY | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 |
| | FOTAL This Period (last page this line number | | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 265 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|--|-------------------|---|--|
| \ | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | name and ad | dress of any political committee to | solicit contributions from such committee. |
| . ∠ 4. | Full Name (Last, First, Middle Initial) MRS MONICA REED | - CEITIONE I | TOTION COMMITTEE (a.n.a | Date of Receipt |
| | Mailing Address 8475 DUNHAM STATI | ON DRIVE | | 07 18 2009 |
| | City TAMPA | State FL | Zip Code 33647 | Transaction ID: INC.A.66121 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 PRO | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 650.00 | |
| _ 3. | Full Name (Last, First, Middle Initial) MR THOMAS REINCKENS | | | Date of Receipt |
| | Mailing Address 43 HAROLD ST. UNIT B | | | 07 18 7 2009 |
| | City COS COB | State CT | Zip Code 06807 | Transaction ID: INC.A.66055 |
| | FEC ID number of contributing federal political committee. | C | 00007 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC D | n IR RECONCILIATION | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 750.00 | |
| _ : | Full Name (Last, First, Middle Initial) MR VICTOR RENNA | | | Date of Receipt |
| | Mailing Address 8 CARLA ANN 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.66260 |
| | FLANDERS FEC ID number of contributing federal political committee. | C | 07836 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PRO | n CUREMENT & INVENTORY | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 |
| Γ | TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 266 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|--|--|
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person the name and address of any political committee to some solution. POLITICAL ACTION COMMITTEE (a.k.a. | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS Mailing Address 412 RIVER MEWS L City EDGEWATER FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | ` ` | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) SUZANNE RICHARDS Mailing Address 21357 W 115TH TEI City OLATHE FEC ID number of contributing federal political committee. Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) | State Zip Code KS 66061 C Occupation NATL ACCT MGR PHARM MANUFAC Aggregate Year-to-Date 375.00 | Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR DAVID ROBARGE Mailing Address 4565 QUEENSLAND City MINNEAPOLIS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | OLN N State Zip Code MN 55446 C Occupation DIR CLINICAL SVCS Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 120.00 |

| | | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a | |
|--|--------------------------------|---|---|--|
| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | g the name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | |
| Full Name (Last, First, Middle Initial) MS TRACEY RODGERS-LENGE Mailing Address 19 FARMINGTON City RAMSEY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS | State NJ C Occupation DIR CLIN | IICAL SVCS | Date of Receipt M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | Aggregate | Year-to-Date ▼ 375.00 | | |
| MS SORAYA RODRIGUEZ-BALZAC Mailing Address 22 PAPOOSE TRA City ANDOVER | AIL State NJ | Zip Code 07821 | Date of Receipt 0 7 18 2009 Transaction ID: INC.A.66312 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | | LIC AFFAIRS Year-to-Date 375.00 | 25.00 | |
| Full Name (Last, First, Middle Initial) MR MICHAEL ROMANZO Mailing Address 96 LEHMANN STR | | | | |
| City MAHWAH FEC ID number of contributing federal political committee. | State NJ | Zip Code 07430 | Transaction ID: INC.A.66053 Amount of Each Receipt this Period 192.30 | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | - ' ' | TENT SYSTEMED Year-to-Date ▼ 2884.50 | | |
| SUBTOTAL of Receipts This Page (option | nal) | | 242.30 | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Χ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 268 / 326 (check only one) |
|--|---|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd 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 o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) DAVID ROOT | | | Date of Receipt |
| Mailing Address 212 SPRING BRAN | 07 18 2009 | | |
| City WAVERLY | State VA | Zip Code 23890 | Transaction ID: INC.A.66370 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 STA | TE GOVERNMENT AFFAIR | es : |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 375.00 | |
| 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 Y Y Y Y Y Y Y Y Y Y Y | | |
| City KINNELON | State NJ | Zip Code 07405 | Transaction ID: INC.A.66223 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- | CLINICAL TECH | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) DR CHRISTINE ROTTAS | | | Date of Receipt |
| Mailing Address 7227 RAMOTH DR | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City JACKSONVILLE | State FL | Zip Code 32226 | Transaction ID: INC.A.66023 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 52220 | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC DI | n R CLINICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional | 1 | | 125.00 |

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 269 / 326 (check only one) X 11a |
|---|---|----------------------|---|---|
| or fo | information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| A . <u>N</u> | Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 3 APACHE DRIVE | | | Date of Receipt 0 7 1 8 2 0 0 9 |
| | Dity DAKLAND | State NJ | Zip Code 07436 | Transaction ID: INC.A.66220 Amount of Each Receipt this Period |
| | EC ID number of contributing ederal political committee. | C | | 193.00 |
| _ | Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | | n ANCE & CHIEF FIN OFFCR Year-to-Date ▼ 2895.00 | |
| 3. <u>N</u> | Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK Mailing Address 21 SKY TOP RIDGE | | | Date of Receipt 0 7 1 8 2 0 0 9 |
| Ċ | Dity | State | Zip Code | Transaction ID: INC.A.66072 |
| F | DAKLAND FEC ID number of contributing ederal political committee. | NJ C | 07436 | Amount of Each Receipt this Period 50.00 |
| <u> </u> | Name of Employer ACCREDO HEALTH GROUP | Occupatio VP CLIN | n ICAL MGMT & SVCS | |
| F | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| <u>. </u> | Full Name (Last, First, Middle Initial) MS KATHERYN RUSSI Mailing Address 5965 VILLAGE CIRCLE | | | Date of Receipt 0 7 1 8 2 0 0 9 |
| | Dity | State | Zip Code | Transaction ID: INC.A.65971 |
| F | IOHNSTON FEC ID number of contributing ederal political committee. | C | 50131 | Amount of Each Receipt this Period 50.00 |
| <u> </u> | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio EXEC DI | n IR CLINICAL SVCS | |
| F | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 750.00 | |
| SU | BTOTAL of Receipts This Page (optional) | | | 293.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 270 / 326 (check only one) X |
|----|---|-----------------------------------|---|---|
| Ar | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may ne name and add | y not be sold or used by any perso dress of any political committee to | |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) MR ANTHONY RUSSO Mailing Address 66 FINCH RD | | | Date of Receipt |
| | City | State | Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66171 |
| | RINGWOOD | NJ | 07456 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 20.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP PRO | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 300.00 | |
| | Full Name (Last, First, Middle Initial) MR JESSE RUZICKA | | | Date of Receipt |
| | Mailing Address 334 MORRIS AVE | 07 18 7 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.66333 |
| | BOONTON NJ | | 07005 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio NATL AC | n CCT EXEC | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) ▼ | | 450.00 | |
| | Full Name (Last, First, Middle Initial) MS MARY RYAN | Date of Receipt | | |
| | Mailing Address 456 RICHMOND AV | ENUE | | 07 18 2009 |
| | City MAPLEWOOD | State NJ | Zip Code 07040 | Transaction ID: INC.A.66213 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07040 | 78.34 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP PHAI | n RMACY REGULATORY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ | |
| | UBTOTAL of Receipts This Page (optional) | 1 | | 128.34 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 271 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | | | |
| MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a. | Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MISS CYNTHIA RYLANDS | | | Date of Receipt |
| Mailing Address 4836 MIDDLE RD | | | 07 18 2009 |
| City | State | Zip Code | Transaction ID: INC.A.66244 |
| ALLISON PARK | PA | 15101 | 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 IINESS REQUIREMENTS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR RYAN SADLER | | | Date of Receipt |
| Mailing Address 85 VANCE ST. #201 | | | 07 18 2009 |
| City | State | Zip Code | Transaction ID: INC.A.66376 |
| MEMPHIS | TN | 38103 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupation DIR GO\ | n /ERNMENT AFFAIRS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE | | | Date of Receipt |
| Mailing Address 7 AHERN WAY | | | 07 18 2009 |
| City | State | Zip Code | Transaction ID: INC.A.66103 |
| WEST ORANGE | NJ | 07052 | 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 ENTERPRISE BUS INTELLIG | à |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ | |
| SUBTOTAL of Receipts This Page (optional) | | > | 75.00 |

TOTAL This Period (last page this line number only)

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 272 / 326 (check only one) X |
|----|---|--------------------|---|---|
| 0 | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MR MATTHEW SARDY | | | Date of Receipt |
| | Mailing Address 230 FAIRFIELD AVE. | 07 18 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.66002 |
| | 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 FINA | | |
| | Receipt For: | Aggregate | e Year-to-Date | |
| | Primary General Other (specify) ▼ | | 400.00 | |
| _ | Full Name (Last, First, Middle Initial) MS BETH SAVARE | 1 | | Date of Receipt |
| | Mailing Address 27 JONES LN | | | 07 18 2009 |
| | City State BLAIRSTOWN NJ | | Zip Code | Transaction ID: INC.A.66217 |
| | | | 07825 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | PHARM OPS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | 0 0 | 375.00 | |
| _ | Full Name (Last, First, Middle Initial) MS TRINA SAYLER | Date of Receipt | | |
| | Mailing Address 56 LAKESIDE DRIVE | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66275 |
| | RAMSEY | NJ | 07446 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 15.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | TECHNOLOGY | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | - |
| | Other (specify) ▼ | | 225.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 90.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 273 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any persole name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DAVID SCHLETT Mailing Address 339 GRAMERCY PL City GLEN ROCK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07452 C Occupation SVP FINANCIAL & ANALYTICAL SVO Aggregate Year-to-Date 750.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ Mailing Address 9111 N KARLOV City SKOKIE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code IL 60076 C Occupation EXEC DIR CLINICAL SVCS Aggregate Year-to-Date 750.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) BRUCE SCOTT Mailing Address 18650 BEARPATH TF City EDEN PRAIRIE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code MN 55347 C Occupation SVP & CHIEF PHARMACIST Aggregate Year-to-Date 2884.65 | Date of Receipt M M M / D D M 2 0 0 9 Transaction ID: INC.A.66385 Amount of Each Receipt this Period 192.31 |
| SUBTOTAL of Receipts This Page (optional) | ····· | 292.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 274 / 326 (check only one) X 11a |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. I | Statements may not be sold or used by any persename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS CYNTHIA SCOTT Mailing Address 18650 BEARPATH TR City EDEN PRAIRIE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code MN 55437 C Occupation VP CLINICAL PROG DEV Aggregate Year-to-Date 750.00 | Date of Receipt M M M / D D D 2 0 0 9 Transaction ID: INC.A.65936 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) MR JEFFREY SCOTT Mailing Address 7330 EVEREST LANE City MAPLE GROVE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code MN 55311 C Occupation SR NATL ACCT EXEC Aggregate Year-to-Date 750.00 | Date of Receipt O 7 |
| Full Name (Last, First, Middle Initial) MS MONICA SCOZZARE Mailing Address 3021 E MILLCREEK F City SALT LAKE CITY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code UT 84109 C Occupation EXEC DIR CLINICAL SVCS Aggregate Year-to-Date 750.00 | Date of Receipt O 7 |
| SUBTOTAL of Receipts This Page (optional) | | 150.00 |

| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any persone name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a. | solicit contributions from such committee. | | |
|--|---|--|--|--|
| / | TOETHORE NOTICE COMMITTEE (a.n.a. | . Menco Dealli PACO | | |
| Full Name (Last, First, Middle Initial) MR ROBERT SENDEWICZ | | Date of Receipt | | |
| Mailing Address 1220 CROSSING W City | State Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.65963 | | |
| WAYNE FEC ID number of contributing federal political committee. | NJ 07470 | Amount of Each Receipt this Period 25.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date ▼ | | | |
| Primary General Other (specify) ▼ | 375.00 | | | |
| Full Name (Last, First, Middle Initial) MR GEORGE SERPIKOV Mailing Address 66 PROSPECT AVE | | Date of Receipt 0 7 1 8 2 0 0 9 | | |
| City | State Zip Code | Transaction ID: INC.A.66285 | | |
| WESTWOOD FEC ID number of contributing federal political committee. | NJ 07675 | Amount of Each Receipt this Period 50.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP BUSINESS DEV | 7 | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | | | |
| Full Name (Last, First, Middle Initial) MRS PATRICIA SGARELLA Mailing Address 275 MAIN STREET | MRS PATRICIA SGARELLA | | | |
| City | State Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66292 | | |
| GLEN ROCK FEC ID number of contributing federal political committee. | NJ 07452 | Amount of Each Receipt this Period 25.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR PRICING | 7 | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | | |
| SUBTOTAL of Receipts This Page (optional) | | 100.00 | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 2/6/326 (check only one) |
|---|---|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may g the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | C. POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III | | | Date of Receipt |
| Mailing Address 266 BRUSHY CRE | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City LAS VEGAS | State NV | Zip Code | Transaction ID: INC.A.66142 |
| FEC ID number of contributing federal political committee. | C | 89148 | Amount of Each Receipt this Period 60.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1800.00 | |
| Full Name (Last, First, Middle Initial) MR ROBERT SHANNON | | | Date of Receipt |
| Mailing Address 59 DANNER AVE | 0 7 1 8 2 0 0 9 | | |
| City HARRISON | State NY | Zip Code | Transaction ID: INC.A.66224 |
| FEC ID number of contributing federal political committee. | C | 10528 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR JOHN SHEA | | | Date of Receipt |
| Mailing Address 62 FRANKLIN TUF | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City ALLENDALE | State NJ | Zip Code 07401 | Transaction ID: INC.A.65945 |
| FEC ID number of contributing federal political committee. | C | 07401 | Amount of Each Receipt this Period 40.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation ASST CO | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | |
| SUBTOTAL of Receipts This Page (options | I | | 125.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 277 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|--|------------------------------|---|---|
| 7 | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements 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 o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MR FRANK SHEEHY Mailing Address 119 HAMILTON RD | | | Date of Receipt |
| | Mailing Address 119 HAMILTON RD City | State | Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66011 |
| | 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 SVP & G | n ENERAL MGR | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1500.00 | |
| - В. | Full Name (Last, First, Middle Initial) MR PETER SHERMAN | | | Date of Receipt |
| | Mailing Address 139 GATES AVENUE | 07 18 2009 | | |
| | City State | | Zip Code | Transaction ID: INC.A.65921 |
| | MONTCLAIR FEC ID number of contributing federal political committee. | NJ C | 07042 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation MANAGI | n NG COUNSEL | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| с. С. | Full Name (Last, First, Middle Initial) MR JAMES SHIVAS | | | Date of Receipt |
| | Mailing Address 18 PROSPECT AVE | | | 07 18 2009 |
| | City NORTH ARLINGTON | State NJ | Zip Code 07031 | Transaction ID: INC.A.66096 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07001 | 25.00 |
| | Name of Employer ACCREDO HEALTH GROUP | Occupation DIR PRICE | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 |
| T | TOTAL This Period (last page this line number of | | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 278 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------------------------------------|--|--------------------------------|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and ad | dress of any political committee to | solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III Mailing Address 150 CLAREMONT AVE City LONG BEACH FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State CA C Occupation VP SALE | | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| В. | Full Name (Last, First, Middle Initial) JEFFREY SIMEK Mailing Address 704 SAW PALMETTO City PORT ORANGE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State FL C Occupation VP COR | Zip Code 32128 on P COMMUNICATIONS e Year-to-Date ▼ 2884.65 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| С. | Full Name (Last, First, Middle Initial) MR LEE SIMON Mailing Address 2390 GREENVIEW RC City NORTHBROOK FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State IL C Occupation GENERA | Zip Code 60062 on AL MGR GROUP e Year-to-Date ▼ | Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | | <u> </u> | 267.31 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 279 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 | | |
|--|---------------------------------------|---|--|--|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements ma name and ad | 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. | | |
| MEDCO HEALTH SOLUTIONS INC. P | OLITICAL / | ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | |
| Full Name (Last, First, Middle Initial) MR JEFFREY SINKO | | | Date of Receipt | | |
| Mailing Address 10 CHERRY TREE LAN | Mailing Address 10 CHERRY TREE LANE | | | | |
| City | State | Zip Code | Transaction ID: INC.A.66151 | | |
| 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 ASST G | n ENERAL COUNSEL | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | | | |
| 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 Y Y Y O 7 18 2009 | | | | |
| City | State | Zip Code | Transaction ID: INC.A.65962 | | |
| 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 | n TECHNOLOGY | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 450.00 | | | |
| Full Name (Last, First, Middle Initial) MR JOHN SISTO | | | Date of Receipt | | |
| Mailing Address 24 MAYBERRY LANE | 07 18 YYYYY 2009 | | | | |
| City | State | Zip Code | Transaction ID: INC.A.66205 | | |
| MECHANICSBURG | PA | 17050 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | | | 25.00 | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n PHARMACY REGULATORY | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | | | |
| SUBTOTAL of Receipts This Page (optional) | | | 105.00 | | |

TOTAL This Period (last page this line number only)

| ITEMIZED RECEIPTS | ^) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 280 / 326 (check only one) | |
|---|---|---|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may g the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | |
| Full Name (Last, First, Middle Initial) MR DAVID SITVER | | | Date of Receipt | |
| Mailing Address 24 YORKSHIRE A | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| City SUFFERN | State Zip Code FERN NY 10901 | | | |
| FEC ID number of contributing federal political committee. | C | 10001 | Amount of Each Receipt this Period 25.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR 3 | n FECHNOLOGY | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 375.00 | | |
| Full Name (Last, First, Middle Initial) ANN SMITH | | | Date of Receipt | |
| Mailing Address 437 GLENDALE R | M M / D D / Y Y Y Y O O O O O O | | | |
| City WYCKOFF | State NJ | Zip Code 07481 | Transaction ID: INC.A.66101 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | | | 25.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation | n PUBLIC AFFAIRS | | |
| Receipt For: Primary General Other (specify) ▼ | - ' ' | Year-to-Date ▼ 375.00 | | |
| Full Name (Last, First, Middle Initial) MR ROBERT SMITH | | | Date of Receipt | |
| Mailing Address 40 JOSHUA DR T | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| City RAMSEY | State NJ | Zip Code 07446 | Transaction ID: INC.A.66241 | |
| FEC ID number of contributing federal political committee. | C | 07440 | Amount of Each Receipt this Period 50.00 | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP OPS | n | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1500.00 | | |
| SUBTOTAL of Receipts This Page (options | al) | | 100.00 | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 281 / 326 (check only one) X |
|--|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | Statements may not be sold or used by any pere name and address of any political committee POLITICAL ACTION COMMITTEE (a.k.) | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR Mailing Address 23 CEDAR GATE RO City DARIEN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | State Zip Code CT 06820 C Occupation CHAIRMAN & CEO | Date of Receipt 0 7 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | Aggregate Year-to-Date ▼ 2884.65 | |
| MR ALAN SOKALER Mailing Address 30 MICHELLE WAY City | State Zip Code | Date of Receipt 0 7 |
| PINE BROOK FEC ID number of contributing federal political committee. Name of Employer | NJ 07058 C Occupation | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | VP FINANCE Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) BARRY SOUTHERN Mailing Address 3705 MIDDLEBURY V | VAY | Date of Receipt |
| City GREENSBORO | State Zip Code NC 27410 | Transaction ID: INC.A.66399 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: | Occupation MGR PHARMACY Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 375.00 | |
| | · | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 282 / 326 (check only one) X 11a |
|------------|--|-----------------------|---|---|
| 7 | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and add | dress of any political committee to | solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. P | OLITICAL A | ACTION COMMITTEE (a.k.a. | . Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE | | | Date of Receipt |
| | Mailing Address 6108 HUNTER LANE | 07 18 7 2009 | | |
| | City COLLEYVILLE | State TX | Zip Code 76034 | Transaction ID: INC.A.66166 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio VP/GM | n | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 750.00 | |
| - В. | Full Name (Last, First, Middle Initial) BRENDA STAFFORD | | | Date of Receipt |
| | Mailing Address 647 BERKELEY AVEN | 07 18 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.66387 |
| | ORANGE FEC ID number of contributing federal political committee. | NJ | 07050 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio ASST CO | | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| - С. | Full Name (Last, First, Middle Initial) MR RALPH STAIANO | | | Date of Receipt |
| O . | Mailing Address 1 LAMBROS DRIVE | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.65937 |
| | MONROE FEC ID number of contributing federal political committee. | C | 10950 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR I | n BUSINESS REQUIREMENTS | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 75.00 |
| - | TOTAL This Period (last page this line number of | | · | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 283 / 326 (check only one) X 11a | |
|----------|---|--------------------|---|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | o solicit contributions from such committee. | |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) | |
| Α. | Full Name (Last, First, Middle Initial) PETER STARK | Date of Receipt | | | |
| | Mailing Address 4840 COLE ROAD | 07 18 2009 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.66419 | |
| | MEMPHIS | TN | 38117 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 50.00 | |
| | Name of Employer ACCREDO HEALTH GROUP | Occupatio GROUP | n VP MANUF SVCS | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 |] | |
| - В. | Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN Mailing Address - 7 FOREST LAKE DR | ı | | Date of Receipt | |
| | Mailing Address 7 FOREST LAKE DR | 07 18 2009 | | | |
| | City | State | Zip Code | Transaction ID: INC.A.66221 | |
| | WEST HARRISON | NY | 10604 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 192.31 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ANCIAL & ANALYTICAL SV | rc e | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2884.65 | | |
| с. С. | Full Name (Last, First, Middle Initial) CHANNING STAVE | | | | |
| | Mailing Address 77 HIGHVIEW AVE | 07 18 2009 | | | |
| | City TUCKAHOE | State NY | Zip Code 10707 | Transaction ID: INC.A.66369 | |
| | FEC ID number of contributing federal political committee. | C | 10707 | Amount of Each Receipt this Period 25.00 | |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n MARKETING | | |
| | Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 267.31 | |
| | TOTAL This Period (last page this line number | | <u> </u> | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 284 / 326 (check only one) X |
|---|--|---|
| or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person ename and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS JILL STEARNS Mailing Address 13130 HALSELL DR City AUSTIN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code TX 78732 C Occupation SR NATL ACCT EXEC Aggregate Year-to-Date 750.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) MR CRAIG STEEL Mailing Address 122 DEMAREST AVE City EMERSON FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07630 C Occupation SR NATL ACCT EXEC Aggregate Year-to-Date 375.00 | Date of Receipt M M M / D D / Y Y Y Y Y O 7 18 2009 Transaction ID: INC.A.66044 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MS AMY STEINKELLNER Mailing Address 1740 HIGHLAND DRI City ELM GROVE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code WI 53122 C Occupation VP NATIONAL PRACTICE LEADER Aggregate Year-to-Date 750.00 | Date of Receipt M M M / D D M 2009 Transaction ID: INC.A.66087 Amount of Each Receipt this Period 50.00 |
| SUBTOTAL of Receipts This Page (optional) . | | 125.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a | Use separate schedule(s) for each category of the Detailed Summary Page nd Statements may not be sold or used by any persor | FOR LINE NUMBER: PAGE 285 / 326 (check only one) X |
|--|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | g the name and address of any political committee to s | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) DR GLEN STETTIN Mailing Address 8 MILL GLEN CT | | Date of Receipt |
| City UPPER SADDLE RIVER | State Zip Code NJ 07458 | Transaction ID: INC.A.66290 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: Primary General Other (specify) ▼ | Occupation SVP/GM ADVANCED CLINICAL SLTN Aggregate Year-to-Date 2884.65 | 1 5 |
| Full Name (Last, First, Middle Initial) MR GERARD STOCKER, JR Mailing Address 80 ALGONQUIN T | RL | Date of Receipt 0 7 1 8 2 0 0 9 |
| City OAKLAND | State Zip Code NJ 07436 | Transaction ID: INC.A.66045 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: | Occupation SR NATL ACCT EXEC Aggregate Year-to-Date ▼ | _ |
| Primary General Other (specify) | 750.00 | |
| Full Name (Last, First, Middle Initial) MS JANNA STOUL | 1 | Date of Receipt |
| Mailing Address 4 APACHE WAY | Chata Zin Code | 07 18 2009 |
| City <u>MONTVILLE</u> | State Zip Code NJ 07045 | Transaction ID: INC.A.65952 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 TECHNOLOGY | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (options | al) | 267.31 |

TOTAL This Period (last page this line number only)

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 286 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|---|---|---|
| 0 | ny information copied from such Reports and S r for commercial purposes, other than using the | tatements ma name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR SCOTT STRATTON | | | Date of Receipt |
| | Mailing Address 351 TIMBERLANE DR | 07 18 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.66340 |
| | ORANGE FEC ID number of contributing | CT | 06477 | Amount of Each Receipt this Period 50.00 |
| | federal political committee. | C | | 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP PRO | n DUCT DEVELOPMENT | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 750.00 | |
| — В. | Full Name (Last, First, Middle Initial) MS SUZANNE STREDNAK | | | Date of Receipt |
| | Mailing Address 157 WATCHUNG DR | 07 18 2009 | | |
| | City | State | Zip Code | Transaction ID: INC.A.65999 |
| | HAWTHORNE | NJ | 07506 | 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 | on CLINICAL SVCS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 750.00 | |
| C. | Full Name (Last, First, Middle Initial) MS PATRICIA STRETE | | | Date of Receipt |
| | Mailing Address 19275 PAVER BARNE | 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.65989 |
| | MARYSVILLE FEC ID number of contributing | OH | 43040 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLII | n NICAL THERAPEUTICS | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 |
| | TOTAL This Period (last page this line number | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 287 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | | |
|---|--|--|--|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may not be sold or used by any perso name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| MEDCO HEALTH SOLUTIONS INC. F | POLITICAL ACTION COMMITTEE (a.k.a. | Medco Health PAC) | | | |
| Full Name (Last, First, Middle Initial) MILAYNA SUBAR, MD | | Date of Receipt | | | |
| Mailing Address 11 RIVERSIDE DRIVE #8CE City | State Zip Code | 07 18 2009 | | | |
| NEW YORK | NY 10023 | Transaction ID: INC.A.66384 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 30.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP NATIONAL PRACTICE LEADER | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | | | | |
| Full Name (Last, First, Middle Initial) MS COLEEN SULLIVAN Moiling Address 20 DARKALL TERRAL | MS COLEEN SULLIVAN | | | | |
| Mailing Address 38 BARKMILL TERRA | 07 18 7 2009 | | | | |
| City MONTVILLE | • | | | | |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 25.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR TECHNOLOGY | | | | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 375.00 | | | | |
| Full Name (Last, First, Middle Initial) MR MARK SULLIVAN | | Date of Receipt | | | |
| Mailing Address 16025 PINE VALE PL. | Mailing Address 16025 PINE VALE PL. | | | | |
| City | State Zip Code | Transaction ID: INC.A.65942 | | | |
| MIDLOTHIAN FEC ID number of contributing federal political committee. | VA 23113 | Amount of Each Receipt this Period 40.00 | | | |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CS SYSTEMS PLAN & IMPLEM | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | | | | |
| SUBTOTAL of Receipts This Page (optional) | | 95.00 | | | |
| TOTAL This Period (last page this line number | · · | | | | |

| SCHEDULE A (FEC | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 288 / 326 (check only one) |
|---|--|--|---|
| Any information copied from suc or for commercial purposes, other | h Reports and Statements may er than using the name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In MEDCO HEALTH SOLU | • | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle MR FREDERICK SUMNER | e Initial) | | Date of Receipt |
| Mailing Address 808 HOL | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City HO-HO-KUS | State NJ | Zip Code 07423 | Transaction ID: INC.A.66007 |
| FEC ID number of contributir federal political committee. | | 0/423 | Amount of Each Receipt this Period 25.00 |
| Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PROJECT MGMT | | | |
| Receipt For: Primary Gene Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle MS IRENE SUTTON | e Initial) | | Date of Receipt |
| Mailing Address 20 AVEN APT 209 | 07 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City WEST NEW YORK | State NJ | Zip Code 07093 | Transaction ID: INC.A.66015 Amount of Each Receipt this Period |
| FEC ID number of contributir federal political committee. | O number of contributing | | 40.00 |
| Name of Employer MEDCO HEALTH SOLUTION | Occupation SR DIR 3 | TECHNOLOGY | |
| Receipt For: Primary Gene Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | |
| Full Name (Last, First, Middle MR TIMOTHY SWETT | Initial) | | Date of Receipt |
| Mailing Address 8362 GOLDEN PRAIRIE DRIVE | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City TAMPA | State FL | Zip Code 33647 | Transaction ID: INC.A.66052 Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM | | ı | |
| Receipt For: Primary Gene Other (specify) ▼ | | Year-to-Date ▼ 1500.00 | |
| SUBTOTAL of Receipts This F | Page (optional) | | 115.00 |

| SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 289 / 326 (check only one) |
|---|--|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using | and Statements may g the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS IN | C. POLITICAL A | ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MS JOANNE TAYLOR | | | Date of Receipt |
| Mailing Address 39 ROCKAWAY P | LACE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City PARSIPPANY | State NJ | Zip Code 07054 | Transaction ID: INC.A.65944 |
| FEC ID number of contributing federal political committee. | C | 07034 | Amount of Each Receipt this Period 15.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR (| n CONTRACT ADMINISTRATI | ON |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 225.00 | |
| Full Name (Last, First, Middle Initial) MR NICHOLAS TAYLOR | | | Date of Receipt |
| Mailing Address 4241 CHADBOUR | NE DRIVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City UPPER ARLINGTON | State OH | Zip Code 43220 | Transaction ID: INC.A.66297 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | , one of | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR CLIN | n NICAL SVCS | |
| Receipt For: Primary General Other (specify) ▼ | · · · · · · · · · · · · · · · · · | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR BOOBALAN THANGAVELU | | | Date of Receipt |
| Mailing Address 13 BIRCH TERRA | CE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City MT ARLINGTON | State NJ | Zip Code | Transaction ID: INC.A.66321 |
| FEC ID number of contributing federal political committee. | C | 07856 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNIC | n CAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (option | al) | | 65.00 |
| TOTAL This Period (last page this line nur | nber only) | | |

| SCHEDULE A (FEC FO ITEMIZED RECEIPTS | Use separate sche for each category of Detailed Summary | of the (check only one) |
|---|--|---|
| or for commercial purposes, other the | ports and Statements may not be sold or used be an using the name and address of any political construction. NS INC. POLITICAL ACTION COMMITT | by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee. TEE (a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Ini MS MELINDA THIEL Mailing Address 27 GARVEY | ROAD | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City WAYNE | State Zip Code NJ 07470 | Transaction ID: INC.A.66025 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 PRODUCT MGMT | |
| Receipt For: Primary General Other (specify) ▼ | - | 75.00 |
| Full Name (Last, First, Middle Ini MS MELISSA THOMET | • | Date of Receipt |
| Mailing Address 721 HINMA #1E | NAVE | 07 18 2009 |
| City | State Zip Code | Transaction ID: INC.A.65949 |
| EVANSTON FEC ID number of contributing federal political committee. | IL 60202 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR ACCT MGMT OPS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 75.00 |
| Full Name (Last, First, Middle Ini MS MARY THORSBY Mailing Address 17326 FLLE | <u> </u> | Date of Receipt |
| Mailing Address 17326 ELLE | N DN | 07 18 2009 |
| City LIVONIA | State Zip Code MI 48152 | Transaction ID: INC.A.66068 |
| FEC ID number of contributing federal political committee. | MI 48152 | Amount of Each Receipt this Period 75.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 25.00 |
| SUBTOTAL of Receipts This Page | (optional) | 125.00 |

| SCHEDULE A | A (FEC Form 3X) ECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 291 / 326 (check only one) X |
|---|--|---|---|---|
| or for commercial pu | rposes, other than using the namedia. MITTEE (In Full) | ame and add | r not be sold or used by any persol lress of any political committee to ACTION COMMITTEE (a.k.a | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, DREW THRAEN Mailing Address City MORRIS PLA FEC ID number of federal political company MEDCO HEALT Receipt For: Primary Other (special) | of contributing committee. Prince of the solutions of the solutions of the solutions of the solution of the s | State NJ C Occupation DIR OPS Aggregate | | Date of Receipt 0 7 18 2009 Transaction ID: INC.A.66363 Amount of Each Receipt this Period 25.00 |
| B. MR WILLIAM TOE | 838 COLONIAL RD KES of contributing ommittee. er H SOLUTIONS | | Zip Code 07417 0. EFIT SYSTEMS SUPPORT Year-to-Date ▼ | Date of Receipt O 7 |
| Full Name (Last, MR DAVID TRICE Mailing Address City SCHWENKSV FEC ID number of federal political company of Employed MEDCO HEALT Receipt For: Primary Other (special politics) | 150 BRADFORD DR. "ILLE of contributing ommittee. Pr H SOLUTIONS General | | Zip Code 19473 CAL SPECIALIST Year-to-Date ▼ | Date of Receipt M M M / D D M 2009 Transaction ID: INC.A.65915 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Rec | eipts This Page (optional) | |) | 100.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 292 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|------|--|---------------------|---|---|
| A | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER Mailing Address 713 INDIAN CREEK F | RD | | Date of Receipt |
| | City | State | Zip Code | 07 18 2009 Transaction ID: INC.A.66148 |
| | AMHERST | VA | 24521 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio SR DIR | n GOVERNMENT AFFAIRS | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1125.00 | |
| | Full Name (Last, First, Middle Initial) MR GARY TULLY | | | Date of Receipt |
| | Mailing Address 16 FIELDHEDGE DRI | VE | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66277 |
| | 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 | + 1 | ENT SVC DELIVERY | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 450.00 | |
| | Full Name (Last, First, Middle Initial) MR JEFFREY TYLER Mailing Address 37 KNOLL TERRACE | | | Date of Receipt 0 7 1 8 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: INC.A.66114 |
| | HAZLET FEC ID number of contributing federal political committee. | C | 07730 | Amount of Each Receipt this Period 30.77 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupatio | n TECHNOLOGY | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 461.55 | |
| ſ, | SUBTOTAL of Receipts This Page (optional) | | | 135.77 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 293 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|--------------------------------|---|---|
| , | Any information copied from such Reports and sor for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR KEITH URICH | | | Date of Receipt |
| | Mailing Address 12495 SOUTH 1745 [| EAST | | 07 18 7 2009 |
| | City DRAPER | State UT | Zip Code 84020 | Transaction ID: INC.A.66091 |
| | FEC ID number of contributing federal political committee. | C | 84020 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation REGION | n IAL VP SALES-SYSTEMED | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| – В. | Full Name (Last, First, Middle Initial) MS CARA VAN ZILE | | | Date of Receipt |
| | Mailing Address 31 LINCOLN RD | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66063 |
| | KINNELON FEC ID number of contributing federal political committee. | NJ C | 07405 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation EXEC D | n IR ANALYTICAL SVCS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| _ C. | Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA | | | Date of Receipt |
| | Mailing Address W328 S4230 SPRING | RIDGE | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66394 |
| | WAUKESHA FEC ID number of contributing federal political committee. | C | 53189 | Amount of Each Receipt this Period 100.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP & G | n GENERAL MGR | |
| | Receipt For: Primary General Other (specify) ▼ | , ' | e Year-to-Date ▼ 1500.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | . | 175.00 |
| T | TOTAL This Period (last page this line number | r only) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 294 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|------------------------------|--|---|
| An | y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | statements ma name and ad | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. I | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| A. | Full Name (Last, First, Middle Initial) MRS JEANNINE VANKLEECK Mailing Address 56 ZIMMER AVENUE | | | Date of Receipt |
| | | | | 07 18 2009 |
| | City MIDLAND PARK | State NJ | Zip Code 07432 | Transaction ID: INC.A.65970 |
| | FEC ID number of contributing federal political committee. | C | 07432 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR FINA | on ANCIAL APPLICATIONS | |
| | Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 350.00 | |
| В. | Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS Mailing Address 105 ARRANDALE RD | l | | Date of Receipt |
| | Walling Address 105 ARRANDALE RD | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66140 |
| | ROCKVILLE CENTRE FEC ID number of contributing federal political committee. | C | 11570 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP MKT | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| — C. | Full Name (Last, First, Middle Initial) MR WIL VELARDE | 1 | | Date of Receipt |
| | Mailing Address 443 WEST SADDLE F | RIVER RD | | 07 18 2009 |
| | City UPPER SADDLE RIVER | State NJ | Zip Code 07458 | Transaction ID: INC.A.66013 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 TECHNOLOGY | 7 |
| | Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 450.00 | |
| S | UBTOTAL of Receipts This Page (optional) | | | 105.00 |
| | OTAL This Period (last page this line number | | | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 295 / 326 (check only one) X 11a 11b 11c 12 |
|--|---|--|
| NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any pethe name and address of any political committee | |
| Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE | C. POLITICAL ACTION COMMITTEE (a.F | Date of Receipt |
| Mailing Address 201 WATCHUNG A UNIT #17 City | VENUE State Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66009 |
| BLOOMFIELD | NJ 07003 | 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 MEDICAL | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR GORDON VICKERS | | Date of Receipt |
| Mailing Address 436 MOUNTAIN AV | | 07 18 2009 |
| City | State Zip Code | Transaction ID: INC.A.65918 |
| WESTFIELD | NJ 07090 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation NATL ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR MUNISH VIJ | | Date of Receipt |
| Mailing Address 11 BOULDER TRAI | L | 07 18 2009 |
| City <u>MAHWAH</u> | State Zip Code NJ 07430 | Transaction ID: INC.A.66323 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNICAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| CURTOTAL of December This December (as the |) | 75.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 296 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|---|---|
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | I Statements may not be sold or used by any phe name and address of any political committee. POLITICAL ACTION COMMITTEE (a | person for the purpose of soliciting contributions ee to solicit contributions from such committee. a.k.a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR STEVEN VREELAND Mailing Address 19 ANNA STREET City DENVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07834 C Occupation DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt O 7 18 2009 Transaction ID: INC.A.66349 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MS ANNETTE WAGNER Mailing Address 8 INDIAN RUN ROA City LONG VALLEY FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | D State Zip Code NJ 07853 C Occupation SR DIR TECHNOLOGY Aggregate Year-to-Date 375.00 | Date of Receipt O 7 18 2009 Transaction ID: INC.A.66189 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR MICHAEL WAIBEL Mailing Address N48 W16381 LONE City MENOMONEE FALLS FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | OAK LN State Zip Code WI 53051 C Occupation SR DIR ACCT MGMT OPS Aggregate Year-to-Date 225.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 65.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 297 / 326 (check only one) X |
|-----------------|--|---------------------|---|---|
| (| Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. P | name and add | dress of any political committee to | o solicit contributions from such committee. |
| ∠ 4 . | Full Name (Last, First, Middle Initial) MR DANIEL WALDEN Mailing Address 450 BEECHMONT DR | | ` | Date of Receipt |
| | City | State | Zip Code | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66198 |
| | NEW ROCHELLE FEC ID number of contributing | NY C | 10804 | Amount of Each Receipt this Period 192.31 |
| | Receipt For: Primary Other (specify) | Occupation SVP REC | n GULATORY & MC PROGRA e Year-to-Date ▼ 2884.65 | Ms |
| - 3. | Full Name (Last, First, Middle Initial) MS THERESE WALKER Mailing Address 363 MULBERRY CT | 0 0 | | Date of Receipt |
| | City WYCKOFF | State NJ | Zip Code 07481 | 0 7 1 8 2 0 0 9 Transaction ID: INC.A.65935 |
| | FEC ID number of contributing federal political committee. | C | 07401 | Amount of Each Receipt this Period 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 ▼ 375.00 | |
| | Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE Mailing Address 5445 GOODWIN AVE | NUE | | Date of Receipt 0 7 1 8 2 0 0 9 |
| | City DALLAS | State TX | Zip Code 75206 | Transaction ID: INC.A.66325 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: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2884.65 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 409.62 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 298 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may not be sold or used by any perso the name and address of any political committee to | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | . POLITICAL ACTION COMMITTEE (a.k.a | . Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE | | Date of Receipt |
| Mailing Address 5 APPLE ORCHARI | | 07 18 2009 |
| City MOORESTOWN | State Zip Code NJ 08057 | Transaction ID: INC.A.66153 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 | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 1500.00 | |
| Full Name (Last, First, Middle Initial) MS CATHERINE WASSON | | Date of Receipt |
| Mailing Address 3912 CALLE ANDAI | LUCIA | 07 18 2009 |
| City | State Zip Code | Transaction ID: INC.A.65956 |
| SAN CLEMENTE | CA 92673 | 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 ACCTS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MS BEVERLY WATSON | | Date of Receipt |
| Mailing Address 2 MICHELANGELO | COURT | 07 18 2009 |
| City | State Zip Code | Transaction ID: INC.A.66192 |
| SOMERSET FEC ID number of contributing federal political committee. | NJ 08873 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BENEFIT DELIVERY SYSTEMS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 125.00 |
| TOTAL This Period (last page this line numb | · | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 299 / 326 (check only one) X |
|---|--|--|
| or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any per the name and address of any political committee | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) STACY WATSON Mailing Address 10180 HERONS NE City | State Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| LAKELAND FEC ID number of contributing federal political committee. Name of Employer | TN 38002 C Occupation | Amount of Each Receipt this Period 25.00 |
| Name of Employer ACCREDO HEALTH GROUP Receipt For: Primary General Other (specify) ▼ | DIR MARKETING Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MRS KELLY WEBBER Mailing Address 107 UPPER SADDL | E RIVER ROAD | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: INC.A.66133 |
| MONTVALE FEC ID number of contributing federal political committee. | NJ 07645 | Amount of Each Receipt this Period 100.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP CORP HR | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |
| Full Name (Last, First, Middle Initial) MARK WEGRYN | | Date of Receipt |
| Mailing Address 1717 DYMOKE DRIV | VE | 0 7 1 8 2 0 0 9 |
| City COLLIERVILLE | State Zip Code TN 38017 | Transaction ID: INC.A.66100 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer ACCREDO HEALTH GROUP | Occupation AVP QA AND PRODUCT INTEGRA | ATION |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 300 / 326 (check only one) X |
|---|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any personen name and address of any political committee to POLITICAL ACTION COMMITTEE (a.k.a.) | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) LOWELL WEINER Mailing Address 1 BURGESS COURT City WESTFIELD FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07090 C Occupation VP CORP COMMUNICATIONS Aggregate Year-to-Date 750.00 | Date of Receipt O 7 |
| Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH Mailing Address 309 WATERVIEW DF City FRANKLIN LAKES FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code NJ 07417 C Occupation GROUP PRES EMPLOYER GROUP Aggregate Year-to-Date 2884.65 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) MR KENNETH WERMES Mailing Address 26037 N WRANGLEF City SCOTTSDALE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State Zip Code AZ 85255 C Occupation VP/GM Aggregate Year-to-Date 1125.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) . | | 317.31 |

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 301 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|--|---|---|
| N/ | nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) IEDCO HEALTH SOLUTIONS INC. F | | | on for the purpose of soliciting contributions solicit contributions from such committee. |
| A. MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM | ull Name (Last, First, Middle Initial) R PETER WHITE ailing Address 2241 E. PINCHOT AVI #17F ty HOENIX EC ID number of contributing deral political committee. ame of Employer EDCO HEALTH SOLUTIONS eccipt For: Primary General Other (specify) ▼ | State AZ C Occupatio SR DIR | Zip Code 85016 n ACCT MGMT OPS e Year-to-Date 375.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| B. M M: Ci D FE fe N: M: M: | Ill Name (Last, First, Middle Initial) RS TAMARA WHITLEY ailing Address 5847 CLENDENIN AVI ty ALLAS EC ID number of contributing deral political committee. ame of Employer EDCO HEALTH SOLUTIONS ecceipt For: Primary Other (specify) ▼ | State TX C Occupatio SR DIR I | Zip Code 75228 n BUSINESS REQUIREMENTS e Year-to-Date ▼ | Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| C. MMM | ull Name (Last, First, Middle Initial) R CHRISTOPHER WILSON ailing Address 2 TIFFANY ROAD ty IORRISTOWN EC ID number of contributing deral political committee. ame of Employer EDCO HEALTH SOLUTIONS eceipt For: Primary General Other (specify) ▼ | State NJ C Occupatio VP MKTI Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | TOTAL of Receipts This Page (optional) AL This Period (last page this line number | | • | 100.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 302 / 326 (check only one) X |
|----------|---|--------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. F | POLITICAL | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MS COLETTE WILSON | | | Date of Receipt |
| | Mailing Address 16608 56TH PL W | | | 07 18 2009 |
| | City LYNNWOOD | State WA | Zip Code 98037 | Transaction ID: INC.A.66040 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 NATI | n L ACCT EXEC | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| В. | Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER | 1 | | Date of Receipt |
| | Mailing Address 17 LYNWOOD RD | | | 07 18 2009 |
| | City VERONA | State NJ | Zip Code 07044 | Transaction ID: INC.A.66218 |
| | FEC ID number of contributing federal political committee. | C | 0/044 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n ORG DEV | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| С. С. | Full Name (Last, First, Middle Initial) MR MICHAEL WISNIEWSKI | | | Date of Receipt |
| | Mailing Address 23 DRUID HILL DR | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City PARSIPPANY | State NJ | Zip Code 07054 | Transaction ID: INC.A.66271 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07004 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | n CONTRACT ADMINISTRAT | ION |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 75.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 303 / 326 (check only one) X |
|---------|---|--------------------------------|---|---|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements ma e name and ad | ly 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. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR STEPHEN WOGEN | | | Date of Receipt |
| | Mailing Address 145 WAUGHAW ROA | AD | | 07 18 2009 |
| | City TOWACO | State NJ | Zip Code 07082 | Transaction ID: INC.A.66047 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 07002 | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SVP FIN | on IANCIAL & ANALYTICAL SV | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| - В. | Full Name (Last, First, Middle Initial) MRS ELISSA WOJTOWICZ, RPH Mailing Address 42 A 77AL FA RI ACE | <u> </u> | | Date of Receipt |
| | Mailing Address 43 AZALEA PLACE | | | 07 18 2009 |
| | City PISCATAWAY | State NJ | Zip Code 08854 | Transaction ID: INC.A.65954 |
| | FEC ID number of contributing federal political committee. | C | 00034 | Amount of Each Receipt this Period 30.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR | | |
| | Receipt For: Primary General Other (specify) ♥ | Aggregate | e Year-to-Date ▼ 450.00 | |
| - С. | Full Name (Last, First, Middle Initial) MS ANNA WONG | | | Date of Receipt |
| | Mailing Address 64-20 BELL BLVD | | | 07 18 YYYY 2009 |
| | City BAYSIDE | State NY | Zip Code 11364 | Transaction ID: INC.A.66319 |
| | FEC ID number of contributing federal political committee. | C | 11304 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP INSU | on JRED SOLUTIONS | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 130.00 |
| f | TOTAL This Period (last page this line number | | <u> </u> | |

| | FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 304 / 326 (check only one) X |
|----|---|---------------------|---|---|
| , | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۱. | Full Name (Last, First, Middle Initial) MS JUDITH WOOD Mailing Address 75, 200 CNIAL BOAD | | | Date of Receipt |
| | Mailing Address 76 COLONIAL ROAD | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66264 |
| | 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 SR DIR A | n ACCT MGMT OPS | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 375.00 | |
| | Full Name (Last, First, Middle Initial) BRENDA WRIGHT | | | Date of Receipt |
| | Mailing Address 1834 HUNTERS CRE | EK DRIVE | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66409 |
| | 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 | Occupation VP QUAI | n LITY INTEGRITY HEALTH | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| | Other (specify) | | 750.00 | |
| _ | Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY | | | Date of Receipt |
| | Mailing Address 793 LINCOLN AVE | | | 07 18 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66006 |
| | POMPTON LAKES | NJ | 07442 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | , ' | HNOLOGY | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| | Other (specify) | | 375.00 | |
| Г | SUBTOTAL of Receipts This Page (optional) | 1 | | 100.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | for ea | separate schedule(s) ch category of the ed Summary Page | FOR LINE NUMBER: PAGE 305 / 326 (check only one) X |
|---|---|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | the name and address of a | any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS SARAH YINGLING Mailing Address 901 ST MARKS AV City WESTFIELD | | Code 190 | Date of Receipt 0 7 1 8 2 0 0 9 Transaction ID: INC.A.66111 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) ▼ | Occupation SR DIR MEDICA Aggregate Year-to- | | |
| Full Name (Last, First, Middle Initial) MR DANIEL ZELEM, JR Mailing Address 219 SPOOK ROCK | RD. | | 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.66180 |
| SUFFERN | NY 109 | 01 | 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 TECHN | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to- | 750.00 | |
| Full Name (Last, First, Middle Initial) MS JILL ZELMAN | • | | Date of Receipt |
| Mailing Address 43604 EMERALD D | UNES PL | | 07 18 2009 |
| City | | Code | Transaction ID: INC.A.66236 |
| LEESBURG FEC ID number of contributing federal political committee. | VA 201 | 76 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR DIR CONSO | LIDATION PLAN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to- | Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional |) | | 100.00 |
| TOTAL This Period (last page this line numl | per only) | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Χ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 306 / 326 (check only one) |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) ANATOLY ZHELEZNYAK | | | Date of Receipt |
| Mailing Address 5 DENISE COURT | | | 07 18 2009 |
| City | State | Zip Code | Transaction ID: INC.A.66307 |
| MANALAPAN FEC ID number of contributing federal political committee. | NJ C | 07726 | Amount of Each Receipt this Period 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation TECHNIC | n CAL SPECIALIST | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) ANDREA ZICCARELLI | | | Date of Receipt |
| Mailing Address 6550 HERONWOC | | | 07 18 YYYY 2009 |
| City MEMPHIS | State TN | Zip Code 38119 | Transaction ID: INC.A.66024 |
| FEC ID number of contributing federal political committee. | C | 30119 | Amount of Each Receipt this Period 50.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation SR NATL | n - ACCT EXEC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI | | | Date of Receipt |
| Mailing Address 6691 DEERVIEW [| DRIVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City LOVELAND | State OH | Zip Code 45140 | Transaction ID: INC.A.66085 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10110 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | | 100.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 307 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|---|
| Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full) | ts and Statements may not be sold or used by any person sing the name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | INC. POLITICAL ACTION COMMITTEE (a.k.a | ı. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO Mailing Address 726 HIGH MOU | INTAIN DOAD | Date of Receipt |
| Walling Address 726 FIGH WOO | INTAIN ROAD | 07 18 2009 |
| City | State Zip Code | Transaction ID: INC.A.66330 |
| FRANKLIN LAKES | NJ 07417 | 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 COUNSEL | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Primary ☐ General Other (specify) ▼ | 375.00 | |
| Full Name (Last, First, Middle Initial) WILLIAM ROPER | | Date of Receipt |
| Mailing Address 1135 BURNING | TREE DR. | 07 20 7 2009 |
| City | State Zip Code | Transaction ID: INC.A.65908 |
| Chapel Hill | NC 27517 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 5000.00 |
| Name of Employer UNC SCHOOL OF MEDICINE | Occupation DEAN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |
| Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO | I | Date of Receipt |
| Mailing Address 26 DAYLILY DR | RIVE | 07 25 YYYYY 2009 |
| City | State Zip Code | Transaction ID: INC.A.66891 |
| 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 | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |
| SUBTOTAL of Receipts This Page (op | tional) | 5040.00 |
| | number only) | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 308 / 326 (check only one) X 11a |
|---------|--|--------------------|---|---|
| | Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | solicit contributions from such committee. |
| 2 | MEDCO HEALTH SOLUTIONS INC. P Full Name (Last, First, Middle Initial) | OLITICAL | ACTION COMMITTEE (a.K.a | |
| ۸. | MR BARRY BOUDREAUX Mailing Address 6527 SHORBURGH DI | RIVE | | Date of Receipt 0 7 2 5 2 0 0 9 |
| | City INDIANAPOLIS | State IN | Zip Code 46278 | Transaction ID: INC.A.66457 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 10270 | 25.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n ARM PRACTICE | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 750.00 | |
| 3. | Full Name (Last, First, Middle Initial) MS GWEN BRADY Mailing Address 219 E. COMO AVENU | E | | Date of Receipt |
| | City | State | Zip Code | 0 7 2 5 2 0 0 9 Transaction ID: INC.A.66552 |
| | COLUMBUS | OH | 43202 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR BUS | on BINESS PLANNING | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 375.00 | |
| - :. | Full Name (Last, First, Middle Initial) MR BARRY CESANEK | | | Date of Receipt |
| | Mailing Address 5 LEXINGTON CT | | | 07 25 2009 |
| | City SHAMONG | State NJ | Zip Code 08088 | Transaction ID: INC.A.66660 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n ARM PRACTICE | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 50.00 |
| | TOTAL This Period (last page this line number) | only) | • | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 309 / 326 (check only one) X |
|--------|---|------------------|---|---|
| A 0 | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | MEDCO HEALTH SOLUTIONS INC. | POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) MR JASON COLE | | | Date of Receipt |
| | Mailing Address 14917 E BELLA VIST | Α | | 07 25 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66636 |
| | VERADALE | WA | 99037 | 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 | n | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 750.00 | |
| | Full Name (Last, First, Middle Initial) MR KENNETH DANIELS | | | Date of Receipt |
| | Mailing Address 4156 DUNMORE DR | IVE | | 07 25 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66702 |
| | LAKE WALES | <u>FL</u> | 33859 | 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 | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 750.00 | |
| _ | Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO | | | Date of Receipt |
| | Mailing Address 9 GREEN HILL TRAI | L | | 07 25 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66706 |
| | TROPHY CLUB | TX | 76262 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | | ONAL SERVICE CENTER | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) | | 1500.00 | |
| | | 1 | | 100.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 310 / 326 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | POLITICAL . | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Α. | Full Name (Last, First, Middle Initial) MR ROBERT GIBBS |).T | | Date of Receipt |
| | Mailing Address 544 DENMOOR COUL | ⊣ 11 | | 07 25 7 2009 |
| | Call CMAY | State | Zip Code | Transaction ID: INC.A.66503 |
| | GALLOWAY FEC ID number of contributing federal political committee. | OH C | 43119 | Amount of Each Receipt this Period 12.50 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PH/ | on ARM PRACTICE | |
| | Receipt For: | | e Year-to-Date | |
| | Primary General Other (specify) ▼ | 193 194 | 375.00 | |
| В. | Full Name (Last, First, Middle Initial) MR J. HOLLINGER | | | Date of Receipt |
| | Mailing Address 784 CAPE HENRY DF | } | | 07 25 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66694 |
| | COLUMBUS | OH | 43228 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 10.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | , ' | SINESS PLANNING | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 230.04 | |
| C. | Full Name (Last, First, Middle Initial) MR RICHARD JONES | 1 | | Date of Receipt |
| | Mailing Address 12224 MONTCALM S | TREET | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State | Zip Code | Transaction ID: INC.A.66763 |
| | <u>CARMEL</u> | IN | 46032 | 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 | on | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 750.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 47.50 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 311/326 (check only one) |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL A | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| Full Name (Last, First, Middle Initial) MR BRICE LOVE | | | Date of Receipt |
| Mailing Address 2390 BRANDON R | D | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City COLUMBUS | State OH | Zip Code | Transaction ID: INC.A.66641 |
| FEC ID number of contributing federal political committee. | C | 43221 | Amount of Each Receipt this Period 12.50 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation DIR PHA | n .RM PRACTICE | |
| Receipt For: Primary General Other (specify) | | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) MR ROSS LUCE | | | Date of Receipt |
| Mailing Address 1066 WEST GROV | 'E CT | | 0 7 2 5 2 0 0 9 |
| City GIBSONIA | State PA | Zip Code 15044 | Transaction ID: INC.A.66563 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 13044 | 30.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 900.00 | |
| Full Name (Last, First, Middle Initial) MRS CATHY PATTEN | | | Date of Receipt |
| Mailing Address 2001 MEADOWS A | AVENUE | | 07 25 2009 |
| City LANTANA | State TX | Zip Code 76226 | Transaction ID: INC.A.66689 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 70220 | 25.00 |
| Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional | J) | | 67.50 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 312 / 326 (check only one) X |
|----|---|--------------------------------|---|---|
| 0 | any information copied from such Reports and S r for commercial purposes, other than using the | Statements ma e name and ad | 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. | POLITICAL / | ACTION COMMITTEE (a.k.a | a. Medco Health PAC) |
| ٧. | Full Name (Last, First, Middle Initial) MR PAVLOS PAVLIDIS | 0.15 | | Date of Receipt |
| | Mailing Address 2780 FOLKSTONE R | OAD | | 07 25 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66523 |
| | COLUMBUS | OH | 43220 | 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 | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 750.00 | |
| | Full Name (Last, First, Middle Initial) MR GILBERT RAINES | | | Date of Receipt |
| | Mailing Address 800 SANDY TRAIL | | | 07 25 2009 |
| | City | State | Zip Code | Transaction ID: INC.A.66850 |
| | KELLER | TX | 76248 | 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 HR | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ |
| | Other (specify) | | 750.00 | |
| | Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III | | | Date of Receipt |
| | Mailing Address 266 BRUSHY CREEK | AVE | | 07 25 Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: INC.A.66674 |
| | LAS VEGAS | NV | 89148 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 60.00 |
| | Name of Employer MEDCO HEALTH SOLUTIONS | Occupation VP/GM | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | 0 0 | 1800.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 110.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 313 / 326 (check only one) X |
|---|--|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. F | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 6108 HUNTER LANE City COLLEYVILLE FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State TX C Occupation VP/GM Aggregate | Zip Code 76034 n e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y O 7 25 2009 Transaction ID: INC.A.66698 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT Mailing Address 8362 GOLDEN PRAIR City TAMPA FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General Other (specify) | State FL C Occupation VP/GM | Zip Code 33647 n e Year-to-Date ▼ | Date of Receipt O 7 |
| Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE Mailing Address 5 APPLE ORCHARD F City MOORESTOWN FEC ID number of contributing federal political committee. Name of Employer MEDCO HEALTH SOLUTIONS Receipt For: Primary General | State NJ C Occupation VP/GM | Zip Code 08057 • Year-to-Date ▼ | Date of Receipt M M M |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | | 125.00 |

MR JAMES ZIRPOLI

federal political committee.

Other (specify)

MARGERY F NATHANSON

CLIFFSIDE PARK

Receipt For:

Primary

federal political committee.

Other (specify)

General

LOVELAND

Receipt For:

City

Primary

City

A.

В.

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

PAGE 314/326 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 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) Date of Receipt Mailing Address 6691 DEERVIEW DRIVE 07 25 2009 State Zip Code Transaction ID: INC.A.66616 OH 45140 Amount of Each Receipt this Period FEC ID number of contributing 25.00 C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Aggregate Year-to-Date General 750.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 100 WINSTON DRIVE, NO 16C N 07 31 2009 State Zip Code Transaction ID: INC.A.66432 NJ 07010 Amount of Each Receipt this Period FEC ID number of contributing C 650.00 Name of Employer MEDCO HEALTH SERVICES, IN-Occupation

650.00

| CURTOTAL of Descirte This Dags (antional) | | 675.00 |
|---|----------|----------|
| SUBTOTAL of Receipts This Page (optional) | | |
| TOTAL This Period (last page this line number only) | • | 49962.96 |

ASSISTANT COUNSEL

Aggregate Year-to-Date

| | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS | Use separate schedule(s) | FOR LINE (check onl | NUMBER: PAGE 315 / 326 y one) 22 |
|-----------|--|--|------------------------|---|
| | y Information copied from such Reports an for commercial purposes, other than using | • | | · · · |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC | C. POLITICAL ACTION COMMITT | EE (a.k.a. N | Medco Health PAC) |
| | Full Name (Last, First, Middle Initial) WYDEN FOR SENATE Mailing Address 232 NE 9TH AVE | | | Transaction ID: EXP.B.65910 Date of Disbursement O 7 D 2 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City PORTLAND Purpose of Disbursement | State Zip Code OR 97232 | 011 | Amount of Each Disbursement this Period 1000.00 |
| | Candidate Name RONALD LEE WYDEN | | Category/ Type | |
| | Office Sought: House X Senate President State: OR District: | Disbursement For: 2010 X Primary General Other (specify) ▼ | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 1000.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <u> </u> | 1000.00 |

| | CHEDULE B (FEC FOIIII 3X) | Use separate schedule(s) | | NE NUMBER: PAGE 316 / 326 only one) |
|----------|---|---|---|--|
| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b | 22 23 24 25 2 28a 28b 28c X 29 3 |
| | y Information copied from such Reports and Staten for commercial purposes, other than using the nam | | | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) AMANDA RAGAN FOR IOWA SENATE | | | Transaction ID: EXP.B.65881 Date of Disbursement 0 7 1 7 2 0 0 9 |
| | Mailing Address 20 GRANITE COURT SE | | | 17 2003 |
| | City MASON CITY | State Zip Code IA 50401 | | Amount of Each Disbursement 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: IA District: Full Name (Last, First, Middle Initial) | | | Transaction ID. EVD D 05000 |
| | BRIAN QUIRK FOR STATE REPRESENT | ATIVE | | Transaction ID: EXP.B.65893 Date of Disbursement |
| | Mailing Address 1011 SUNSET STREET | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | |
| | City NEW HAMPTON | State Zip Code IA 50659 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | 011 | 250.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | |
| | Office Sought: House Disburse Senate President State: IA District: | ment For: 2010 Primary X General Other (specify) | | |
| | Full Name (Last, First, Middle Initial) CITIZENS FOR DAN MORHAIM | | | Transaction ID: EXP.B.65903 Date of Disbursement |
| | Mailing Address 8 PARK CENTER COUR | T, SUITE 100 | | 07 17 2009 |
| | City Owings Mills | State Zip Code MD 21117 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | 011 | 250.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | |
| | Senate President | ement For: 2010 Primary X General Other (specify) | Type | |
| _ | State: MD District: | | | |
| | | | | 750.00 |

| | CHEDULE B (FEC Form 3X) | Use sep | arate schedule(s) | FOR LINE (check only | NUMBER: PAGE 317/326 |
|------------------|---|------------------------------------|---------------------------------|----------------------|---|
| IT | EMIZED DISBURSEMENTS | | category of the Summary Page | 21b 27 | 22 23 24 25 28a 28b 28c X 29 |
| | y Information copied from such Reports and S for commercial purposes, other than using the | | | | |
| $\sum_{i=1}^{n}$ | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. | | | | |
| | Full Name (Last, First, Middle Initial) CITIZENS FOR GRONSTAL | | | | Transaction ID: EXP.B.65879 Date of Disbursement |
| | Mailing Address 220 BENNETT AVE | <u>.</u> | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ I & Q & I & Q \end{bmatrix} $ |
| | City COUNCIL BLUFFS | State IA | Zip Code 51503 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | | 011 | 1000.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | 0040 | Category/ Type | |
| | Office Sought: House Dis Senate President State: IA District: | sbursement For: Primary Other (spe | 2012 X General ecify) ▼ | | |
| | Full Name (Last, First, Middle Initial) CITIZENS TO ELECT BOB COSTA | | | | Transaction ID: EXP.B.65897 Date of Disbursement |
| | Mailing Address PO BOX 113 | | | | $\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} & \begin{smallmatrix} D & 1 & D \\ 1 & 7 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$ |
| | City Churchton | State MD | Zip Code 20733 | | Amount of Each Disbursement this Perio |
| | Purpose of Disbursement | | | 011 | 100.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | Category/ Type | |
| | Office Sought: Senate President State: MD District: | Sbursement For: Primary Other (spe | 2010 X General ecify) | | |
| | Full Name (Last, First, Middle Initial) COWNIE FOR STATEHOUSE | | | | Transaction ID: EXP.B.65884 Date of Disbursement |
| | Mailing Address 686 58TH PLACE | | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} D & 1 & 7 \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Q & Q & 9 \end{bmatrix}$ |
| | City WEST DES MOINES | State IA | Zip Code 50266 | | Amount of Each Disbursement this Perio |
| | Purpose of Disbursement | | | 011 | 250.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | | Category/ Type | |
| | Office Sought: House Dis | sbursement For: | 2010 | | |
| | Senate President | Primary Other (spe | X General ecify) | | |

FE6AN026

| Any Information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLE Full Name (Last, First, Middle Initial) DONALD B. ELLIOTT FOR DELEGATE (Mailing Address 13104 DEER PATH LAICity Germantown | ne and address of any politic LITICAL ACTION COMM COMMITTEE | ed by any person f al committee to so | 22 23 24 25 26 28a 28b 28c X 29 30 for the purpose of soliciting contributions slicit contributions from such committee Medco Health PAC) Transaction ID: EXP.B.65898 Date of Disbursement |
|---|---|--|--|
| or for commercial purposes, other than using the nare NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLE Full Name (Last, First, Middle Initial) DONALD B. ELLIOTT FOR DELEGATE (Mailing Address 13104 DEER PATH LAIR City Germantown | ne and address of any politic LITICAL ACTION COMM COMMITTEE | al committee to so | Medco Health PAC) Transaction ID: EXP.B.65898 Date of Disbursement |
| DONALD B. ELLIOTT FOR DELEGATE (Mailing Address 13104 DEER PATH LAI City Germantown | NE | | Date of Disbursement |
| Germantown | State Zin Code | | $\begin{bmatrix}\begin{smallmatrix}M\\07\end{smallmatrix}^M&\begin{smallmatrix}I&D\\17\end{smallmatrix}^I&\begin{smallmatrix}I&D\\17\end{smallmatrix}^I&\begin{smallmatrix}Y&Y&Y&Y\\2009\end{smallmatrix}^Y$ |
| Durage of Dishurasment | MD 20874 | 1 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION | | 011 Category/ Type | |
| Office Sought: House Disburs Senate President State: MD District: | ement For: 2010 Primary X General Other (specify) | ı | |
| Full Name (Last, First, Middle Initial) DORIS KELLEY FOR IOWA HOUSE Mailing Address 1922 MAYFAIR STREE | Т | | Transaction ID: EXP.B.65887 Date of Disbursement M 7 M / D 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City WATERLOO Purpose of Disbursement Candidate Name | State Zip Code IA 50701 | 011 | Amount of Each Disbursement this Period 250.00 |
| NON-FEDERAL CONTRIBUTION | ement For: 2010 Primary X General Other (specify) | Category/ Type | |
| Full Name (Last, First, Middle Initial) FRIENDS OF HELLAND | | | Transaction ID: EXP.B.65886 Date of Disbursement M M M M M M M M M |
| Mailing Address 505 NW MORNINGSID City | E DRIVE State Zip Code | | Amount of Each Disbursement this Period |
| GRIMES Purpose of Disbursement | GRIMES IA 50111 | | |
| Candidate Name NON-FEDERAL CONTRIBUTION | | O11 Category/ Type | |
| Office Sought: House Disburs Senate President State: IA District: | ement For: 2010 Primary X General Other (specify) ▼ | ı | |
| SUBTOTAL of Disbursements This Page (optional | | _ | 600.00 |

| SCHEDULE B (FEC FOIIII 3X) | | ' Use | Use separate schedule(s) | | | check only | NUMBER: PAGE 319 / 326 v one) | | | | | | |
|--|---|------------------|--------------------------------|--------------|------------------------------|-------------|-------------------------------|--------|-----------------|------------|----------------|------------|------|
| ITEMIZED DI | SBURSEMENT | for e | each category ailed Summary | | | 21b 27 | 22 28a | | 23 28b | 24 28c | X 2 | |] 2 |
| or for commercial pu | ed from such Reports a rposes, other than usin MITTEE (In Full) LTH SOLUTIONS IN | g the name and a | address of any | political co | ommi | ttee to sol | or the pu icit contr | ibutio | ns fro | liciting o | contributi | | |
| , | First, Middle Initial) MARY-DULANY JA 17 WEST COUF | | ET, SUITE | 21 | | | Date of | | burse | | B.6590 ° 20 | 0 0 9 ° |] |
| City Bel Air | | State MD | Zip Co 21014 | | | | Amou | nt of | Each | Disburs | ement th | - | riod |
| Candidate Name NON-FEDERA Office Sought: | | Disbursement F | | 10 eneral | O ⁻ Cate Ty | gory/ | | | | • | 250 | u | |
| Full Name (Last, FRIENDS OF Mailing Address | First, Middle Initial) NIC KIPKE PO BOX 862 | | | | | | Date of | | on ID: burse | ment | B.6590 ° 20 | 1 0 9 | |
| City Pasadena | | State MD | Zip Co 21123 | | | | Amou | nt of | Each | Disburs | ement th | nis Pe | riod |
| Purpose of Disbi Candidate Name NON-FEDERA Office Sought: | | Disbursement F | | 10 eneral | 0 - Cate Ty | gory/ | | | | | 100 | .00 | |
| , , | District: First, Middle Initial) PETER A. HAMMEI | N | | | | | Date of | of Dis | burse | ment | B.6589 | | _ |
| Mailing Address | Mailing Address 1010 HULL STREET, SUITE 202 | | | | | | o ^M 7 | / | ^D 1 | 7 | 20 | ŏ9Ť | _ |
| City Baltimore | | State MD | Zip Co 2123(| | | | Amou | nt of | Each | Disburs | ement th | - | rioc |
| Purpose of Disbrace Candidate Name NON-FEDERA Office Sought: | | Disbursement F | | | O ⁻ Cate Ty | gory/ | L. | • | | | 500 | 0.00 | - |
| State: MD | | | | | | | | | | | | | |

SCHEDIII E B (FEC Form 3Y)

| | CHEDULE B (FEC FOIIII 3X) | Use separate schedule(s) | FOR LINE (check only | |
|--------|--|---|--------------------------|--|
| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 23 24 25 26 28a 28b 28c X 29 30b |
| | ny Information copied from such Reports and Stater for commercial purposes, other than using the nam | | | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | ITICAL ACTION COMMI | TTEE (a.k.a. M | Medco Health PAC) |
| ۸. | Full Name (Last, First, Middle Initial) FRIENDS OF SHAWN Z. TARRANT | | | Transaction ID: EXP.B.65906 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address PO BOX 7696 | | | 07 17 2009 |
| | City Baltimore | State Zip Code MD 21207 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | 011 | 150.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | |
| | Office Sought: House Senate President State: MD District: | ement For: 2010 Primary X General Other (specify) | | |
| 3. | Full Name (Last, First, Middle Initial) FRIENDS OF SHIRLEY NATHAN-PULLIA | λM | | Transaction ID: EXP.B.65904 Date of Disbursement |
| | Mailing Address PO BOX 31785 | | | $\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$ |
| | City Baltimore | State Zip Code MD 21207 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION | | 011 Category/ Type | 200.00 |
| | Office Sought: House Senate President State: MD District: | ement For: 2010 Primary X General Other (specify) | .,,,,, | |
| ;. | Full Name (Last, First, Middle Initial) HAGENOW FOR IOWA HOUSE | | | Transaction ID: EXP.B.65885 Date of Disbursement |
| | Mailing Address 1915 69TH STREET | | | $\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $ |
| | City Windsor Heights | State Zip Code IA 50322 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | 011 | 250.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | |
| | Office Sought: House Senate President State: IA District: | ement For: 2010 Primary X General Other (specify) | | |
| Γ. | | | | 600.00 |
| | GUBTOTAL of Disbursements This Page (optional) | | | |
| L' | TOTAL This Period (last page this line number only | ·) | ······ | |

| SCHEDOLE B (I LC I OHIII SX | Use separate schedule(s) | (check only | |
|---|--|-------------------|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 23 24 25 26 28a 28b 28c X 29 30 |
| Any Information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and address of any political c | ommittee to soli | cit contributions from such committee |
| MEDCO HEALTH SOLUTIONS INC. | POLITICAL ACTION COMMIT | TEE (a.k.a. M | edco Health PAC) |
| Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR STATE RE Mailing Address 5220 SE 31ST CT. | PRESENTATIVE | | Transaction ID: EXP.B.65888 Date of Disbursement O 7 M / D 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | 7: 0.1 | | |
| City DES MOINES | State Zip Code IA 50320 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 500.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | |
| Office Sought: House Senate President State: IA District: | sbursement For: 2010 Primary X General Other (specify) | | |
| Full Name (Last, First, Middle Initial) KULLEN FOR CALVERT | | | Transaction ID: EXP.B.65902 Date of Disbursement |
| Mailing Address PO BOX 1170 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 1 & P \\ I & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$ |
| City Prince Fredrick | State Zip Code MD 20678 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 100.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | |
| Office Sought: House D Senate President State: MD District: | sbursement For: 2010 Primary X General Other (specify) | | |
| Full Name (Last, First, Middle Initial) MARK SMITH FOR IOWA HOUSE | | | Transaction ID: EXP.B.65894 Date of Disbursement |
| Mailing Address 816 ROBERTS TE | RRACE | | $\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$ |
| City Marshalltown | State Zip Code IA 50158 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 500.00 |
| Candidate Name NON-FEDERAL CONTRIBUTION | | Category/ Type | |
| Office Sought: House D Senate President | sbursement For: 2010 Primary X General Other (specify) | | |
| State: IA District: | | | |
| SUBTOTAL of Disbursements This Page (op | ional) | <u></u> | 1100.00 |
| TOTAL This Period (last page this line number | er only) |) | |

| Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House President State: IA District: Full Name (Last, First, Middle Initial) MURPHY FOR STATE REPRESENTATIVE Mailing Address 155 NORTH GRANDVIEW AVE. City DUBUQUE IA 52001 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Primary X General Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.1 Date of Disbursement Other (specify) | |
|---|--|
| Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting con or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co NAME OF COMMITTEE (in Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) Full Name (Last, First, Middle Initial) MCKINLEY FOR STATE SENATE Mailing Address 21884 483RD LANE City Chariton State Zip Code Chariton IA 50049 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Senate President State: IA District: Full Name (Last, First, Middle Initial) MURPHY FOR STATE REPRESENTATIVE Mailing Address 155 NORTH GRANDVIEW AVE. City DUBUQUE IA 52001 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Senate President Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Senate President Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Senate President Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Senate President Category/ Type Office Sought: House Senate President Other (specify) ▼ Transaction ID: EXP.B. Date of Disbursement Category/ Type Transaction ID: EXP.B. Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B. Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B. Date of Disbursement Office Sought: Amount of Each Disbursement Office Sought: Amount of Each Disbursement Office Sought: Amount of Each Disbursement Office Sought: Amount of Each Disbursement Office Sought: Primary X General President Category/ Type Office Sought: House Senate President Office Sought: Primary X General President Office Sought: Primary X General President Office Sought: Primary X General | 25 X 29 |
| NAME OF COMMITTEE (in Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) Full Name (Last, First, Middle Initial) MCKINLEY FOR STATE SENATE Mailing Address 21884 483RD LANE City Chariton Office Sought: Senate President State: IA South State: IA South State: IA South Senate President IA South Senate President IA South Senate President IA South IA IA South IA South IA IA South IA IA South IA IA South IA IA South IA IA South IA IA IA IA IA IA IA IA IA IA IA IA IA | |
| MCKINLEY FOR STATE SENATE Mailing Address 21884 483RD LANE City Chariton Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: Full Name (Last, First, Middle Initial) HURPHY FOR STATE REPRESENTATIVE Mailing Address 155 NORTH GRANDVIEW AVE. City City City City State Zip Code Primary X General Other (specify) Transaction ID: EXP.B.1 Date of Disbursement O7 7 | THIRD THE PROPERTY OF THE PROP |
| City Chariton IA 50049 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Primary X General Primary X | 65880 |
| Chariton IA 50049 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) MURPHY FOR STATE REPRESENTATIVE Mailing Address 155 NORTH GRANDVIEW AVE. City DUBUQUE IA 52001 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Primary X General Other (specify) ▼ Transaction ID: EXP.B.(Date of Disbursement Office Sought: House Primary X General Other (specify) ▼ State: IA District: Full Name (Last, First, Middle Initial) PAULSEN FOR STATE HOUSE COMMITTEE Mailing Address PO BOX 250 City State Zip Code IA 52233 Purpose of Disbursement Other (specify) ▼ Transaction ID: EXP.B.(Disbursement For: 2010 Office Sought: Transaction ID: EXP.B.(Date of Disbursement Office Sought: Transaction ID: EXP.B.(Date of | 2009 |
| Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House | |
| NON-FEDERAL CONTRIBUTION Office Sought: House | 1000.00 |
| Senate President State: IA District: Full Name (Last, First, Middle Initial) MURPHY FOR STATE REPRESENTATIVE Mailing Address 155 NORTH GRANDVIEW AVE. City State Zip Code DUBUQUE IA 52001 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House President State: IA District: Full Name (Last, First, Middle Initial) PAULSEN FOR STATE HOUSE COMMITTEE Mailing Address PO BOX 250 City State Zip Code Primary General Other (specify) ▼ Transaction ID: EXP.B.d. Amount of Each Disbursement Category/ Type Transaction ID: EXP.B.d. Disbursement Other (specify) ▼ Transaction ID: EXP.B.d. Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Transaction ID: EXP.B.d. Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Transaction ID: EXP.B.d. Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Transaction ID: EXP.B.d. Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.d. Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.d. Date of Disbursement Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Transaction ID: EXP.B.d. Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.d. Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.d. Date of Disbursement Other (specify) ▼ Transaction ID: EXP.B.d. Amount of Each Disbursement Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Transaction ID: EXP.B.d. Amount of Each Disbursement Other (specify) ▼ Ot | |
| Full Name (Last, First, Middle Initial) MURPHY FOR STATE REPRESENTATIVE Mailing Address 155 NORTH GRANDVIEW AVE. City DUBUQUE Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION City Purpose of Disbursement Disbursement For: Primary State: IA District: Full Name (Last, First, Middle Initial) PAULSEN FOR STATE HOUSE COMMITTEE Mailing Address PO BOX 250 City HIAWATHA IA Candidate Name NON-FEDERAL CONTRIBUTION City HIAWATHA IA Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: Primary State Zip Code In Disbursement In Disburs | |
| City DUBUQUE IA 52001 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Senate Primary X General Other (specify) ▼ State: IA District: Full Name (Last, First, Middle Initial) PAULSEN FOR STATE HOUSE COMMITTEE Mailing Address PO BOX 250 City State Zip Code HAWATHA IA 52233 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Disbursement For: 2010 Category/ Type Transaction ID: EXP.B.6 Date of Disbursement On 7 M / P 1 P / Y Amount of Each Disbursement Transaction ID: EXP.B.6 Date of Disbursement On 7 M / P 1 P / Y Category/ Type Office Sought: House Disbursement For: 2010 Office Sought: House Primary X General | 65889 |
| DÜBUQUE Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Senate Primary Full Name (Last, First, Middle Initial) PAULSEN FOR STATE HOUSE COMMITTEE Mailing Address PO BOX 250 City HIAWATHA IA Category/ Type Disbursement For: 2010 City HIAWATHA IA State Zip Code HIAWATHA IA S2233 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Disbursement For: 2010 Amount of Each Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary X General | [°] 2 0 0 9 ° |
| Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Senate Primary X General Other (specify) ▼ State: IA District: Full Name (Last, First, Middle Initial) PAULSEN FOR STATE HOUSE COMMITTEE Mailing Address PO BOX 250 City State Zip Code HAWATHA IA 52233 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Disbursement For: 2010 Senate Primary X General | nent this Period |
| NON-FEDERAL CONTRIBUTION Office Sought: House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) PAULSEN FOR STATE HOUSE COMMITTEE Mailing Address PO BOX 250 City State Zip Code HIAWATHA IA 52233 Purpose of Disbursement Candidate Name Non-FEDERAL CONTRIBUTION Office Sought: House Senate Primary X General Disbursement For: 2010 Category/ Type Disbursement For: 2010 Senate Primary X General | 750.00 |
| Senate President Other (specify) Full Name (Last, First, Middle Initial) PAULSEN FOR STATE HOUSE COMMITTEE Mailing Address PO BOX 250 City HIAWATHA IA Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Senate Primary X General Other (specify) Transaction ID: EXP.B.6 Date of Disbursement O 1 1 7 | |
| Full Name (Last, First, Middle Initial) PAULSEN FOR STATE HOUSE COMMITTEE Mailing Address PO BOX 250 City State Zip Code HIAWATHA IA 52233 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Disbursement For: 2010 Senate Primary X General | |
| City State Zip Code HIAWATHA IA 52233 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Disbursement For: 2010 Senate Primary X General | |
| HIAWATHA IA 52233 Purpose of Disbursement Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: House Disbursement For: 2010 Senate Primary X General | ž 0 0 9 ° |
| Candidate Name NON-FEDERAL CONTRIBUTION Office Sought: Disbursement For: Senate Disbursement For: Disbursement For: A General | |
| NON-FEDERAL CONTRIBUTION Office Sought: Disbursement For: Senate Disbursement For: Yope Type | 500.00 |
| Senate Primary X General | |
| ☐ President ☐ Other (specify) ▼ State: IA District: | |
| | 2250.00 |

| | CHEDULE B (FEC FOIII 3X) | Use separate sche | eaule(s) | FOR LINE (check only | NUMBER: | PAGE 323 / 326 |
|-----------|--|---|--------------|-------------------------|--------------------|---------------------------------------|
| | EMIZED DISBURSEMENTS | for each category Detailed Summary | Page | 21b 27 | 22 23 28a 28b | 24 25 28c X 29 |
| | y Information copied from such Reports and Stater for commercial purposes, other than using the nam | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | | <u> </u> | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) PEOPLE FOR SHANE E.R. PENDERGRA | ASS | | | Transaction ID: E | ent |
| | Mailing Address PO BOX 6711 | | | | 07 | 2009 |
| | City Columbia | State Zip Coo MD 21045 | | | Amount of Each Dis | sbursement this Period |
| | Purpose of Disbursement Candidate Name | | | 011 | | 300.00 |
| | NON-FEDERAL CONTRIBUTION | | т | egory/ ype | | |
| | Senate President | ement For: 20 Primary X G Other (specify) | 10 eneral | | | |
| | State: MD District: Full Name (Last, First, Middle Initial) PETTENGILL FOR IOWANS | | | | Transaction ID: E | |
| | Mailing Address P.O. BOX 76 | | | | 0 7 Disburseme | y y y y y y y y y y y y y y y y y y y |
| | City MOUNT AUBURN | State Zip Coo | | | Amount of Each Dis | sbursement this Period |
| | Purpose of Disbursement | 32010 | | 011 | | 250.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | Cat | egory/ ype | | |
| | Office Sought: House Disburs Senate President State: IA District: | ement For: 20 Primary X G Other (specify) | 10 eneral | | | |
| | Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF KENTUCKY | | | | Transaction ID: E | ent |
| | Mailing Address PO BOX 1068 | | | | 07 17 | y 2009 |
| | City Frankfort | State Zip Coo KY 40602 | | | Amount of Each Dis | sbursement this Period |
| | Purpose of Disbursement | | |)11 | | 2500.00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | Cat | egory/ ype | | |
| | Office Sought: House Senate President State: KY District: | ement For: Primary G Other (specify) | eneral | | | |
| | UBTOTAL of Disbursements This Page (optional) | | | | | 3250.00 |

| | CHEDULE B (FEC FOIII 3X) | Use separate schedule(s | i) | | INE NUMI only one) | BER: | | _ PA | GE 32 | 4 / 326 |
|---------|--|---|----|----------------|-----------------------|----------------------|------------------|-----------|------------|----------|
| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 21 27 | 22 28 | a 🗌 2 | 23 28b | 24 28c | 25 X 29 | |
| | y Information copied from such Reports and Stater for commercial purposes, other than using the nam | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL | | | | | | | | <u> </u> | |
| <u></u> | Full Name (Last, First, Middle Initial) SEYMOUR FOR SENATE Mailing Address 901 WHITE STREET | | | | | nsactio te of Dis | | ent | 2 0 č | |
| | City WOODBINE | State Zip Code IA 51579 | | | Am | ount of I | Each Dis | sburse | ment this | s Period |
| | Purpose of Disbursement | | | 011 | 7 L | | | | 250. | 00 |
| | Candidate Name NON-FEDERAL CONTRIBUTION | | 1 | tegory/ ype | | | | | | |
| | Office Sought: Senate President State: IA Disburs Disburs | ement For: 2012 Primary X General Other (specify) | | | | | | | | |
| | Full Name (Last, First, Middle Initial) STEVE OLSON FOR STATE REPRESEN | ATIVE | | | Dat | nsactio te of Dis | burseme | | | |
| | Mailing Address 2731 221ST STREET | | | | 0 | | ^D 1 7 | / L | žοč | 9 ' |
| | City DEWITT | State Zip Code IA 52742 | | | Am | ount of I | Each Dis | sburse | | |
| | Purpose of Disbursement Candidate Name | | - | 011 tegory/ | | | | | 250. | 00 |
| | NON-FEDERAL CONTRIBUTION Office Sought: House Senate President State: IA District: | ement For: 2010 Primary X General Other (specify) | | Гуре | | | | | | |
| | Full Name (Last, First, Middle Initial) SWATI DANDEKAR CAMPAIGN COMMITTEE | | | | Dat | nsactio te of Dis | burseme | ent | | |
| | Mailing Address 2731 28TH AVENUE | | | | O | 7 ^M | 17 | / Y | žοč | 9 ' |
| | City MARION | State Zip Code IA 52302 | | | Am | ount of I | Each Dis | sburse | | |
| | Purpose of Disbursement Candidate Name | | | 011 tegory/ | | | | | 250. | 00 |
| | NON-FEDERAL CONTRIBUTION | 2010 | | Гуре | | | | | | |
| | Office Sought: House Disburs Senate President State: IA District: | ement For: 2012 Primary X General Other (specify) | | | | | | | | |
| | 2.00.100 | | | | | | | | | |

| | COLLEDIN E.D. (EEO Es uns OV) | | | | | | | |
|------|---|---|--|---|--|--|--|--|
| | SCHEDULE B (FEC Form 3X) | Use separate schedule(s) for each category of the | | NUMBER: PAGE 325 / 326 | | | | |
| - 17 | ITEMIZED DISBURSEMENTS | | (Crieck on | <u> </u> | | | | |
| | | Detailed Summary Page | 21b 27 | 22 23 24 25 26 28a 28b 28c x 29 30b | | | | |
| г | A | | | 7 | | | | |
| | Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | | |
| ĺ | NAME OF COMMITTEE (In Full) | | | | | | | |
| | MEDCO HEALTH SOLUTIONS INC. POLI | TICAL ACTION COMM | ITTEE (a.k.a. | Medco Health PAC) | | | | |
| | Full Name (Last, First, Middle Initial) | | Transaction ID: EXP.B.65895 | | | | | |
| A. | UPMEYER FOR HOUSE | | Date of Disbursement | | | | | |
| | | | 07 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | |
| | Mailing Address 2175 PINE AVE. | 07 17 2009 | | | | | | |
| | | State Zip Code | | Amount of Each Disbursement this Period | | | | |
| | GARNER | IA 50438 | _ | | | | | |
| | Purpose of Disbursement | | 011 | 500.00 | | | | |
| | Candidate Name | Category/ | | | | | | |
| | NON-FEDERAL CONTRIBUTION | | Туре | | | | | |
| | Office Sought: House Disburse | ment For: 2010 | • | | | | | |
| | Senate | Primary X General | | | | | | |
| | President | Other (specify) | | | | | | |
| | State: IA District: | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | Transaction ID: EXP.B.65883 | | | | | |
| В. | WARD FOR SENATE | | | Date of Disbursement | | | | |
| | | | | 07 | | | | |
| | Mailing Address 1545 GLEN OAK DRIVE | | | 07 7 17 2009 | | | | |
| | City | State Zip Code | | Amount of Each Disbursement this Period | | | | |
| | WEST DES MOINES | IA 50265 | | | | | | |
| | Purpose of Disbursement | | 011 | 250.00 | | | | |
| | Candidate Name | Category/ | | | | | | |
| | NON-FEDERAL CONTRIBUTION | Type | | | | | | |
| | Office Sought: House Disburse | ment For: 2012 | · · · · · · | 1 | | | | |
| | Senate | Primary X General | | | | | | |
| | President | Other (specify) ▼ | | | | | | |
| | State: IA District: | | | | | | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 750.00 | | |
|---|----------|----------|--|--|
| TOTAL This Period (last page this line number only) | • | 12250.00 | | |

DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each

PAGE 326 / 326 FOR LINE NUMBER: (check only one)

| Excluding Loans | | numbered line) | X 10 | | |
|--|--|--------------------------------------|--|--|--|
| NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICA | L ACTION COMMITTEE (a.k | .a. Medco Health | PAC) | | |
| A. Full Name (Last, First, Middle Initial) of Debtor or NIELSEN, MERKSAMER, PARRINELLO, MU | Nature of D LEGAL & ES | ebt (Purpose): ACCOUNTING SERVIC- | | | |
| Mailing Address 1415 L STREET, STE. 1200 | Mailing Address 1415 L STREET, STE. 1200 | | | | |
| City State SACRAMENTO CA | ZIP Code 95814 | | | | |
| Outstanding Balance Beginning This Period | | Tra | nsaction ID: PAY:D:65909 | | |
| 0.00 Amount Incurred This Period | Payment This Period | Outstandir | ng Balance at Close of This Period | | |
| 321.00 | 0.00 | | 321.00 | | |
| B. Full Name (Last, First, Middle Initial) of Debtor or NIELSEN, MERKSAMER, PARRINELLO, MU Mailing Address 1415 L STREET, STE. 1200 | | Nature of D LEGAL & ES | Nature of Debt (Purpose): LEGAL & ACCOUNTING SERVIC- | | |
| City State SACRAMENTO CA | ZIP Code 95814 | | | | |
| Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 406.00 | Payment This Period 0.00 | | nsaction ID: PAY:D:66969 ng Balance at Close of This Period 406.00 | | |
| SUBTOTALS This Period This Page (optional) | | > | 727.00 | | |
| 2) TOTALS This Period (last page this line number only) | | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | | |
| 4) ADD 2) and 2) and carry forward to appropriate line of Summary Page (last page only) | | | | | |