

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

Office Use Only

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

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

ADDRESS (number and street)

591 REDWOOD HWY., #4000

Check if different  
than previously  
reported. (ACC)

MILL VALLEY

CA

94941

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

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

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2007

through

10

31

2007

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

Type or Print Name of Treasurer

Jason D. Kaune

Signature of Treasurer

Electronically Filed by Jason D. Kaune

Date

12

20

2007

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2007</span>		197543.58
(b) Cash on Hand at Beginning of Reporting Period .....	265810.54	
(c) Total Receipts (from Line 19) .....	44852.88	434204.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	310663.42	631747.70
7. Total Disbursements (from Line 31) .....	35750.00	356834.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	274913.42	274913.42
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	2026.50	
	1 1 0 7	2 0 0 6 CA

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	43294.70	365384.53
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1459.44	68027.79
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	44754.14	433412.32
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	44754.14	433412.32
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	98.74	791.80
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	44852.88	434204.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44852.88	434204.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1684.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	1684.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	272000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3250.00	83150.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35750.00	356834.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	35750.00	356834.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	44754.14	433412.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44754.14	433412.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1684.28
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	1684.28

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

FOR LINE NUMBER: PAGE 6 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 3127 DEVONSHIRE WAY

City	State	Zip Code
GERMANTOWN	TN	38139

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
SENIOR VP, FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	7

Transaction ID: INC.A.40021

Amount of Each Receipt this Period

200.00

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

Mailing Address 1640 CENTURY CENTER PKWY.

City	State	Zip Code
MEMPHIS	TN	38134

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	7

Transaction ID: INC.A.40022

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
AMANDA J. BUNDY

Mailing Address 1640 CENTURY CENTER PKWY.

City	State	Zip Code
MEMPHIS	TN	38134

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	7

Transaction ID: INC.A.40025

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
JEFFREY A. COOLE

Mailing Address 1640 CENTURY CENTER PKWY.

City State Zip Code  
MEMPHIS TN 38134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP TAX & REGULATORY REPORTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: INC.A.40029

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City State Zip Code  
MEMPHIS TN 38119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP - HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: INC.A.40034

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR KEVIN FRANCO

Mailing Address 140 BELLAIR RD  
UNIT Q

City State Zip Code  
RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: INC.A.40036

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)  
SHARON D. HARRIS

Mailing Address 186 N. WHITE STATION RD.

City State Zip Code  
MEMPHIS TN 38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
DIRECTOR - HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: INC.A.40038

Amount of Each Receipt this Period

25.00

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

Mailing Address 4679 AYRON TERRACE

City State Zip Code  
PALM HARBOR FL 34685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP - OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: INC.A.40039

Amount of Each Receipt this Period

50.00

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

Mailing Address 1016 FAIRWOOD LANE

City State Zip Code  
ACWORTH GA 30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
DIRECTOR - MANAGED CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: INC.A.40042

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

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



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

FOR LINE NUMBER: PAGE 9 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
JAMES P. LANGLEY

Mailing Address 1640 CENTURY CENTER PKWY.

City	State	Zip Code
MEMPHIS	TN	38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	7

Transaction ID: INC.A.40043

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS O. MARTIN

Mailing Address 1640 CENTURY CENTER PKWY.

City	State	Zip Code
MEMPHIS	TN	38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
VP CORP STRAT BUS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	7

Transaction ID: INC.A.40046

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS S. MCCANN

Mailing Address 1640 CENTURY CENTER PKWY.

City	State	Zip Code
MEMPHIS	TN	38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	7

Transaction ID: INC.A.40047

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** SUZANNE RICHARDS

Mailing Address 21357 WEST 115TH TERRACE

City State Zip Code  
 ORATHE KS 66061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
SR MGR - BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: INC.A.40049

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** PETER A. STARK

Mailing Address 1670 CENTURY CENTER PARKWAY

City State Zip Code  
 MEMPHIS TN 38134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
GROUP VICE-PRESIDENT - CORPORATE FINAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: INC.A.40051

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** CHANTAL D. VEEVAETE

Mailing Address 7292 OAKVILLE DR.

City State Zip Code  
 GERMANTOWN TN 38138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VICE PRESIDENT, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: INC.A.40052

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR MARK WEGRYN  
Mailing Address 867 STANDISH AVE

City State Zip Code  
MOUNTAINSIDE NJ 07092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
AVP QA & PRODUCT INTEGRITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: INC.A.40053

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
BRENDA WRIGHT  
Mailing Address 1640 CENTURY CENTER PKWY.

City State Zip Code  
MEMPHIS TN 38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP QUALITY INTEGRITY HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: INC.A.40054

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS MARIA ANDERSON  
Mailing Address 4605 W SUNSET BLVD

City State Zip Code  
TAMPA FL 33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40371

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR DAVID BAUGH Mailing Address 1813 ADONIS AVE City HENDERSON State NV Zip Code 89074 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation MGR BENEFIT DELIVERY SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 835.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40455 Amount of Each Receipt this Period 23.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO Mailing Address 26 DAYLILY DRIVE City MOUNT LAUREL State NJ Zip Code 08054 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40497 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX Mailing Address 3380 SADDLEBROOK STREET City LAS VEGAS State NV Zip Code 89141 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1075.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40127 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

58.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR JASON COLE  
Mailing Address 14917 E BELLA VISTA

City State Zip Code  
VERADALE WA 99037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40272

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
MR KENNETH DANIELS  
Mailing Address 2903 CHUKKAR COURT

City State Zip Code  
PLANT CITY FL 33567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40333

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS ROBBIN DICESARE  
Mailing Address 1003T HIGH STREET

City State Zip Code  
BURLINGTON TOWNSHI NJ 08016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR MGR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.04

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40368

Amount of Each Receipt this Period

9.28

**SUBTOTAL** of Receipts This Page (optional) .....

44.28

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

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

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

FOR LINE NUMBER: PAGE 14 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40213

Amount of Each Receipt this Period

25.00

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

MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City State Zip Code  
SOUTHLAKE TX 76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1481.35

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40437

Amount of Each Receipt this Period

34.45

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

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code  
TROPHY CLUB TX 76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40339

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

109.45

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

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

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

FOR LINE NUMBER: PAGE 15 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT GIBBS  
Mailing Address 544 DENMOOR COURT

City State Zip Code  
GALLOWAY OH 43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40162

Amount of Each Receipt this Period

12.50

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

City State Zip Code  
HENDERSON NV 89052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.44

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40392

Amount of Each Receipt this Period

15.08

**C.** Full Name (Last, First, Middle Initial)  
MR ROSS LUCE  
Mailing Address 1066 WEST GROVE CT

City State Zip Code  
GIBSONIA PA 15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40208

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

42.58

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

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

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

FOR LINE NUMBER: PAGE 16 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR GILBERT RAINES  
Mailing Address 800 SANDY TRAIL

City State Zip Code  
KELLER TX 76248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40470

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
MRS MONICA REED  
Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40286

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR FRANK SCHULTE  
Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code  
LAS VEGAS NV 89117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40228

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

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



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

FOR LINE NUMBER: PAGE 17 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 266 BRUSHY CREEK AVE City LAS VEGAS State NV Zip Code 89148 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40301 Amount of Each Receipt this Period 45.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1660.45		
<b>B.</b> Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 21625 E. MERIWETHER LANE City LIBERTY LAKE State WA Zip Code 99019 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40327 Amount of Each Receipt this Period 12.50
Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 537.50		
<b>C.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT Mailing Address 8362 GOLDEN PRAIRIE DRIVE City TAMPA State FL Zip Code 33647 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40230 Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2150.00		

**SUBTOTAL** of Receipts This Page (optional) .....

107.50

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

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

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

FOR LINE NUMBER: PAGE 18 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code  
 LAS VEGAS NV 89123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.50

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40295

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code  
 MOORESTOWN NJ 08057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 7

Transaction ID: INC.A.40313

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**C.** STEVEN FITZPATRICK

Mailing Address 272 DUBRAY MANOR

City State Zip Code  
 COLLIERVILLE TN 38017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 0 / 2 0 0 7

Transaction ID: INC.A.40055

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5037.50

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

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

FOR LINE NUMBER: PAGE 19 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City	State	Zip Code
WYCKOFF	NJ	07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40207

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City	State	Zip Code
BRIDGEWATER	NJ	08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40145

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
DIANE ADAMS

Mailing Address 34 THOMAS ST.

City	State	Zip Code
CALDWELL	NJ	07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40493

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

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

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

FOR LINE NUMBER: PAGE 20 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 139 BELLVALE LAKES RD

City	State	Zip Code
WARWICK	NY	10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40206

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR JEFFREY ALEXANDER

Mailing Address 4 DEERPOND CT

City	State	Zip Code
FLEMINGTON	NJ	08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40224

Amount of Each Receipt this Period

15.00

**C.** Full Name (Last, First, Middle Initial)  
DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City	State	Zip Code
MIDLOTHIAN	VA	23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40205

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City State Zip Code  
DOYLESTOWN PA 18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40489

Amount of Each Receipt this Period

50.00

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

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City State Zip Code  
SCARSDALE NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40264

Amount of Each Receipt this Period

50.00

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

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code  
CHAPPAQUA NY 10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40466

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS MARIA ANDERSON  
Mailing Address 4605 W SUNSET BLVD

City State Zip Code  
TAMPA FL 33629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40372

Amount of Each Receipt this Period

5.00

**B.** Full Name (Last, First, Middle Initial)  
DR ROGER ANDERSON  
Mailing Address 833 OXFORD COURT

City State Zip Code  
LEWISVILLE TX 75056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40485

Amount of Each Receipt this Period

192.30

**C.** Full Name (Last, First, Middle Initial)  
MS JAYME ANTONOPLOS  
Mailing Address 48 WITTE ROAD

City State Zip Code  
HEWITT NJ 07421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR EXEC CORR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40332

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

222.30

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

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

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

FOR LINE NUMBER: PAGE 23 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 20 CHADWELL PLACE

City State Zip Code  
MORRISTOWN NJ 07960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40280

Amount of Each Receipt this Period

25.00

**B.** 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.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40492

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City State Zip Code  
ENGLEWOOD NJ 07631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40406

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 69 SKYLINE DR

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40342

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MRS BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City State Zip Code  
CARROLLTON TX 75007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40405

Amount of Each Receipt this Period

50.00

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

Mailing Address 1813 ADONIS AVE

City State Zip Code  
HENDERSON NV 89074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40456

Amount of Each Receipt this Period

23.00

**SUBTOTAL** of Receipts This Page (optional) .....

123.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City State Zip Code  
 VIENNA VA 22182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40307

Amount of Each Receipt this Period

100.00

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

MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City State Zip Code  
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40469

Amount of Each Receipt this Period

50.00

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

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City State Zip Code  
 TOWACO NJ 07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40338

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code  
BUFORD GA 30518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40352

Amount of Each Receipt this Period

25.00

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

Mailing Address 4 WINDRUSH LANE

City State Zip Code  
WESTPORT CT 06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP PRES, EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40465

Amount of Each Receipt this Period

192.00

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

Mailing Address 26 DAYLILY DRIVE

City State Zip Code  
MOUNT LAUREL NJ 08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40498

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

227.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 4520 LINWOOD LANE

City State Zip Code  
DEEPAHVEN MN 55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP CLIENT & MKT STRATEGIC DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40454

Amount of Each Receipt this Period

50.00

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

Mailing Address 129 NORWOOD AVENUE

City State Zip Code  
MONTCLAIR NJ 07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40501

Amount of Each Receipt this Period

25.00

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

Mailing Address 50 NEW ENGLAND DR

City State Zip Code  
RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40299

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City State Zip Code  
LEVITTOWN NY 11756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40458

Amount of Each Receipt this Period

25.00

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

MRS HEATHER BONOME

Mailing Address 305 10TH STREET NE

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40266

Amount of Each Receipt this Period

25.00

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

MR DUANE BOSCH

Mailing Address 3935 BALSAM LA

City State Zip Code  
PLYMOUTH MN 55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40178

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

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

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

FOR LINE NUMBER: PAGE 29 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 109 ARBOR PL

City	State	Zip Code
BRYN MAWR	PA	19010

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40183

Amount of Each Receipt this Period

25.00

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

Mailing Address 3380 SADDLEBROOK STREET

City	State	Zip Code
LAS VEGAS	NV	89141

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40128

Amount of Each Receipt this Period

25.00

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

Mailing Address 5259 FISHERCREST LN

City	State	Zip Code
RICHMOND	VA	23231

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40411

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 15 DAWN LANE

City State Zip Code  
RINGWOOD NJ 07456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40451

Amount of Each Receipt this Period

30.00

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

Mailing Address 3 DEER HORN TRAIL

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40186

Amount of Each Receipt this Period

10.00

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

Mailing Address PO BOX 708

City State Zip Code  
COATESVILLE PA 19320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40400

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MR DAVID BREEN

Mailing Address 27 SEALS DR

City State Zip Code  
 MONROE NY 10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40382

Amount of Each Receipt this Period

25.00

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

MR JOHN BRENNAN

Mailing Address 2 CARMEN LANE

City State Zip Code  
 FLEMINGTON NJ 08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40482

Amount of Each Receipt this Period

10.00

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

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City State Zip Code  
 PELHAM MANOR NY 10803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40243

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR RICHARD BROOKLER  
Mailing Address 9 ROMARY COURT

City State Zip Code  
GLEN ROCK NJ 07452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40159

Amount of Each Receipt this Period

25.00

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

City State Zip Code  
YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40180

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS VIVIAN BULGER  
Mailing Address 120 EAST MAIN ST

City State Zip Code  
WASHINGTONVILLE NY 10992

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40380

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS MARY BURKE

Mailing Address 638 LENOX AVE

City State Zip Code  
 WESTFIELD NJ 07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR MEDICARE CLIENT PRODU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40239

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
MR KEVIN BURON

Mailing Address 25 TIMBERLAND

City State Zip Code  
 ALISO VIEJO CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40284

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MRS PEGEEN BUTTERFIELD

Mailing Address 23 NUTTING PLACE

City State Zip Code  
 WEST CALDWELL NJ 07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40215

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

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

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

FOR LINE NUMBER: PAGE 34 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City	State	Zip Code
MAYWOOD	NJ	07607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40125

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City	State	Zip Code
CHATHAM	NJ	07928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40360

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR GERALD CARDONE

Mailing Address 3 MEADOW LANE

City	State	Zip Code
ANNANDALE	NJ	08801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR FACILITY PLANNING & DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40426

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 24 SHERI DRIVE

City State Zip Code  
 ALLENDALE NJ 07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40374

Amount of Each Receipt this Period

52.50

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

Mailing Address 16345 HEATHROW DRIVE

City State Zip Code  
 TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40422

Amount of Each Receipt this Period

13.00

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

Mailing Address 822 CEDAR AVE

City State Zip Code  
 HADDENFIELD NJ 08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40289

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.50

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

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

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

FOR LINE NUMBER: PAGE 36 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS KAREN CATHCART RUSSELL			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 148 CLUBHOUSE DR			<b>Transaction ID:</b> INC.A.40150	
City State Zip Code WEST COLUMBIA SC 29172			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR JASON COLE			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 14917 E BELLA VISTA			<b>Transaction ID:</b> INC.A.40273	
City State Zip Code VERADALE WA 99037			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR FRANK COLIANO			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 5176 BALDWIN TERRACE			<b>Transaction ID:</b> INC.A.40218	
City State Zip Code MARIETTA GA 30068			Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00		

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code  
NEW YORK NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40476

Amount of Each Receipt this Period

25.00

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

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code  
RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40174

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
ANTONIO CORREIA

Mailing Address 30 EAST 81ST STREET, #9B

City State Zip Code  
NEW YORK NY 10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40503

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code  
SPARTA NJ 07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40265

Amount of Each Receipt this Period

50.00

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

Mailing Address 7979 E SANTA CATALINA DR

City State Zip Code  
SCOTTSDALE AZ 85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40254

Amount of Each Receipt this Period

60.00

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

Mailing Address 19 IDA COURT

City State Zip Code  
STATEN ISLAND NY 10312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40293

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS ROSELIN DANIEL  
Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code  
RANDOLPH NJ 07869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40356

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR KENNETH DANIELS  
Mailing Address 2903 CHUKKAR COURT

City State Zip Code  
PLANT CITY FL 33567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40334

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS MARY DASCHNER  
Mailing Address 2926 EWING AVE S

City State Zip Code  
MINNEAPOLIS MN 55416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40241

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

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

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

FOR LINE NUMBER: PAGE 40 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
DR AMITA DASMAHAPATRA

Mailing Address 24 CHARLOTTE HILL DR

City	State	Zip Code
BERNARDSVILLE	NJ	07924

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR MEDICAL POLICY & PROG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40170

Amount of Each Receipt this Period

10.00

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

Mailing Address 5616 BROOK DRIVE

City	State	Zip Code
EDINA	MN	55439

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40252

Amount of Each Receipt this Period

50.00

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

Mailing Address 402 HIGHLAND AVE

City	State	Zip Code
RIDGEWOOD	NJ	07450

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40375

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS Mailing Address W62 N1032 FAIRHAVEN CT City CEDARBURG State WI Zip Code 53012 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40308 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS BARBARA DELLEDONNA Mailing Address 199 SANFORD AVE City EMERSON State NJ Zip Code 07630 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR E-COM BUSINESS OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40408 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO Mailing Address 80 HILLSIDE AVENUE City GLEN RIDGE State NJ Zip Code 07028 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40282 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS TONI DEMANSS  
Mailing Address 32 RED BARN LANE

City State Zip Code  
WEST MILFORD NJ 07480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40481

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS MAUREEN DEMPSEY  
Mailing Address 17 RICHWOOD PLACE

City State Zip Code  
DENVER NJ 07834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR MEDICARE COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40494

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR JOHN DERRICO  
Mailing Address 195 HACKENSACK AVENUE

City State Zip Code  
HARRINGTON PARK NJ 07640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40462

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS KAREN DEZEARN

Mailing Address 3625 PATTERNSTONE DR

City State Zip Code  
ALPHARETTA GA 30022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40152

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS ROBBIN DICESARE

Mailing Address 1003T HIGH STREET

City State Zip Code  
BURLINGTON TOWNSHI NJ 08016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR MGR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40369

Amount of Each Receipt this Period

9.28

**C.** Full Name (Last, First, Middle Initial)  
MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40214

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

59.28

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

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

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

FOR LINE NUMBER: PAGE 44 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 9 CRANE AVENUE

City State Zip Code  
WEST CALDWELL NJ 07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40357

Amount of Each Receipt this Period

25.00

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

MS MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City State Zip Code  
ALLENTOWN PA 18104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40165

Amount of Each Receipt this Period

25.00

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

MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City State Zip Code  
IRVINE CA 92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40412

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR DANA DUNCAN Mailing Address 72 HALLEY DR City POMONA State NY Zip Code 10970 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40292 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR PETER DUNLEAVY Mailing Address 2 DECKER TERRACE City KINNELON State NJ Zip Code 07405 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40187 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR STEPHEN DUNLEAVY Mailing Address 14026 KNOX STREET City OVERLAND PARK State KS Zip Code 66221 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES SEGMENT LEADER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40210 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR MARK DUNN  
Mailing Address 2 OLD MILL ROAD

City State Zip Code  
SANDY HOOK CT 06482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40190

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR YAACOV DUSHEK  
Mailing Address 312 MEGAN CT

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40347

Amount of Each Receipt this Period

25.00

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

City State Zip Code  
SOUTHLAKE TX 76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1481.35

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40438

Amount of Each Receipt this Period

34.45

**SUBTOTAL** of Receipts This Page (optional) .....

84.45

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

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

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

FOR LINE NUMBER: PAGE 47 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 109 KAREN PLACE

City State Zip Code  
 WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40179

Amount of Each Receipt this Period

25.00

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

Mailing Address 128 SUMMIT AVENUE

City State Zip Code  
 UPPER MONTCLAIR NJ 07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40484

Amount of Each Receipt this Period

50.00

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

Mailing Address 106 GRAHAM TERRACE

City State Zip Code  
 SADDLE BROOK NJ 07663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40348

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MR SCOTT ENOS

Mailing Address 22 BARNARD RD

City State Zip Code  
 WARWICK RI 02886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40269

Amount of Each Receipt this Period

10.00

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

MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code  
 BRIARCLIFF MANOR NY 10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40487

Amount of Each Receipt this Period

50.00

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

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City State Zip Code  
 UPPER GRANDVIEW NY 10960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40119

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

252.31

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



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

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

FOR LINE NUMBER: PAGE 49 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR SCOTT ERHARDT  
Mailing Address 11540 39TH AVE N

City State Zip Code  
PLYMOUTH MN 55441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40257

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
MR YAKOV ESTERLIS  
Mailing Address 800 PALISADE AVE  
APT 706

City State Zip Code  
FORT LEE NJ 07024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40441

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR STEVEN FANDETTI  
Mailing Address 15804 SORAWATER DR.

City State Zip Code  
LITHIA FL 33547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40196

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City State Zip Code  
**MAHWAH NJ 07430**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: INC.A.40244

Amount of Each Receipt this Period

50.00

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

Mailing Address 58 APPLE HILL DR

City State Zip Code  
**GILLETTE NJ 07933**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP CORP MKTG & E-COMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4229.06

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: INC.A.40285

Amount of Each Receipt this Period

192.23

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

Mailing Address 275 BIRCH STREET

City State Zip Code  
**EMERSON NJ 07630**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: INC.A.40413

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

**267.23**

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

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

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

FOR LINE NUMBER: PAGE 51 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 464 SPRING AVE.

City State Zip Code  
 RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CARD OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40376

Amount of Each Receipt this Period

25.00

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

Mailing Address 10 TRACY CIRCLE

City State Zip Code  
 CAMPBELL HALL NY 10916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40188

Amount of Each Receipt this Period

25.00

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

Mailing Address 465 OLD STONE RD

City State Zip Code  
 RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40236

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1933 MT. OLIVE  
AGOSTA ROAD

City State Zip Code  
NEW BLOOMINGTON OH 43341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40322

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR PAUL FORTUNATO, III

Mailing Address 18 WINDING RIDGE

City State Zip Code  
OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40192

Amount of Each Receipt this Period

10.00

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code  
TROPHY CLUB TX 76262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40340

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1434 NARRAGANSETT BLVD

City State Zip Code  
CRANSTON RI 02905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40204

Amount of Each Receipt this Period

30.00

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

Mailing Address 24 MOREHOUSE PL

City State Zip Code  
NEW PROVIDENCE NJ 07974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40117

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE  
APT 1701

City State Zip Code  
CHICAGO IL 60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40450

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

272.31

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

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

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

FOR LINE NUMBER: PAGE 54 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS IRENE GALE

Mailing Address 3 MAIZE TRAIL

City State Zip Code  
PLACITAS NM 87043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40232

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
MS IVY GALLACCHI

Mailing Address 11 LAKE AVENUE

City State Zip Code  
MALTA NY 12020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40483

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
MS PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City State Zip Code  
COLUMBUS OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40414

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

35.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City State Zip Code  
 OLD TAPPAN NJ 07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40315

Amount of Each Receipt this Period

50.00

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

Mailing Address 25 BALLYMEADE ROAD

City State Zip Code  
 HOPEWELL JUNCTION NY 12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40473

Amount of Each Receipt this Period

192.31

**C.** Full Name (Last, First, Middle Initial)  
MR OMHARASIRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City State Zip Code  
 MORRIS PLAINS NJ 07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40477

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

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

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

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

FOR LINE NUMBER: PAGE 56 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1201 BRIDGE STREET

City State Zip Code  
ASBURY PARK NJ 07712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP TREASURY & FINANCIAL EVALS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40116

Amount of Each Receipt this Period

50.00

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

MR FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City State Zip Code  
ROBBINSVILLE NJ 08691

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40212

Amount of Each Receipt this Period

50.00

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

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City State Zip Code  
GALLOWAY OH 43119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40163

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

112.50

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



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

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

FOR LINE NUMBER: PAGE 57 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR THOMAS GILSON Mailing Address 2 PELL FARM ROAD City State Zip Code SADDLE RIVER NJ 07458 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4230.82		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40445 Amount of Each Receipt this Period 192.31
<b>B.</b> Full Name (Last, First, Middle Initial) MS AUDREY GOODMAN Mailing Address 26 HILLSIDE AVE. City State Zip Code GLEN ROCK NJ 07452 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ORG DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40390 Amount of Each Receipt this Period 15.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR JAMES GORMAN Mailing Address 11 WASHBURN RD City State Zip Code CANTON CT 06022 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLIENT & MKT PROG STRAT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40175 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

232.31

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

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

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

FOR LINE NUMBER: PAGE 58 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR JAMES GRANT, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 1928 BEVERLY LANE		<b>Transaction ID:</b> INC.A.40226	
City BUFFALO GROVE	State IL	Zip Code 60089	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FINANCIAL INSIGHTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR EDWARD GRIX		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 525 ORANGEBURG RD		<b>Transaction ID:</b> INC.A.40247	
City PEARL RIVER	State NY	Zip Code 10965	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM BUSINESS OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS GINA GRUHN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 13 WEATHER VANE DRIVE		<b>Transaction ID:</b> INC.A.40278	
City CONVENT STATION	State NJ	Zip Code 07960	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation REGIONAL VP SALES-SYSTEMED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

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

FOR LINE NUMBER: PAGE 59 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS TRACY GRUNSFELD

Mailing Address 264 HARVEST AVE

City

STATEN ISLAND

State

NY

Zip Code

10310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CONSUMER DRIVEN MKTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40167

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS &amp; INSTALLATION SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1980.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40134

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

CHIEF INFO OFFICER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40349

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional) .....

297.31

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

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

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

FOR LINE NUMBER: PAGE 60 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City State Zip Code  
CHASKA MN 55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40449

Amount of Each Receipt this Period

50.00

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

Mailing Address 1116 OAKCROFT LANE

City State Zip Code  
SOMERSET NJ 08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40415

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City State Zip Code  
POMPTON PLAINS NJ 07444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40158

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** MS SHANA HART

Mailing Address 5505 CEDAR CREEK DRIVE

City State Zip Code  
 SNYDER TX 79549

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40275

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B.** MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City State Zip Code  
 COLORADO SPRINGS CO 80908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40118

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**C.** MR BILL HEAD

Mailing Address 501 SLATERS LANE  
 #816

City State Zip Code  
 ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40495

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

227.31

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

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

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

FOR LINE NUMBER: PAGE 62 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 13210 N. 11TH AVE.

City State Zip Code  
PHOENIX AZ 85029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40184

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS EILEEN HEINZ

Mailing Address 27 DOGWOOD LN

City State Zip Code  
MONTVALE NJ 07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40442

Amount of Each Receipt this Period

10.00

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

Mailing Address 23 VALLEY RD

City State Zip Code  
SUCCASUNNA NJ 07876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLIENT SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40168

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR ERIC HESS			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 10 CARLTON RD			<b>Transaction ID:</b> INC.A.40238	
City State Zip Code FLANDERS NJ 07836			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP ENGINEERING & OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MS JANE HILDEBRANDT			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 35 CASCADE WAY			<b>Transaction ID:</b> INC.A.40256	
City State Zip Code BUTLER NJ 07405			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 1 HERITAGE RD			<b>Transaction ID:</b> INC.A.40320	
City State Zip Code FLORHAM PARK NJ 07932			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation REGIONAL VP PHARMACIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR GLENN HOFFMAN  
Mailing Address 974 HILLCREST ROAD

City State Zip Code  
RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FACILITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40391

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)  
MR TIMOTHY HOGAN  
Mailing Address 9 HIRLE ST

City State Zip Code  
CORNWALL ON HUDSON NY 12520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40251

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROGER HOLLAND  
Mailing Address 41 SAINT RAPHAEL

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40311

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

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



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

FOR LINE NUMBER: PAGE 65 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 49 S HILLSIDE AVE

City	State	Zip Code
ELMSFORD	NY	10523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40345

Amount of Each Receipt this Period

80.00

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

Mailing Address 9553 ANDREW DR

City	State	Zip Code
TWINSBURG	OH	44087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40504

Amount of Each Receipt this Period

14.69

**C.** Full Name (Last, First, Middle Initial)  
MR STEVEN HOROWITZMailing Address 30 AVENUE AT PORT IMPERIAL  
APT. 415

City	State	Zip Code
WEST NEW YORK	NJ	07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40499

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

144.69

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

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

FOR LINE NUMBER: PAGE 66 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR JEFFREY HULL Mailing Address 2616 S 3B'S & K RD City State Zip Code GALENA OH 43021 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PROFESSIONAL PRACTICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40325 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS JANE HULSE Mailing Address 95 GORDON RD City State Zip Code ESSEX FELLS NJ 07021 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40379 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR DAVID ISRAEL Mailing Address 730 COLUMBUS AVENUE City State Zip Code NEW YORK NY 10025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BUSINESS DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40121 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS SUSAN ITO Mailing Address 6366 SW 90TH STREET City Gainesville State FL Zip Code 32608 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40130 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS TERESE JACKSON Mailing Address 6085 S. PRESTON LANE City New Berlin State WI Zip Code 53151 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40169 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON Mailing Address 56 WARREN RD City West Orange State NJ Zip Code 07052 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR MEDICARE OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40425 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR TODD JEFFREY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 15 ELIZABETH STREET		<b>Transaction ID:</b> INC.A.40436	
City DUMONT	State NJ	Zip Code 07628	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARM CONTRACT & CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
<b>B.</b> Full Name (Last, First, Middle Initial) ROBERT JINKS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 22 PAGE AVE		<b>Transaction ID:</b> INC.A.40160	
City LYNDHURST	State NJ	Zip Code 07071	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR WILLIAM JOEL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 32 VENTOSA DR		<b>Transaction ID:</b> INC.A.40279	
City MORRISTOWN	State NJ	Zip Code 07960	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ANALYTICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City State Zip Code  
**HENDERSON NV 89052**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.44

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: INC.A.40393

Amount of Each Receipt this Period

15.08

Full Name (Last, First, Middle Initial)

**B.** MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City State Zip Code  
**PRIOR LAKE MN 55372**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: INC.A.40274

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** MR JOHN KAPIOSKI

Mailing Address 8202 MARSH GLEN CT

City State Zip Code  
**TAMPA FL 33647**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PHARMACY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: INC.A.40373

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

**90.08**

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

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

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

FOR LINE NUMBER: PAGE 70 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City State Zip Code  
 MENOMONEE FALLS WI 53051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40263

Amount of Each Receipt this Period

25.00

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

MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City State Zip Code  
 RINGWOOD NJ 07456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40457

Amount of Each Receipt this Period

25.00

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

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City State Zip Code  
 POWELL OH 43065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40316

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40153

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS LISA KETNER

Mailing Address 7 POINT VIEW

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40304

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City

CHESTER

State

NY

Zip Code

10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40427

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 295 GLEN PLACE

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40464

Amount of Each Receipt this Period

192.30

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

Mailing Address 36 CORTLAND TL

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1111.88

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40459

Amount of Each Receipt this Period

50.54

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

Mailing Address 555 FORBUSH STREET

City State Zip Code  
BOONTON NJ 07005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40420

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

262.84

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



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

FOR LINE NUMBER: PAGE 73 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City	State	Zip Code
BOWLING GREEN	OH	43402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40173

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City	State	Zip Code
MAHWAH	NJ	07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40200

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City	State	Zip Code
FRANKLIN LAKES	NJ	07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40353

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

130.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code  
COLUMBUS OH 43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40403

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City State Zip Code  
TOWACO NJ 07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40343

Amount of Each Receipt this Period

25.00

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

Mailing Address 7017 COBALT WAY

City State Zip Code  
CITRUS HEIGHTS CA 95621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40306

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City State Zip Code  
WALDWICK NJ 07463

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40488

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City State Zip Code  
RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40298

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code  
GIBSONIA PA 15044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40209

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE Mailing Address 238 WOODLAND AVE City State Zip Code SUMMIT NJ 07901 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MARKETING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40255 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS VERONA MACMAHON Mailing Address 1504 WEST CULLOM AVE UNIT G City State Zip Code CHICAGO IL 60613 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40439 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR MICHAEL MAHON Mailing Address 64 PHEASANT HILL DRIVE City State Zip Code WEST HARTFORD CT 06107 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40490 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR KENNETH MALLEY			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 764 W. SADDLE RIVER ROAD			<b>Transaction ID:</b> INC.A.40240	
City State Zip Code HO HO KUS NJ 07423			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP PRODUCT & CHANNEL MKTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 33 HICKORY TAVERN RD			<b>Transaction ID:</b> INC.A.40132	
City State Zip Code GILLETTE NJ 07933			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MS ILENE MARCUS			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 97 BLUEBERRY DR			<b>Transaction ID:</b> INC.A.40362	
City State Zip Code WOODCLIFF LAKE DR NJ 07675			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR GARY MARGIOTTA

Mailing Address 8 HEATHER HILL WAY

City State Zip Code  
MENDHAM NJ 07945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40234

Amount of Each Receipt this Period

10.00

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

Mailing Address 351 SOUND BEACH AVENUE

City State Zip Code  
OLD GREENWICH CT 06870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40197

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City State Zip Code  
MENOMONEE FALLS WI 53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40259

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR TODD MARTIN			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 11825 SHEPPARDS CROSSING			<b>Transaction ID:</b> INC.A.40221	
City State Zip Code CLARKSVILLE MD 21029			<b>Amount of Each Receipt this Period</b> 192.30	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4230.60		
<b>B.</b> Full Name (Last, First, Middle Initial) MR ROBERT MATCHETT			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 27 LAKEVILLE RD			<b>Transaction ID:</b> INC.A.40182	
City State Zip Code SUSSEX NJ 07461			<b>Amount of Each Receipt this Period</b> 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR JEFFREY MAY			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 137 WASHINGTON AVE			<b>Transaction ID:</b> INC.A.40394	
City State Zip Code HILLSDALE NJ 07642			<b>Amount of Each Receipt this Period</b> 192.30	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP DRUG DISTRIB & CONTROL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4230.60		

**SUBTOTAL** of Receipts This Page (optional) .....

409.60

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

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

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

FOR LINE NUMBER: PAGE 80 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR TERENCE MAYTIN Mailing Address 496 FRANKLIN AVE City State Zip Code WYCKOFF NJ 07481 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR E-COM STRAT & DELI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40217 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS PATRICIA MAZZONE Mailing Address 56 PENOBSCOT ST City State Zip Code CLIFTON NJ 07013 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40303 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR SHAMUS MC GUIRE Mailing Address 11 JARDINE COURT City State Zip Code MORRIS PLAINS NJ 07950 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES STRATEGY & MARKETING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40245 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

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



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

FOR LINE NUMBER: PAGE 81 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD Mailing Address 0-45 27TH ST City FAIR LAWN State NJ Zip Code 07410 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40346 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	3		2	0	0	7																							
25.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH Mailing Address 87 ROSELAWN RD City HIGHLAND MILLS State NY Zip Code 10930 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP & COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4224.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40305 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	7	192.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	3		2	0	0	7																							
192.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA Mailing Address 112 GREEN TERRACE WAY City WEST MILFORD State NJ Zip Code 07480 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP BUSINESS OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4230.82		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40433 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	7	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	3		2	0	0	7																							
192.31																																

SUBTOTAL of Receipts This Page (optional) .....

409.31

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

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

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

FOR LINE NUMBER: PAGE 82 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City State Zip Code  
 ORADELL NJ 07649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40166

Amount of Each Receipt this Period

25.00

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

Mailing Address 7 CLOVER LANE

City State Zip Code  
 RANDOLPH NJ 07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40138

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City State Zip Code  
 DENVILLE NJ 07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40131

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR GIOVANNI MINARDI			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 12 LINCOLN ROAD			<b>Transaction ID:</b> INC.A.40447	
City State Zip Code KINNELON NJ 07405			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR E-COM STRAT & DELI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR BHUPESH MISTRY			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 106 HAMBURG ROAD			<b>Transaction ID:</b> INC.A.40142	
City State Zip Code PARSIPPANY NJ 07054			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MS JULIANA MOLEK			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 17584 WEXFORD DR			<b>Transaction ID:</b> INC.A.40227	
City State Zip Code EDEN PRAIRIE MN 55347			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR SPECIAL MARKETS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00		

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City State Zip Code  
WARRINGTON PA 18976

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40237

Amount of Each Receipt this Period

25.00

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

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code  
SHORT HILLS NJ 07078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40122

Amount of Each Receipt this Period

192.00

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

Mailing Address 59 VALLEY VIEW TER

City State Zip Code  
MONTVALE NJ 07645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40395

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

227.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR RICHARD MOUNTJOY  
Mailing Address 2 STONEBRIDGE RD

City State Zip Code  
SPARTA NJ 07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40428

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
MR KEVIN MURPHY, JR  
Mailing Address 80 PARKWAY

City State Zip Code  
FAIRFIELD CT 06824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP MKT STRATEGY & DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40171

Amount of Each Receipt this Period

125.00

**C.** Full Name (Last, First, Middle Initial)  
MS BECKY NAGLE  
Mailing Address 64 WALTER AVE

City State Zip Code  
HASBROUCK HEIGHTS NJ 07604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40172

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS ARLENE NELSON  
Mailing Address 17 GARFIELD PLACE

City State Zip Code  
RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40198

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR MICHAEL NICODEMO  
Mailing Address 407 MEER AVE

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40432

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
MS JANINE NOWATZKY  
Mailing Address 24 CHEROKEE TRAIL

City State Zip Code  
OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR MKTING & STRATEGIC ANAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40297

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS COLLEEN O'BRIEN  
Mailing Address 30 BELCHER ROAD

City State Zip Code  
WARWICK NY 10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40310

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
MR CHARLES OESTREICHER  
Mailing Address 6 PARK DR SOUTH

City State Zip Code  
RYE NY 10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40417

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR SUNNY OGBONDA  
Mailing Address 79 LAUREL WOOD COURT

City State Zip Code  
ROCKAWAY TOWNSHIP NJ 07866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40143

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR MELVIN OHL  
Mailing Address 274 E FRANKLIN TPKE

City State Zip Code  
RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40370

Amount of Each Receipt this Period

50.00

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

City State Zip Code  
SUFFERN NY 10901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40409

Amount of Each Receipt this Period

25.00

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

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40491

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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



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

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

FOR LINE NUMBER: PAGE 89 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS NATALYA ONIK			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 1 SCHINDLER CT			<b>Transaction ID:</b> INC.A.40281	
City	State	Zip Code	Amount of Each Receipt this Period 25.00	
UPPER SADDLE RIVER	NJ	07458		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 4 TEAK COURT			<b>Transaction ID:</b> INC.A.40359	
City	State	Zip Code	Amount of Each Receipt this Period 50.00	
RINGWOOD	NJ	07456		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation EXEC DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MS DAWN PAGANO			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 185 PASCACK ROAD			<b>Transaction ID:</b> INC.A.40358	
City	State	Zip Code	Amount of Each Receipt this Period 50.00	
PARK RIDGE	NJ	07656		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP OPS & INSTALLATION SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City State Zip Code  
PARK RIDGE NJ 07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40354

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City State Zip Code  
LIVINGSTON NJ 07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40276

Amount of Each Receipt this Period

25.00

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

Mailing Address 19 E. HOLLYWOOD LANE

City State Zip Code  
BEESLEY'S POINT NJ 08223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.42

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40461

Amount of Each Receipt this Period

9.61

**SUBTOTAL** of Receipts This Page (optional) .....

59.61

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

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

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

FOR LINE NUMBER: PAGE 91 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR JAY PATEL			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 14 BROWNSTONE TERRACE			<b>Transaction ID:</b> INC.A.40480	
City State Zip Code HAWTHORNE NJ 07506			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR MATTHEW PATELLA			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 30 TAM O SHANTER DRIVE			<b>Transaction ID:</b> INC.A.40157	
City State Zip Code MAHWAH NJ 07430			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR ROBERT PELLEGRINI			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 211 WILTSIE COURT			<b>Transaction ID:</b> INC.A.40248	
City State Zip Code WYCKOFF NJ 07481			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

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

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

FOR LINE NUMBER: PAGE 92 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR MICHAEL PETEROY

Mailing Address 4769 STAVANGER LANE

City	State	Zip Code
LAS VEGAS	NV	89147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40341

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR NATHAN PETERSON

Mailing Address 1771 PRESCOTT LANE

City	State	Zip Code
CHASKA	MN	55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40258

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City	State	Zip Code
MAPLE GROVE	MN	55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40216

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City State Zip Code  
MORRISTOWN NJ 07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40133

Amount of Each Receipt this Period

75.00

**B.** Full Name (Last, First, Middle Initial)  
MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City State Zip Code  
MONSEY NY 10952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40219

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City State Zip Code  
DUNNELLON FL 34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40419

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR NEIL PREZIOSO  
Mailing Address 10258 WINDSOR WAY

City State Zip Code  
POWELL OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40326

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MS KARIN PRINCIVALLE  
Mailing Address 875 ALEXANDRIA CT

City State Zip Code  
RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40290

Amount of Each Receipt this Period

192.30

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT PRITCHET  
Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code  
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40388

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.30

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

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

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

FOR LINE NUMBER: PAGE 95 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code  
SPARTA NJ 07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40452

Amount of Each Receipt this Period

192.31

**B.** Full Name (Last, First, Middle Initial)  
SYED QUADRI

Mailing Address 6040 KENNEDY BLVD EAST  
APT 30N

City State Zip Code  
WEST NEW YORK NJ 07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40446

Amount of Each Receipt this Period

25.00

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

Mailing Address 800 SANDY TRAIL

City State Zip Code  
KELLER TX 76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40471

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

227.31

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

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

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

FOR LINE NUMBER: PAGE 96 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City State Zip Code  
SCARSDALE NY 10583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40154

Amount of Each Receipt this Period

25.00

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

MS JOANN REED

Mailing Address 4 ANTLER CT

City State Zip Code  
MATAWAN NJ 07747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1438.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40378

Amount of Each Receipt this Period

65.38

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

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40287

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

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



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

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

FOR LINE NUMBER: PAGE 97 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR THOMAS REINCKENS Mailing Address 22 BARTLETT AVE. City NORWALK State CT Zip Code 06850 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR RECONCILIATION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40235 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR VICTOR RENNA Mailing Address 8 CARLA ANN CT City FLANDERS State NJ Zip Code 07836 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROCUREMENT & INVENTORY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40421 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS Mailing Address 412 RIVER MEWS LANE City EDGEWATER State NJ Zip Code 07020 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1540.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40468 Amount of Each Receipt this Period 70.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

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

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

FOR LINE NUMBER: PAGE 98 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 4565 QUEENSLAND LN N

City	State	Zip Code
MINNEAPOLIS	MN	55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40181

Amount of Each Receipt this Period

25.00

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

Mailing Address 22 PAPOOSE TRAIL

City	State	Zip Code
ANDOVER	NJ	07821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40467

Amount of Each Receipt this Period

25.00

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

Mailing Address 96 LEHMANN STREET

City	State	Zip Code
MAHWAH	NJ	07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40233

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

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

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

FOR LINE NUMBER: PAGE 99 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS DONNA ROSEN Mailing Address 7 RED OAK LANE City KINNELON State NJ Zip Code 07405 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS-CLINICAL TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40389 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR CHRISTOPHERJOHN ROWLAND Mailing Address 16725 OLIVE CIRCLE City FOUNTAIN VALLEY State CA Zip Code 92708 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40146 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 5201 RIO VISTA DRIVE City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CONTROLLER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4246.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40385 Amount of Each Receipt this Period 193.00

**SUBTOTAL** of Receipts This Page (optional) .....

253.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR STEVEN RUSSEK Mailing Address 21 SKY TOP RIDGE City State Zip Code OAKLAND NJ 07436 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FORMULARY & COVERAGE MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40250 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR ANTHONY RUSSO Mailing Address 66 FINCH RD City State Zip Code RINGWOOD NJ 07456 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PROF PRA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40337 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS MARY RYAN Mailing Address 456 RICHMOND AVENUE City State Zip Code MAPLEWOOD NJ 07040 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARMACY REGULATORY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1723.48		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40377 Amount of Each Receipt this Period 78.34

**SUBTOTAL** of Receipts This Page (optional) .....

148.34

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

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

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

FOR LINE NUMBER: PAGE 101 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MISS CYNTHIA RYLANDS  
Mailing Address 4836 MIDDLE RD

City State Zip Code  
ALLISON PARK PA 15101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40404

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR MICHAEL SARDONE  
Mailing Address 7 AHERN WAY

City State Zip Code  
WEST ORANGE NJ 07052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40271

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR MATTHEW SARDY  
Mailing Address 230 FAIRFIELD AVE.

City State Zip Code  
RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40185

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

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

FOR LINE NUMBER: PAGE 102 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MS BETH SAVARE

Mailing Address 27 JONES LN

City	State	Zip Code
BLAIRSTOWN	NJ	07825

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40381

Amount of Each Receipt this Period

25.00

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

MS TRINA SAYLER

Mailing Address 56 LAKESIDE DRIVE

City	State	Zip Code
RAMSEY	NJ	07446

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40434

Amount of Each Receipt this Period

15.00

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

MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City	State	Zip Code
GLEN ROCK	NJ	07452

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40384

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

90.00

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

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

FOR LINE NUMBER: PAGE 103 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR FRANK SCHULTE Mailing Address 2121 AMERICA'S CUP CIR City LAS VEGAS State NV Zip Code 89117 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation REGIONAL VP PHARMACIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1075.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40229 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ Mailing Address 3556 DAVIS City EVANSTON State IL Zip Code 60203 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40177 Amount of Each Receipt this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS CYNTHIA SCOTT Mailing Address 13150 FLAMINGO COURT City APPLE VALLEY State MN Zip Code 55124 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLINICAL PROG DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40136 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

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

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

FOR LINE NUMBER: PAGE 104 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City	State	Zip Code
MAPLE GROVE	MN	55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40423

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR LEONARD SCOTT

Mailing Address 13514 MOTTLESTONE DRIVE NW

City	State	Zip Code
PICKERINGTON	OH	43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40317

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City	State	Zip Code
SALT LAKE CITY	UT	84109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40129

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1220 CROSSING WAY

City State Zip Code  
 WAYNE NJ 07470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40156

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City State Zip Code  
 WESTWOOD NJ 07675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40443

Amount of Each Receipt this Period

50.00

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

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code  
 LAS VEGAS NV 89148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1660.45

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40302

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR JOHN SHEA Mailing Address 62 FRANKLIN TURNPIKE City State Zip Code ALLENDALE NJ 07401 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40141 Amount of Each Receipt this Period 40.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR FRANK SHEEHY Mailing Address 119 HAMILTON RD City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40193 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR PETER SHERMAN Mailing Address 139 GATES AVENUE City State Zip Code MONTCLAIR NJ 07042 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS MANAGING COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40123 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City State Zip Code  
NORTH ARLINGTON NJ 07031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40268

Amount of Each Receipt this Period

25.00

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

MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City State Zip Code  
LONG BEACH CA 90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40202

Amount of Each Receipt this Period

25.00

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

MS ANNE SIGILLITO

Mailing Address 178 LEXINGTON AVE.

City State Zip Code  
WESTWOOD NJ 07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR GENERIC STRAT & CUST DV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40126

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

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

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

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

FOR LINE NUMBER: PAGE 108 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MS JODI SILBERMANN

Mailing Address 16 TULIP LANE

City State Zip Code  
 RANDOLPH NJ 07869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40396

Amount of Each Receipt this Period

10.00

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

JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City State Zip Code  
 PORT ORANGE FL 32128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40283

Amount of Each Receipt this Period

192.31

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

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40429

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

252.31

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

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

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

FOR LINE NUMBER: PAGE 109 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40312

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City State Zip Code  
RIVER VALE NJ 07675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40155

Amount of Each Receipt this Period

30.00

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

Mailing Address 24 YORKSHIRE AVE

City State Zip Code  
SUFFERN NY 10901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40267

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

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

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

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

FOR LINE NUMBER: PAGE 110 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** ANN SMITH

Mailing Address 437 GLENDALE RD

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PUBLIC AFFAIRS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40270

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** MS COLLEEN SMITH

Mailing Address 1241 CHENILLE CIR

City

WESTON

State

FL

Zip Code

33327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40253

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C.** MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40402

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

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

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

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

FOR LINE NUMBER: PAGE 111 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR Mailing Address 23 CEDAR GATE ROAD City State Zip Code DARIEN CT 06820 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4230.82			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40460 Amount of Each Receipt this Period 192.31
<b>B.</b> Full Name (Last, First, Middle Initial) MR ALAN SOKALER Mailing Address 30 MICHELLE WAY City State Zip Code PINE BROOK NJ 07058 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40479 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 21625 E. MERIWETHER LANE City State Zip Code LIBERTY LAKE WA 99019 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 537.50			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40328 Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional) .....

**254.81**

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

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

FOR LINE NUMBER: PAGE 112 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

MR RALPH STAIANO

Mailing Address 32 ALDEN RD

City	State	Zip Code
MONROE	NY	10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40137

Amount of Each Receipt this Period

25.00

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

MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City	State	Zip Code
WEST HARRISON	NY	10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40387

Amount of Each Receipt this Period

50.00

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

MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City	State	Zip Code
AUSTIN	TX	78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40431

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

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



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

FOR LINE NUMBER: PAGE 113 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City	State	Zip Code
EMERSON	NJ	07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40222

Amount of Each Receipt this Period

25.00

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

Mailing Address 501 CONTINENTAL DR

City	State	Zip Code
SAGAMORE HILLS	OH	44067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40505

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR STANLEY STEFANSKI

Mailing Address 24 CASTLETON DRIVE

City	State	Zip Code
HIGHLAND MILLS	NY	10930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40124

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

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

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

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

FOR LINE NUMBER: PAGE 114 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code  
ELM GROVE WI 53122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40261

Amount of Each Receipt this Period

50.00

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

Mailing Address 8 MILL GLEN CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40448

Amount of Each Receipt this Period

192.31

**C.** Full Name (Last, First, Middle Initial)  
MR GERARD STOCKER, JR

Mailing Address 80 ALGONQUIN TRL

City State Zip Code  
OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40223

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

257.31

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

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

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

FOR LINE NUMBER: PAGE 115 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS JANNA STOUL

Mailing Address 4 APACHE WAY

City State Zip Code  
MONTVILLE NJ 07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40147

Amount of Each Receipt this Period

25.00

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

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code  
ORANGE CT 06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40486

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code  
MARYSVILLE OH 43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40176

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

FOR LINE NUMBER: PAGE 116 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS COLEEN SULLIVAN Mailing Address 38 BARKMILL TERRACE City State Zip Code MONTVILLE NJ 07045 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40430 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MS CYNTHIA SULLIVAN Mailing Address 21 DENISE DRIVE City State Zip Code KINNELON NJ 07405 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40386 Amount of Each Receipt this Period 100.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP FINANCIAL PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR MARK SULLIVAN Mailing Address 16025 PINE VALE PL. City State Zip Code MIDLOTHIAN VA 23113 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40139 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CS SYSTEMS PLAN & IMPLEM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

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

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

FOR LINE NUMBER: PAGE 117 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS IRENE SUTTON			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 20 AVENUE @ PORT IMPERIAL APPT 209			<b>Transaction ID:</b> INC.A.40195	
City State Zip Code WEST NEW YORK NJ 07093			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 865.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE			<b>Transaction ID:</b> INC.A.40231	
City State Zip Code TAMPA FL 33647			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2150.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR NICHOLAS TAYLOR			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 2710 WEXFORD RD			<b>Transaction ID:</b> INC.A.40453	
City State Zip Code UPPER ARLINGTON OH 43221			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

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

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

FOR LINE NUMBER: PAGE 118 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS MELINDA THIEL Mailing Address 27 GARVEY ROAD City State Zip Code WAYNE NJ 07470 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>550.00</div>		Date of Receipt <div>M M / D D / Y Y Y Y Y</div> <div>1 0 / 1 3 / 2 0 0 7</div> <b>Transaction ID:</b> INC.A.40201 Amount of Each Receipt this Period <div>25.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MS MELISSA THOMET Mailing Address 721 HINMAN AVE #1E City State Zip Code EVANSTON IL 60202 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>220.00</div>		Date of Receipt <div>M M / D D / Y Y Y Y Y</div> <div>1 0 / 1 3 / 2 0 0 7</div> <b>Transaction ID:</b> INC.A.40144 Amount of Each Receipt this Period <div>10.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MS MARY THORSBY Mailing Address 17326 ELLEN DR City State Zip Code LIVONIA MI 48152 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1650.00</div>		Date of Receipt <div>M M / D D / Y Y Y Y Y</div> <div>1 0 / 1 3 / 2 0 0 7</div> <b>Transaction ID:</b> INC.A.40246 Amount of Each Receipt this Period <div>75.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

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

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

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

FOR LINE NUMBER: PAGE 119 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MR TIMOTHY TIDD  
Mailing Address 7974 FLAMETREE CT

City State Zip Code  
LAS VEGAS NV 89123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40296

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIAM TOBIN  
Mailing Address 838 COLONIAL RD

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40148

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MRS DONNA TOPOLSKI  
Mailing Address 128 MANHATTAN TERRACE

City State Zip Code  
DUMONT NJ 07628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40418

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 120 / 268

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City State Zip Code  
AMHERST VA 24521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40309

Amount of Each Receipt this Period

75.00

**B.** Full Name (Last, First, Middle Initial)  
MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City State Zip Code  
HILLSBOROUGH NJ 08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40435

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)  
MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40242

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

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



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

FOR LINE NUMBER: PAGE 121 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA Mailing Address W328 S4230 SPRING RIDGE City State Zip Code WAUKESHA WI 53189 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40506 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MRS JEANNINE VANKLEECK Mailing Address 56 ZIMMER AVENUE City State Zip Code MIDLAND PARK NJ 07432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCIAL APPLICATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40161 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS Mailing Address 105 ARRANDALE RD City State Zip Code ROCKVILLE CENTRE NY 11570 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MKTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40300 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR WIL VELARDE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 443 WEST SADDLE RIVER RD		<b>Transaction ID:</b> INC.A.40194
City UPPER SADDLE RIVER	State NJ	Zip Code 07458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM STRAT & DELI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 201 WATCHUNG AVENUE UNIT #17		<b>Transaction ID:</b> INC.A.40191
City BLOOMFIELD	State NJ	Zip Code 07003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MEDICAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR GORDON VICKERS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 436 MOUNTAIN AVENUE		<b>Transaction ID:</b> INC.A.40120
City WESTFIELD	State NJ	Zip Code 07090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR MUNISH VJ		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 11 BOULDER TRAIL		<b>Transaction ID:</b> INC.A.40474	
City MAHWAH	State NJ	Zip Code 07430	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR MICHAEL WAIBEL		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address N48 W16381 LONE OAK LN		<b>Transaction ID:</b> INC.A.40262	
City MENOMONEE FALLS	State WI	Zip Code 53051	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR DANIEL WALDEN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 450 BEECHMONT DR		<b>Transaction ID:</b> INC.A.40361	
City NEW ROCHELLE	State NY	Zip Code 10804	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP REGULATORY & MC PROGRAMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4230.82		

**SUBTOTAL** of Receipts This Page (optional) .....

232.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40135

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City State Zip Code  
DALLAS TX 75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40475

Amount of Each Receipt this Period

192.31

**C.** Full Name (Last, First, Middle Initial)  
MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code  
MOORESTOWN NJ 08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40314

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

229.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS CATHERINE WASSON  
Mailing Address 26072 HARBOR VIEW

City State Zip Code  
CAPISTRANO BEACH CA 92624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40151

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MS BEVERLY WATSON  
Mailing Address 2 MICHELANGELO COURT

City State Zip Code  
SOMERSET NJ 08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40355

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS DONNA WEATHERS  
Mailing Address 1043 BELL STREET

City State Zip Code  
EDMONDS WA 98020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: INC.A.40291

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MRS KELLY WEBBER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 107 UPPER SADDLE RIVER ROAD		<b>Transaction ID:</b> INC.A.40294	
City MONTVALE	State NJ	Zip Code 07645	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1725.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 309 WATERVIEW DR		<b>Transaction ID:</b> INC.A.40211	
City FRANKLIN LAKES	State NJ	Zip Code 07417	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES, CEO ACCREDO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4230.82		
<b>C.</b> Full Name (Last, First, Middle Initial) MR KENNETH WERMES		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 26037 N WRANGLER RD		<b>Transaction ID:</b> INC.A.40288	
City SCOTTSDALE	State AZ	Zip Code 85255	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

**SUBTOTAL** of Receipts This Page (optional) .....

367.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR PETER WHITE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 2241 E. PINCHOT AVE. #17F		<b>Transaction ID:</b> INC.A.40140	
City PHOENIX	State AZ	Zip Code 85016	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 17 LYNWOOD RD		<b>Transaction ID:</b> INC.A.40383	
City VERONA	State NJ	Zip Code 07044	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ORG DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR STEPHEN WOGEN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 145 WAUGHAW ROAD		<b>Transaction ID:</b> INC.A.40225	
City TOWACO	State NJ	Zip Code 07082	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP MEDICARE FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MRS ELISSA WOJTOWICZ, RPH Mailing Address 325 BOUND BROOK AVE. City PISCATAWAY State NJ Zip Code 08854 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR RRA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID: INC.A.40149</b> Amount of Each Receipt this Period 30.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS ANNA WONG Mailing Address 64-20 BELL BLVD City BAYSIDE State NY Zip Code 11364 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INSURED SOLUTIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID: INC.A.40472</b> Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS JUDITH WOOD Mailing Address 76 COLONIAL ROAD City STILLWATER State NY Zip Code 12170 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID: INC.A.40424</b> Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City	State	Zip Code
POMPTON LAKES	NJ	07442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40189

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City	State	Zip Code
WESTFIELD	NJ	07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40277

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City	State	Zip Code
SUFFERN	NY	10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP E-COM DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: INC.A.40344

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS JILL ZELMAN			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 43604 EMERALD DUNES PL			<b>Transaction ID:</b> INC.A.40397	
City LEESBURG	State VA	Zip Code 20176	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CONSOLIDATION PLAN & RPRT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR ANTHONY ZOLFO			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 726 HIGH MOUNTAIN ROAD			<b>Transaction ID:</b> INC.A.40478	
City FRANKLIN LAKES	State NJ	Zip Code 07417	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>C.</b> Full Name (Last, First, Middle Initial) JON PETERS			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address 4446 BARFIELD RD.			<b>Transaction ID:</b> INC.A.40069	
City MEMPHIS	State TN	Zip Code 38117	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer ACCREDITO HEALTH GROUP, INC.		Occupation SENIOR VICE PRESIDENT, TECHNOLOGY AND		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

**SUBTOTAL** of Receipts This Page (optional) .....

5050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR KENNETH BODMER

Mailing Address 3127 DEVONSHIRE WAY

City State Zip Code  
 GERMANTOWN TN 38139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
SENIOR VP, FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 0 7

Transaction ID: INC.A.40082

Amount of Each Receipt this Period

200.00

**B.** Full Name (Last, First, Middle Initial)  
RUSS M. BOURNE

Mailing Address 1640 CENTURY CENTER PKWY.

City State Zip Code  
 MEMPHIS TN 38134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 0 7

Transaction ID: INC.A.40083

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
AMANDA J. BUNDY

Mailing Address 1640 CENTURY CENTER PKWY.

City State Zip Code  
 MEMPHIS TN 38134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 0 7

Transaction ID: INC.A.40086

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A.** JEFFREY A. COOLE

Mailing Address 1640 CENTURY CENTER PKWY.

City State Zip Code  
**MEMPHIS** **TN** **38134**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP TAX & REGULATORY REPORTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 0 7**

Transaction ID: INC.A.40090

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City State Zip Code  
**MEMPHIS** **TN** **38119**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP - HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 0 7**

Transaction ID: INC.A.40095

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** MR KEVIN FRANCO

Mailing Address 140 BELLAIR RD  
UNIT Q

City State Zip Code  
**RIDGEWOOD** **NJ** **07450**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 9 / 2 0 0 7**

Transaction ID: INC.A.40097

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
SHARON D. HARRIS

Mailing Address 186 N. WHITE STATION RD.

City State Zip Code  
MEMPHIS TN 38117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
DIRECTOR - HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: INC.A.40099

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
DAN HAYES

Mailing Address 4679 AYRON TERRACE

City State Zip Code  
PALM HARBOR FL 34685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP - OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: INC.A.40100

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City State Zip Code  
ACWORTH GA 30101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
DIRECTOR - MANAGED CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: INC.A.40103

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
JAMES P. LANGLEY

Mailing Address 1640 CENTURY CENTER PKWY.

City	State	Zip Code
MEMPHIS	TN	38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: INC.A.40104

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS O. MARTIN

Mailing Address 1640 CENTURY CENTER PKWY.

City	State	Zip Code
MEMPHIS	TN	38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
VP CORP STRAT BUS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: INC.A.40107

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS S. MCCANN

Mailing Address 1640 CENTURY CENTER PKWY.

City	State	Zip Code
MEMPHIS	TN	38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: INC.A.40108

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A.** SUZANNE RICHARDS

Mailing Address 21357 WEST 115TH TERRACE

City State Zip Code  
 ORATHE KS 66061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
SR MGR - BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 0 7

Transaction ID: INC.A.40110

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** PETER A. STARK

Mailing Address 1670 CENTURY CENTER PARKWAY

City State Zip Code  
 MEMPHIS TN 38134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
GROUP VICE-PRESIDENT - CORPORATE FINAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 0 7

Transaction ID: INC.A.40112

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** CHANTAL D. VEEVAETE

Mailing Address 7292 OAKVILLE DR.

City State Zip Code  
 GERMANTOWN TN 38138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VICE PRESIDENT, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 0 7

Transaction ID: INC.A.40113

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR MARK WEGRYN

Mailing Address 867 STANDISH AVE

City State Zip Code  
MOUNTAINSIDE NJ 07092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
AVP QA & PRODUCT INTEGRITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: INC.A.40114

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
BRENDA WRIGHT

Mailing Address 1640 CENTURY CENTER PKWY.

City State Zip Code  
MEMPHIS TN 38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
VP QUALITY INTEGRITY HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: INC.A.40115

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City State Zip Code  
TAMPA FL 33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	7

Transaction ID: INC.A.40805

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional) .....

80.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR DAVID BAUGH  
Mailing Address 1813 ADONIS AVE

City State Zip Code  
HENDERSON NV 89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40890

Amount of Each Receipt this Period

23.00

**B.** Full Name (Last, First, Middle Initial)  
MS CHRISTINE BIZARRO  
Mailing Address 26 DAYLILY DRIVE

City State Zip Code  
MOUNT LAUREL NJ 08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40932

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
MR BARRY BOUDREAUX  
Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code  
LAS VEGAS NV 89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40558

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

58.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR JASON COLE  
Mailing Address 14917 E BELLA VISTA

City State Zip Code  
VERADALE WA 99037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40704

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
MR KENNETH DANIELS  
Mailing Address 2903 CHUKKAR COURT

City State Zip Code  
PLANT CITY FL 33567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40765

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS ROBBIN DICESARE  
Mailing Address 1003T HIGH STREET

City State Zip Code  
BURLINGTON TOWNSHI NJ 08016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR MGR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.04

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40802

Amount of Each Receipt this Period

9.28

**SUBTOTAL** of Receipts This Page (optional) .....

44.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40645

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City State Zip Code  
SOUTHLAKE TX 76092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1481.35

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40872

Amount of Each Receipt this Period

34.45

**C.** Full Name (Last, First, Middle Initial)  
MR JOSEPH FRENDON

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code  
TROPHY CLUB TX 76262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40771

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

109.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT GIBBS  
Mailing Address 544 DENMOOR COURT

City State Zip Code  
GALLOWAY OH 43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40594

Amount of Each Receipt this Period

12.50

**B.** Full Name (Last, First, Middle Initial)  
MR RICHARD JONES  
Mailing Address 12 WADE HAMPTON TRAIL

City State Zip Code  
HENDERSON NV 89052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.44

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40826

Amount of Each Receipt this Period

15.08

**C.** Full Name (Last, First, Middle Initial)  
MR ROSS LUCE  
Mailing Address 1066 WEST GROVE CT

City State Zip Code  
GIBSONIA PA 15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40640

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

42.58

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR GILBERT RAINES		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 7
Mailing Address 800 SANDY TRAIL		
City KELLER	State TX	Zip Code 76248
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> INC.A.40905
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period 10.00
Occupation DIR HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MRS MONICA REED		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 7
Mailing Address 8475 DUNHAM STATION DRIVE		
City TAMPA	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> INC.A.40718
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period 25.00
Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR FRANK SCHULTE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 7
Mailing Address 2121 AMERICA'S CUP CIR		
City LAS VEGAS	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> INC.A.40660
Name of Employer MEDCO HEALTH SOLUTIONS		Amount of Each Receipt this Period 25.00
Occupation REGIONAL VP PHARMACIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00	

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 266 BRUSHY CREEK AVE City State Zip Code LAS VEGAS NV 89148 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1660.45		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40733 Amount of Each Receipt this Period 45.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS JENNIFER SPIDLE Mailing Address 21625 E. MERIWETHER LANE City State Zip Code LIBERTY LAKE WA 99019 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 537.50		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40759 Amount of Each Receipt this Period 12.50
<b>C.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT Mailing Address 8362 GOLDEN PRAIRIE DRIVE City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2150.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40662 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

107.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR TIMOTHY TIDD  
Mailing Address 7974 FLAMETREE CT

City State Zip Code  
LAS VEGAS NV 89123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40727

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR CALVIN WASDYKE  
Mailing Address 5 APPLE ORCHARD RD

City State Zip Code  
MOORESTOWN NJ 08057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 7

Transaction ID: INC.A.40745

Amount of Each Receipt this Period

12.50

**C.** Full Name (Last, First, Middle Initial)  
MS LESLIE ACHTER  
Mailing Address 821 ALBEMARLE STREET

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40639

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

62.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City State Zip Code  
BRIDGEWATER NJ 08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40576

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
DIANE ADAMS

Mailing Address 34 THOMAS ST.

City State Zip Code  
CALDWELL NJ 07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40928

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City State Zip Code  
WARWICK NY 10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40638

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR JEFFREY ALEXANDER

Mailing Address 4 DEERPOND CT

City State Zip Code  
FLEMINGTON NJ 08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40656

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City State Zip Code  
MIDLOTHIAN VA 23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40637

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City State Zip Code  
DOYLESTOWN PA 18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40924

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City	State	Zip Code
SCARSDALE	NY	10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40696

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City	State	Zip Code
CHAPPAQUA	NY	10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40901

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City	State	Zip Code
TAMPA	FL	33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40806

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City State Zip Code  
LEWISVILLE TX 75056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40920

Amount of Each Receipt this Period

192.30

**B.** Full Name (Last, First, Middle Initial)  
MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City State Zip Code  
HEWITT NJ 07421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR EXEC CORR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40764

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City State Zip Code  
MORRISTOWN NJ 07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40712

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> 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. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40927 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS BECKIE BARATKO Mailing Address 80 N. WOODLAND STREET City State Zip Code ENGLEWOOD NJ 07631 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PROPOSAL UNIT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 770.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40840 Amount of Each Receipt this Period 35.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR THOMAS BARATTA Mailing Address 69 SKYLINE DR City State Zip Code UPPER SADDLE RIVER NJ 07458 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40774 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MRS BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City State Zip Code  
 CARROLLTON TX 75007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40839

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City State Zip Code  
 HENDERSON NV 89074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40891

Amount of Each Receipt this Period

23.00

**C.** Full Name (Last, First, Middle Initial)  
MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City State Zip Code  
 VIENNA VA 22182

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40739

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

173.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City	State	Zip Code
UPPER SADDLE RIVER	NJ	07458

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40904

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City	State	Zip Code
TOWACO	NJ	07082

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40770

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City	State	Zip Code
BUFORD	GA	30518

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40784

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) BRYAN BIRCH Mailing Address 4 WINDRUSH LANE City WESTPORT State CT Zip Code 06880 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP PRES, EMPLOYER GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4224.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40900 Amount of Each Receipt this Period 192.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO Mailing Address 26 DAYLILY DRIVE City MOUNT LAUREL State NJ Zip Code 08054 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40933 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS SUZANNE BLACKBURN Mailing Address 4520 LINWOOD LANE City DEEPHAVEN State MN Zip Code 55331 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CLIENT & MKT STRATEGIC DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40889 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

252.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR MARK BLAKE			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 129 NORWOOD AVENUE			<b>Transaction ID:</b> INC.A.40936	
City State Zip Code MONTCLAIR NJ 07043			<b>Amount of Each Receipt this Period</b> 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP BUSINESS DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 50 NEW ENGLAND DR			<b>Transaction ID:</b> INC.A.40731	
City State Zip Code RAMSEY NJ 07446			<b>Amount of Each Receipt this Period</b> 50.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP MKTING & PRODUCT DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR MICHAEL BOGDA			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 80 LEONA CT			<b>Transaction ID:</b> INC.A.40893	
City State Zip Code LEVITTOWN NY 11756			<b>Amount of Each Receipt this Period</b> 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A.** MRS HEATHER BONOME

Mailing Address 305 10TH STREET NE

City State Zip Code  
 WASHINGTON DC 20002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40698

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** MR DUANE BOSCH

Mailing Address 3935 BALSAM LA

City State Zip Code  
 PLYMOUTH MN 55441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40610

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C.** MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City State Zip Code  
 BRYN MAWR PA 19010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40615

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR BARRY BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City	State	Zip Code
LAS VEGAS	NV	89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40559

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City	State	Zip Code
RICHMOND	VA	23231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40845

Amount of Each Receipt this Period

200.00

**C.** Full Name (Last, First, Middle Initial)  
MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City	State	Zip Code
RINGWOOD	NJ	07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40886

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR CHRISTOPHER BRADBURY

Mailing Address 3 DEER HORN TRAIL

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40618

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
MS PATRICIA BRANUM

Mailing Address PO BOX 708

City State Zip Code  
COATESVILLE PA 19320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40834

Amount of Each Receipt this Period

75.00

**C.** Full Name (Last, First, Middle Initial)  
MR DAVID BREEN

Mailing Address 27 SEALS DR

City State Zip Code  
MONROE NY 10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40816

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR JOHN BRENNAN  
Mailing Address 2 CARMEN LANE

City State Zip Code  
FLEMINGTON NJ 08822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40917

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
MR PAUL BRISSON  
Mailing Address 469 MANOR LANE

City State Zip Code  
PELHAM MANOR NY 10803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40675

Amount of Each Receipt this Period

15.00

**C.** Full Name (Last, First, Middle Initial)  
MR RICHARD BROOKLER  
Mailing Address 9 ROMARY COURT

City State Zip Code  
GLEN ROCK NJ 07452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40591

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City State Zip Code  
 YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40612

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)

MS VIVIAN BULGER

Mailing Address 120 EAST MAIN ST

City State Zip Code  
 WASHINGTONVILLE NY 10992

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40814

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)

MS MARY BURKE

Mailing Address 638 LENOX AVE

City State Zip Code  
 WESTFIELD NJ 07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR MEDICARE CLIENT PRODU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40671

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR KEVIN BURON Mailing Address 25 TIMBERLAND City ALISO VIEJO State CA Zip Code 92656 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 Transaction ID: INC.A.40716 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD Mailing Address 23 NUTTING PLACE City WEST CALDWELL State NJ Zip Code 07006 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 Transaction ID: INC.A.40647 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MRS DOREEN CALDER Mailing Address 441 S ELM STREET City MAYWOOD State NJ Zip Code 07607 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 Transaction ID: INC.A.40556 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City State Zip Code  
CHATHAM NJ 07928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40792

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR GERALD CARDONE

Mailing Address 3 MEADOW LANE

City State Zip Code  
ANNANDALE NJ 08801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR FACILITY PLANNING & DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40860

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City State Zip Code  
ALLENDALE NJ 07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40808

Amount of Each Receipt this Period

52.50

**SUBTOTAL** of Receipts This Page (optional) .....

112.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS CATHERINE CASALE

Mailing Address 16345 HEATHROW DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40856

Amount of Each Receipt this Period

13.00

**B.** Full Name (Last, First, Middle Initial)  
MS MARY CASALE

Mailing Address 822 CEDAR AVE

City State Zip Code  
HADDENFIELD NJ 08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40721

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City State Zip Code  
WEST COLUMBIA SC 29172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40581

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

63.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City State Zip Code  
VERADALE WA 99037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40705

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
MR FRANK COLIANO

Mailing Address 5176 BALDWIN TERRACE

City State Zip Code  
MARIETTA GA 30068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40650

Amount of Each Receipt this Period

15.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code  
NEW YORK NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40911

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

50.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code  
 RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40606

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
ANTONIO CORREIA

Mailing Address 30 EAST 81ST STREET, #9B

City State Zip Code  
 NEW YORK NY 10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40938

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code  
 SPARTA NJ 07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40697

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A.** MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City State Zip Code  
**SCOTTSDALE** **AZ** **85255**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

Transaction ID: INC.A.40686

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B.** MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City State Zip Code  
**STATEN ISLAND** **NY** **10312**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

Transaction ID: INC.A.40725

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code  
**RANDOLPH** **NJ** **07869**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

Transaction ID: INC.A.40788

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

**110.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City State Zip Code  
PLANT CITY FL 33567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40766

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City State Zip Code  
MINNEAPOLIS MN 55416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40673

Amount of Each Receipt this Period

192.30

**C.** Full Name (Last, First, Middle Initial)  
DR AMITA DASMAHAPATRA

Mailing Address 24 CHARLOTTE HILL DR

City State Zip Code  
BERNARDSVILLE NJ 07924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MEDICAL POLICY & PROG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40602

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

227.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City State Zip Code  
EDINA MN 55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40684

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR DANIEL DAVISON

Mailing Address 402 HIGHLAND AVE

City State Zip Code  
RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PRICING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40809

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City State Zip Code  
CEDARBURG WI 53012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40740

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS BARBARA DELLEDONNA Mailing Address 199 SANFORD AVE City State Zip Code EMERSON NJ 07630 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR E-COM BUSINESS OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">220.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40842 Amount of Each Receipt this Period <div style="text-align: right;">10.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MR PAUL DELLO RUSSO Mailing Address 80 HILLSIDE AVENUE City State Zip Code GLEN RIDGE NJ 07028 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">550.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40714 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MS TONI DEMANSS Mailing Address 32 RED BARN LANE City State Zip Code WEST MILFORD NJ 07480 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">300.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40916 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City State Zip Code  
DENVER NJ 07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR MEDICARE COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40929

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City State Zip Code  
HARRINGTON PARK NJ 07640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40897

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS KAREN DEZEARN

Mailing Address 3625 PATTERNSTONE DR

City State Zip Code  
ALPHARETTA GA 30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40583

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS ROBBIN DICESARE

Mailing Address 1003T HIGH STREET

City State Zip Code  
BURLINGTON TOWNSHI NJ 08016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR MGR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.04

Date of Receipt

10 / 27 / 2007

Transaction ID: INC.A.40803

Amount of Each Receipt this Period

9.28

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

10 / 27 / 2007

Transaction ID: INC.A.40646

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City State Zip Code  
WEST CALDWELL NJ 07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 27 / 2007

Transaction ID: INC.A.40789

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

59.28

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City	State	Zip Code
ALLENTOWN	PA	18104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40597

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City	State	Zip Code
IRVINE	CA	92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40846

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City	State	Zip Code
POMONA	NY	10970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40724

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR PETER DUNLEAVY  
Mailing Address 2 DECKER TERRACE

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40619

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR STEPHEN DUNLEAVY  
Mailing Address 14026 KNOX STREET

City State Zip Code  
OVERLAND PARK KS 66221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40642

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR MARK DUNN  
Mailing Address 2 OLD MILL ROAD

City State Zip Code  
SANDY HOOK CT 06482

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40622

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR YAACOV DUSHEK

Mailing Address 312 MEGAN CT

City	State	Zip Code
WYCKOFF	NJ	07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40779

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City	State	Zip Code
SOUTHLAKE	TX	76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1481.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40873

Amount of Each Receipt this Period

34.45

**C.** Full Name (Last, First, Middle Initial)  
MR MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City	State	Zip Code
WYCKOFF	NJ	07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40611

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

84.45

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) DR WOODY EISENBERG, MD Mailing Address 128 SUMMIT AVENUE City State Zip Code UPPER MONTCLAIR NJ 07043 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS MEDICARE CHIEF MEDICAL OFFICER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40919 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR FREDERICK ELSTON Mailing Address 106 GRAHAM TERRACE City State Zip Code SADDLE BROOK NJ 07663 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40780 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR SCOTT ENOS Mailing Address 22 BARNARD RD City State Zip Code WARWICK RI 02886 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40701 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR BRAD EPSTEIN Mailing Address 359 LONG HILL ROAD EAST City State Zip Code BRIARCLIFF MANOR NY 10510 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40922 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		
<b>B.</b> Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN Mailing Address 75 TWEED BLVD City State Zip Code UPPER GRANDVIEW NY 10960 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40550 Amount of Each Receipt this Period 192.31
Name of Employer Occupation MEDCO HEALTH SOLUTIONS CMO SVP MEDICAL&ANLYTC AFFRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4230.82		
<b>C.</b> Full Name (Last, First, Middle Initial) MR SCOTT ERHARDT Mailing Address 11540 39TH AVE N City State Zip Code PLYMOUTH MN 55441 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40689 Amount of Each Receipt this Period 15.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		

**SUBTOTAL** of Receipts This Page (optional) .....**257.31****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR YAKOV ESTERLIS

Mailing Address 800 PALISADE AVE  
APT 706

City State Zip Code  
FORT LEE NJ 07024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40876

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)

MR STEVEN FANDETTI

Mailing Address 15804 SORAWATER DR.

City State Zip Code  
LITHIA FL 33547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40628

Amount of Each Receipt this Period

15.00

**C.** Full Name (Last, First, Middle Initial)

DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40676

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR THOMAS FEITEL Mailing Address 58 APPLE HILL DR City State Zip Code GILLETTE NJ 07933 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP CORP MKTG & E-COMM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4229.06		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40717 Amount of Each Receipt this Period 192.23
<b>B.</b> Full Name (Last, First, Middle Initial) MS DAWN FELDNER Mailing Address 275 BIRCH STREET City State Zip Code EMERSON NJ 07630 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40847 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 464 SPRING AVE. City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CARD OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40810 Amount of Each Receipt this Period 25.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		242.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR DON FISCHER Mailing Address 10 TRACY CIRCLE City State Zip Code CAMPBELL HALL NY 10916 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40620 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR EDWARD FISCHER Mailing Address 465 OLD STONE RD City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MEDICARE OPS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40668 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR ANTHONY FLOWERS Mailing Address 1933 MT. OLIVE AGOSTA ROAD City State Zip Code NEW BLOOMINGTON OH 43341 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HLTH CARE OPS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40754 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR PAUL FORTUNATO, III Mailing Address 18 WINDING RIDGE City OAKLAND State NJ Zip Code 07436 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40624 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	10.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
10.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MR JOSEPH FREND0 Mailing Address 9 GREEN HILL TRAIL City TROPHY CLUB State TX Zip Code 76262 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2150.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40772 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
50.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) MR ANDREW FRIEDEL Mailing Address 1434 NARRAGANSETT BLVD City CRANSTON State RI Zip Code 02905 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOV AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 660.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40636 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	30.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
30.00																																

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City State Zip Code  
 NEW PROVIDENCE NJ 07974

FEC ID number of contributing federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40548

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE  
APT 1701

City State Zip Code  
 CHICAGO IL 60610

FEC ID number of contributing federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40885

Amount of Each Receipt this Period

192.31

**C.** Full Name (Last, First, Middle Initial)  
MS IRENE GALE

Mailing Address 3 MAIZE TRAIL

City State Zip Code  
 PLACITAS NM 87043

FEC ID number of contributing federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40664

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

252.31

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS IVY GALLACCHI Mailing Address 11 LAKE AVENUE City MALTA State NY Zip Code 12020 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> INC.A.40918 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	10.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
10.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER Mailing Address 842 ASHLER CT City COLUMBUS State OH Zip Code 43235 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> INC.A.40848 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	15.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
15.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO Mailing Address 69 LAKEVIEW DR City OLD TAPPAN State NJ Zip Code 07675 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT RELATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> INC.A.40747 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
50.00																																

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL GALVIN  
Mailing Address 25 BALLYMEADE ROAD

City State Zip Code  
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40908

Amount of Each Receipt this Period

192.31

**B.** Full Name (Last, First, Middle Initial)  
MR OMHARAISRIRAM GANGAIKONDAN-IYER  
Mailing Address 9 CAIRNES ROAD

City State Zip Code  
MORRIS PLAINS NJ 07950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40912

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR PETER GAYLORD  
Mailing Address 1201 BRIDGE STREET

City State Zip Code  
ASBURY PARK NJ 07712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP TREASURY & FINANCIAL EVALS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40547

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City	State	Zip Code
ROBBINSVILLE	NJ	08691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40644

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City	State	Zip Code
GALLOWAY	OH	43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40595

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City	State	Zip Code
SADDLE RIVER	NJ	07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40880

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional) .....

254.81

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS AUDREY GOODMAN

Mailing Address 26 HILLSIDE AVE.

City State Zip Code  
GLEN ROCK NJ 07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ORG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40824

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City State Zip Code  
CANTON CT 06022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40607

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City State Zip Code  
BUFFALO GROVE IL 60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40658

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City State Zip Code  
 PEARL RIVER NY 10965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40679

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)

MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code  
 CONVENT STATION NJ 07960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40710

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

MS TRACY GRUNSFELD

Mailing Address 264 HARVEST AVE

City State Zip Code  
 STATEN ISLAND NY 10310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40599

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR RICHARD GUIOR  
Mailing Address 50 BELLEVUE AVE

City State Zip Code  
SUMMIT NJ 07901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS & INSTALLATION SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1980.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40565

Amount of Each Receipt this Period

90.00

**B.** Full Name (Last, First, Middle Initial)  
MR MARK HALLORAN  
Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code  
LONG VALLEY NJ 07853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40781

Amount of Each Receipt this Period

192.31

**C.** Full Name (Last, First, Middle Initial)  
MR GREGORY HANSEN  
Mailing Address 1659 ISABELLA PARKWAY

City State Zip Code  
CHASKA MN 55318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40884

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

332.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS KELLY HANZAWA  
Mailing Address 1116 OAKCROFT LANE

City State Zip Code  
SOMERSET NJ 08873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40849

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR CHRISTOPHER HARLOW  
Mailing Address 8 PROSPECT PLACE

City State Zip Code  
POMPTON PLAINS NJ 07444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40590

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS SHANA HART  
Mailing Address 5505 CEDAR CREEK DRIVE

City State Zip Code  
SNYDER TX 79549

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40707

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR PETER HARTY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 19520 YELLOW WING COURT		<b>Transaction ID:</b> INC.A.40549	
City COLORADO SPRINGS	State CO	Zip Code 80908	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4230.82		
<b>B.</b> Full Name (Last, First, Middle Initial) MR BILL HEAD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 501 SLATERS LANE #816		<b>Transaction ID:</b> INC.A.40930	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR GOV AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR MARK HEGGESTAD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 13210 N. 11TH AVE.		<b>Transaction ID:</b> INC.A.40616	
City PHOENIX	State AZ	Zip Code 85029	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS EILEEN HEINZ Mailing Address 27 DOGWOOD LN City MONTVALE State NJ Zip Code 07645 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40877 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	10.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
10.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MR SCOTT HELMUS Mailing Address 23 VALLEY RD City SUCCASUNNA State NJ Zip Code 07876 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT SOLUTIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40600 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
50.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) MR ERIC HESS Mailing Address 10 CARLTON RD City FLANDERS State NJ Zip Code 07836 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENGINEERING & OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40670 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
50.00																																

SUBTOTAL of Receipts This Page (optional) .....

110.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City	State	Zip Code
BUTLER	NJ	07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40688

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR STEPHEN HOBSON

Mailing Address 1 HERITAGE RD

City	State	Zip Code
FLORHAM PARK	NJ	07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40752

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City	State	Zip Code
RIDGEWOOD	NJ	07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP FACILITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40825

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

105.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN Mailing Address 9 HIRLE ST City State Zip Code CORNWALL ON HUDSON NY 12520 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40683 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR ROGER HOLLAND Mailing Address 41 SAINT RAPHAEL City State Zip Code LAGUNA NIGUEL CA 92677 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40743 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK Mailing Address 49 S HILLSIDE AVE City State Zip Code ELMSFORD NY 10523 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1760.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40777 Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS CYNTHIA HORN Mailing Address 9553 ANDREW DR City TWINSBURG State OH Zip Code 44087 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CUST SVC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 323.18		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40939 Amount of Each Receipt this Period 14.69
<b>B.</b> Full Name (Last, First, Middle Initial) MR STEVEN HOROWITZ Mailing Address 30 AVENUE AT PORT IMPERIAL APT. 415 City WEST NEW YORK State NJ Zip Code 07093 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40934 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR JEFFREY HULL Mailing Address 2616 S 3B'S & K RD City GALENA State OH Zip Code 43021 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PROFESSIONAL PRACTICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40757 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) .....

89.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS JANE HULSE

Mailing Address 95 GORDON RD

City State Zip Code  
**ESSEX FELLS NJ 07021**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

Transaction ID: INC.A.40813

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City State Zip Code  
**NEW YORK NY 10025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

Transaction ID: INC.A.40552

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City State Zip Code  
**GAINESVILLE FL 32608**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

Transaction ID: INC.A.40561

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS TERESE JACKSON Mailing Address 6085 S. PRESTON LANE City NEW BERLIN State WI Zip Code 53151 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40601 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON Mailing Address 56 WARREN RD City WEST ORANGE State NJ Zip Code 07052 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR MEDICARE OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40859 Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR TODD JEFFREY Mailing Address 15 ELIZABETH STREET City DUMONT State NJ Zip Code 07628 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARM CONTRACT & CONSULTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40871 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

ROBERT JINKS

Mailing Address 22 PAGE AVE

City	State	Zip Code
LYNDHURST	NJ	07071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40592

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)

MR WILLIAM JOEL

Mailing Address 32 VENTOSA DR

City	State	Zip Code
MORRISTOWN	NJ	07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40711

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City	State	Zip Code
HENDERSON	NV	89052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40827

Amount of Each Receipt this Period

15.08

**SUBTOTAL** of Receipts This Page (optional) .....

90.08

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD Mailing Address 16357 VICTORIA CURVE SE City State Zip Code PRIOR LAKE MN 55372 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLIENT & MKT PROG STRAT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40706 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR JOHN KAPIOSKI Mailing Address 8202 MARSH GLEN CT City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PHARMACY COMPLIANCE Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40807 Amount of Each Receipt this Period 50.00
<b>C.</b> 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. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40695 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR WILLIAM KEELER			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 63 MOUNTAIN GLEN ROAD			<b>Transaction ID:</b> INC.A.40892	
City RINGWOOD	State NJ	Zip Code 07456	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR WILLIAM KELLEY, III			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 1970 WOODLANDS PL			<b>Transaction ID:</b> INC.A.40748	
City POWELL	State OH	Zip Code 43065	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR KEVIN KELLY			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 251 POPLAR AVE			<b>Transaction ID:</b> INC.A.40584	
City HACKENSACK	State NJ	Zip Code 07601	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR CLIENT SVC DELIVERY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS LISA KETNER

Mailing Address 7 POINT VIEW

City	State	Zip Code
OAKLAND	NJ	07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40736

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City	State	Zip Code
CHESTER	NY	10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40861

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City	State	Zip Code
FRANKLIN LAKES	NJ	07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40899

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional) .....

292.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR JON KLINE Mailing Address 36 CORTLAND TL City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1111.88		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40894 Amount of Each Receipt this Period 50.54
<b>B.</b> Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN Mailing Address 555 FORBUSH STREET City BOONTON State NJ Zip Code 07005 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLIENT RETAIL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40854 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS KATHLEEN KORDUCKI Mailing Address 920 CLARK STREET City BOWLING GREEN State OH Zip Code 43402 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40605 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code  
**MAHWAH NJ 07430**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

Transaction ID: INC.A.40632

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code  
**FRANKLIN LAKES NJ 07417**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

Transaction ID: INC.A.40785

Amount of Each Receipt this Period

55.00

**C.** Full Name (Last, First, Middle Initial)  
MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code  
**COLUMBUS OH 43221**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

Transaction ID: INC.A.40837

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR MANOJ KUMAR Mailing Address 7 SUNRISE WAY City TOWACO State NJ Zip Code 07082 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLIENT REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40775 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
25.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER Mailing Address 7017 COBALT WAY City CITRUS HEIGHTS State CA Zip Code 95621 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40738 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	125.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
125.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) JOSEPH LENZ Mailing Address 6 SHERMAN AVE City WALDWICK State NJ Zip Code 07463 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MARKET STRATEGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40923 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
25.00																																

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City State Zip Code  
 RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40730

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code  
 GIBSONIA PA 15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40641

Amount of Each Receipt this Period

15.00

**C.** Full Name (Last, First, Middle Initial)

MS DEBRA LUDGATE

Mailing Address 238 WOODLAND AVE

City State Zip Code  
 SUMMIT NJ 07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40687

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS VERONA MACMAHON

Mailing Address 1504 WEST CULLOM AVE  
UNIT G

City State Zip Code  
CHICAGO IL 60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40874

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR MICHAEL MAHON

Mailing Address 64 PHEASANT HILL DRIVE

City State Zip Code  
WEST HARTFORD CT 06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40925

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City State Zip Code  
HO HO KUS NJ 07423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PRODUCT & CHANNEL MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40672

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO Mailing Address 33 HICKORY TAVERN RD City State Zip Code GILLETTE NJ 07933 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1100.00</div>		Date of Receipt <div>M M / D D / Y Y Y Y Y</div> <div>1 0 / 2 7 / 2 0 0 7</div> <b>Transaction ID:</b> INC.A.40563 Amount of Each Receipt this Period <div>50.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MS ILENE MARCUS Mailing Address 97 BLUEBERRY DR City State Zip Code WOODCLIFF LAKE DR NJ 07675 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>220.00</div>		Date of Receipt <div>M M / D D / Y Y Y Y Y</div> <div>1 0 / 2 7 / 2 0 0 7</div> <b>Transaction ID:</b> INC.A.40794 Amount of Each Receipt this Period <div>10.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MR GARY MARGIOTTA Mailing Address 8 HEATHER HILL WAY City State Zip Code MENDHAM NJ 07945 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>220.00</div>		Date of Receipt <div>M M / D D / Y Y Y Y Y</div> <div>1 0 / 2 7 / 2 0 0 7</div> <b>Transaction ID:</b> INC.A.40666 Amount of Each Receipt this Period <div>10.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City	State	Zip Code
OLD GREENWICH	CT	06870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40629

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City	State	Zip Code
MENOMONEE FALLS	WI	53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40691

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City	State	Zip Code
CLARKSVILLE	MD	21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40653

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City State Zip Code  
 SUSSEX NJ 07461

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40614

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City State Zip Code  
 HILLSDALE NJ 07642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40828

Amount of Each Receipt this Period

192.30

**C.** Full Name (Last, First, Middle Initial)  
MR TERENCE MAYTIN

Mailing Address 496 FRANKLIN AVE

City State Zip Code  
 WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40649

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

227.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City State Zip Code  
CLIFTON NJ 07013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40735

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City State Zip Code  
MORRIS PLAINS NJ 07950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40677

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City State Zip Code  
FAIR LAWN NJ 07410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40778

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code  
HIGHLAND MILLS NY 10930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40737

Amount of Each Receipt this Period

192.00

**B.** Full Name (Last, First, Middle Initial)  
MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code  
WEST MILFORD NJ 07480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40867

Amount of Each Receipt this Period

192.31

**C.** Full Name (Last, First, Middle Initial)  
MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City State Zip Code  
ORADELL NJ 07649

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40598

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

409.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) DAVID MILLER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 7
Mailing Address 7 CLOVER LANE		<b>Transaction ID:</b> INC.A.40569 Amount of Each Receipt this Period 25.00
City RANDOLPH	State NJ	
Zip Code 07869		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP LABOR RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MRS KAREN MILLER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 7
Mailing Address 34 MACKENZIE LANE NORTH		<b>Transaction ID:</b> INC.A.40562 Amount of Each Receipt this Period 30.00
City DENVILLE	State NJ	
Zip Code 07834		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR GIOVANNI MINARDI		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 7
Mailing Address 12 LINCOLN ROAD		<b>Transaction ID:</b> INC.A.40882 Amount of Each Receipt this Period 25.00
City KINNELON	State NJ	
Zip Code 07405		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM STRAT & DELI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40573

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS JULIANA MOLEK

Mailing Address 17584 WEXFORD DR

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40659

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City

WARRINGTON

State

PA

Zip Code

18976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40669

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City	State	Zip Code
SHORT HILLS	NJ	07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40553

Amount of Each Receipt this Period

192.00

**B.** Full Name (Last, First, Middle Initial)  
MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City	State	Zip Code
MONTVALE	NJ	07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40829

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City	State	Zip Code
SPARTA	NJ	07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40862

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

222.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR KEVIN MURPHY, JR. Mailing Address 80 PARKWAY City State Zip Code FAIRFIELD CT 06824 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP MKT STRATEGY & DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2750.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40603 Amount of Each Receipt this Period 125.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS BECKY NAGLE Mailing Address 64 WALTER AVE City State Zip Code HASBROUCK HEIGHTS NJ 07604 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40604 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS ARLENE NELSON Mailing Address 17 GARFIELD PLACE City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40630 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR MICHAEL NICODEMO

Mailing Address 407 MEER AVE

City	State	Zip Code
WYCKOFF	NJ	07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40866

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City	State	Zip Code
OAKLAND	NJ	07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR MKTING & STRATEGIC ANAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40729

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS COLLEEN O'BRIEN

Mailing Address 30 BELCHER ROAD

City	State	Zip Code
WARWICK	NY	10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40742

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City State Zip Code  
 RYE NY 10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40851

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City State Zip Code  
 ROCKAWAY TOWNSHIP NJ 07866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40574

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City State Zip Code  
 RIDGEWOOD NJ 07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40804

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS CLAUDINE OLSEN  
Mailing Address 4 HIGHGATE CT

City State Zip Code  
SUFFERN NY 10901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40843

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
ALEXANDER ONIK  
Mailing Address 1 SCHINDLER CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40926

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS NATALYA ONIK  
Mailing Address 1 SCHINDLER CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40713

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City State Zip Code  
 RINGWOOD NJ 07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40791

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City State Zip Code  
 PARK RIDGE NJ 07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS & INSTALLATION SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40790

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City State Zip Code  
 PARK RIDGE NJ 07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40786

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE Mailing Address 12 MILLBROOK COURT City LIVINGSTON State NJ Zip Code 07039 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MARKET STRATEGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40708 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
25.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MR RICHARD PALOMBO Mailing Address 19 E. HOLLYWOOD LANE City BEESLEY'S POINT State NJ Zip Code 08223 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PROFESSIONAL PRACTICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.42		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40896 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">9.61</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	9.61									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
9.61																																
<b>C.</b> Full Name (Last, First, Middle Initial) MR JAY PATEL Mailing Address 14 BROWNSTONE TERRACE City HAWTHORNE State NJ Zip Code 07506 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR E-COM STRAT & DELIV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40915 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	7		2	0	0	7																							
25.00																																

SUBTOTAL of Receipts This Page (optional) .....

59.61

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A.** MR MATTHEW PATELLA

Mailing Address 30 TAM O SHANTER DRIVE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40589

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B.** MR ROBERT PELLEGRINI

Mailing Address 211 WILTSIE COURT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40680

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** MR MICHAEL PETEROY

Mailing Address 4769 STAVANGER LANE

City

LAS VEGAS

State

NV

Zip Code

89147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40773

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

55.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR NATHAN PETERSON

Mailing Address 1771 PRESCOTT LANE

City	State	Zip Code
CHASKA	MN	55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40690

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City	State	Zip Code
MAPLE GROVE	MN	55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40648

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City	State	Zip Code
MORRISTOWN	NJ	07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40564

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS JANET PORAT  
Mailing Address 5 CRABAPPLE CT

City State Zip Code  
MONSEY NY 10952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40651

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS LYDIA POTTER  
Mailing Address 19642 S.W. 88 LOOP

City State Zip Code  
DUNNELLON FL 34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40853

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MR NEIL PREZIOSO  
Mailing Address 10258 WINDSOR WAY

City State Zip Code  
POWELL OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40758

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SVP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40722

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40822

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40887

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional) .....

409.61

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) SYED QUADRI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 6040 KENNEDY BLVD EAST APT 30N		<b>Transaction ID:</b> INC.A.40881	
City State Zip Code WEST NEW YORK NJ 07093		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PRIVACY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	
<b>B.</b> Full Name (Last, First, Middle Initial) MR GILBERT RAINES		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 800 SANDY TRAIL		<b>Transaction ID:</b> INC.A.40906	
City State Zip Code KELLER TX 76248		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR HR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 430.00	
<b>C.</b> Full Name (Last, First, Middle Initial) MS FRANCES RAO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 19 ROSS ROAD		<b>Transaction ID:</b> INC.A.40585	
City State Zip Code SCARSDALE NY 10583		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRIVACY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MS JOANN REED

Mailing Address 4 ANTLER CT

City State Zip Code  
MATAWAN NJ 07747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1438.36

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40812

Amount of Each Receipt this Period

65.38

**B.** Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40719

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

MR THOMAS REINCKENS

Mailing Address 22 BARTLETT AVE.

City State Zip Code  
NORWALK CT 06850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR RECONCILIATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40667

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR VICTOR RENNA  
Mailing Address 8 CARLA ANN CT

City State Zip Code  
FLANDERS NJ 07836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40855

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOSEPH REYNOLDS  
Mailing Address 412 RIVER MEWS LANE

City State Zip Code  
EDGEWATER NJ 07020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40903

Amount of Each Receipt this Period

70.00

**C.** Full Name (Last, First, Middle Initial)  
MR DAVID ROBARGE  
Mailing Address 4565 QUEENSLAND LN N

City State Zip Code  
MINNEAPOLIS MN 55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40613

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS SORAYA RODRIGUEZ-BALZAC  
Mailing Address 22 PAPOOSE TRAIL

City State Zip Code  
ANDOVER NJ 07821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40902

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR MICHAEL ROMANZO  
Mailing Address 96 LEHMANN STREET

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40665

Amount of Each Receipt this Period

192.30

**C.** Full Name (Last, First, Middle Initial)  
MS DONNA ROSEN  
Mailing Address 7 RED OAK LANE

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40823

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR CHRISTOPHERJOHN ROWLAND

Mailing Address 16725 OLIVE CIRCLE

City State Zip Code  
 FOUNTAIN VALLEY CA 92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40577

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)

MR RICHARD RUBINO

Mailing Address 5201 RIO VISTA DRIVE

City State Zip Code  
 MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4246.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40819

Amount of Each Receipt this Period

193.00

**C.** Full Name (Last, First, Middle Initial)

MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City State Zip Code  
 OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40682

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

253.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City State Zip Code  
 RINGWOOD NJ 07456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROF PRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40769

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)

MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City State Zip Code  
 MAPLEWOOD NJ 07040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1723.48

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40811

Amount of Each Receipt this Period

78.34

**C.** Full Name (Last, First, Middle Initial)

MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City State Zip Code  
 ALLISON PARK PA 15101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40838

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

123.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City	State	Zip Code
WEST ORANGE	NJ	07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	7

Transaction ID: INC.A.40703

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City	State	Zip Code
RIDGEWOOD	NJ	07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	7

Transaction ID: INC.A.40617

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS BETH SAVARE

Mailing Address 27 JONES LN

City	State	Zip Code
BLAIRSTOWN	NJ	07825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	7

Transaction ID: INC.A.40815

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS TRINA SAYLER  
Mailing Address 56 LAKESIDE DRIVE

City State Zip Code  
RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40868

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
MR DAVID SCHLETT  
Mailing Address 339 GRAMERCY PL

City State Zip Code  
GLEN ROCK NJ 07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40818

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR FRANK SCHULTE  
Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code  
LAS VEGAS NV 89117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40661

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR ALLEN SCHWARTZ

Mailing Address 3556 DAVIS

City State Zip Code  
EVANSTON IL 60203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40609

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
MS CYNTHIA SCOTT

Mailing Address 13150 FLAMINGO COURT

City State Zip Code  
APPLE VALLEY MN 55124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLINICAL PROG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40567

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code  
MAPLE GROVE MN 55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40857

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR LEONARD SCOTT Mailing Address 13514 MOTTLESTONE DRIVE NW City State Zip Code PICKERINGTON OH 43147 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40749 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS REG DIR ACCT MGMT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MS MONICA SCOZZARE Mailing Address 3021 E MILLCREEK ROAD City State Zip Code SALT LAKE CITY UT 84109 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40560 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1100.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR ROBERT SENDEWICZ Mailing Address 1220 CROSSING WAY City State Zip Code WAYNE NJ 07470 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40587 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00		

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City State Zip Code  
**WESTWOOD NJ 07675**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1100.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

**Transaction ID: INC.A.40878**

Amount of Each Receipt this Period

**50.00**

**B.** Full Name (Last, First, Middle Initial)  
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code  
**LAS VEGAS NV 89148**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1660.45**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

**Transaction ID: INC.A.40734**

Amount of Each Receipt this Period

**45.00**

**C.** Full Name (Last, First, Middle Initial)  
MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City State Zip Code  
**ALLENDALE NJ 07401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**880.00**

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 7 / 2 0 0 7**

**Transaction ID: INC.A.40572**

Amount of Each Receipt this Period

**40.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**135.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR FRANK SHEEHY Mailing Address 119 HAMILTON RD City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40625 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR PETER SHERMAN Mailing Address 139 GATES AVENUE City State Zip Code MONTCLAIR NJ 07042 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS MANAGING COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40554 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR JAMES SHIVAS Mailing Address 18 PROSPECT AVE City State Zip Code NORTH ARLINGTON NJ 07031 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40700 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III Mailing Address 150 CLAREMONT AVE City State Zip Code LONG BEACH CA 90803 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40634 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS ANNE SIGILLITO Mailing Address 178 LEXINGTON AVE. City State Zip Code WESTWOOD NJ 07675 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR GENERIC STRAT & CUST DV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40557 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) MS JODI SILBERMANN Mailing Address 16 TULIP LANE City State Zip Code RANDOLPH NJ 07869 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40830 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) JEFFREY SIMEK Mailing Address 704 SAW PALMETTO COURT City State Zip Code PORT ORANGE FL 32128 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4230.82		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40715 Amount of Each Receipt this Period 192.31
<b>B.</b> Full Name (Last, First, Middle Initial) MR LEE SIMON Mailing Address 2390 GREENVIEW ROAD City State Zip Code NORTHBROOK IL 60062 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40863 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR JEFFREY SINKO Mailing Address 10 CHERRY TREE LANE City State Zip Code KINNELON NJ 07405 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP & COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40744 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

292.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM SIRICO  
Mailing Address 564 DALE COURT EAST

City State Zip Code  
RIVER VALE NJ 07675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40586

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)  
MR DAVID SITVER  
Mailing Address 24 YORKSHIRE AVE

City State Zip Code  
SUFFERN NY 10901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40699

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
ANN SMITH  
Mailing Address 437 GLENDALE RD

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40702

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS COLLEEN SMITH Mailing Address 1241 CHENILLE CIR City State Zip Code WESTON FL 33327 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID: INC.A.40685</b> Amount of Each Receipt this Period 10.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 220.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR ROBERT SMITH Mailing Address 40 JOSHUA DR T City State Zip Code RAMSEY NJ 07446 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID: INC.A.40836</b> Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2200.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR Mailing Address 23 CEDAR GATE ROAD City State Zip Code DARIEN CT 06820 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID: INC.A.40895</b> Amount of Each Receipt this Period 192.31
Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4230.82		

**SUBTOTAL** of Receipts This Page (optional) .....

252.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MR ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City State Zip Code  
PINE BROOK NJ 07058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40914

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City State Zip Code  
LIBERTY LAKE WA 99019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40760

Amount of Each Receipt this Period

12.50

**C.** Full Name (Last, First, Middle Initial)

MR RALPH STAIANO

Mailing Address 32 ALDEN RD

City State Zip Code  
MONROE NY 10950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40568

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

87.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City State Zip Code  
**WEST HARRISON** **NY** **10604**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1100.00**

Date of Receipt

**10** / **27** / **2007**

Transaction ID: INC.A.40821

Amount of Each Receipt this Period

**50.00**

**B.** Full Name (Last, First, Middle Initial)  
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City State Zip Code  
**AUSTIN** **TX** **78732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**10** / **27** / **2007**

Transaction ID: INC.A.40865

Amount of Each Receipt this Period

**25.00**

**C.** Full Name (Last, First, Middle Initial)  
MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City State Zip Code  
**EMERSON** **NJ** **07630**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**10** / **27** / **2007**

Transaction ID: INC.A.40654

Amount of Each Receipt this Period

**25.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**100.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS SUSAN STEELE

Mailing Address 501 CONTINENTAL DR

City State Zip Code  
SAGAMORE HILLS OH 44067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40940

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR STANLEY STEFANSKI

Mailing Address 24 CASTLETON DRIVE

City State Zip Code  
HIGHLAND MILLS NY 10930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40555

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code  
ELM GROVE WI 53122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40693

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City State Zip Code  
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40883

Amount of Each Receipt this Period

192.31

**B.** Full Name (Last, First, Middle Initial)

MR GERARD STOCKER, JR

Mailing Address 80 ALGONQUIN TRL

City State Zip Code  
 OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40655

Amount of Each Receipt this Period

15.00

**C.** Full Name (Last, First, Middle Initial)

MS JANNA STOUL

Mailing Address 4 APACHE WAY

City State Zip Code  
 MONTVILLE NJ 07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40578

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

232.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code  
ORANGE CT 06477

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40921

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code  
MARYSVILLE OH 43040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40608

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code  
MONTVILLE NJ 07045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40864

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40820

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City State Zip Code  
MIDLOTHIAN VA 23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40570

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL  
APPT 209

City State Zip Code  
WEST NEW YORK NJ 07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40627

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT Mailing Address 8362 GOLDEN PRAIRIE DRIVE City TAMPA State FL Zip Code 33647 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2150.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40663 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	0		2	7		2	0	0	7																								
50.00																																	
<b>B.</b> Full Name (Last, First, Middle Initial) MR NICHOLAS TAYLOR Mailing Address 2710 WEXFORD RD City UPPER ARLINGTON State OH Zip Code 43221 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40888 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	0		2	7		2	0	0	7																								
25.00																																	
<b>C.</b> Full Name (Last, First, Middle Initial) MS MELINDA THIEL Mailing Address 27 GARVEY ROAD City WAYNE State NJ Zip Code 07470 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PRODUCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: INC.A.40633 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	7	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	0		2	7		2	0	0	7																								
25.00																																	

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)

MS MELISSA THOMET

Mailing Address 721 HINMAN AVE  
#1E

City State Zip Code  
EVANSTON IL 60202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40575

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)

MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code  
LIVONIA MI 48152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40678

Amount of Each Receipt this Period

75.00

**C.** Full Name (Last, First, Middle Initial)

MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code  
LAS VEGAS NV 89123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40728

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40579

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
MRS DONNA TOPOLSKI

Mailing Address 128 MANHATTAN TERRACE

City State Zip Code  
DUMONT NJ 07628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40852

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City State Zip Code  
AMHERST VA 24521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40741

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City State Zip Code  
HILLSBOROUGH NJ 08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40869

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40674

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code  
WAUKESHA WI 53189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40941

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MRS JEANNINE VANKLEECK Mailing Address 56 ZIMMER AVENUE City MIDLAND PARK State NJ Zip Code 07432 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCIAL APPLICATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40593 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS Mailing Address 105 ARRANDALE RD City ROCKVILLE CENTRE State NY Zip Code 11570 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP MKTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40732 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR WIL VELARDE Mailing Address 443 WEST SADDLE RIVER RD City UPPER SADDLE RIVER State NJ Zip Code 07458 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR E-COM STRAT & DELI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40626 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE  
UNIT #17City State Zip Code  
BLOOMFIELD NJ 07003FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40623

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City State Zip Code  
WESTFIELD NJ 07090FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40551

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MUNISH VJ

Mailing Address 11 BOULDER TRAIL

City State Zip Code  
MAHWAH NJ 07430FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40909

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR MICHAEL WAIBEL Mailing Address N48 W16381 LONE OAK LN City State Zip Code MENOMONEE FALLS WI 53051 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40694 Amount of Each Receipt this Period 15.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 330.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR DANIEL WALDEN Mailing Address 450 BEECHMONT DR City State Zip Code NEW ROCHELLE NY 10804 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40793 Amount of Each Receipt this Period 192.31
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP REGULATORY & MC PROGRAMS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4230.82		
<b>C.</b> Full Name (Last, First, Middle Initial) MS THERESE WALKER Mailing Address 363 MULBERRY CT City State Zip Code WYCKOFF NJ 07481 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40566 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00		

**SUBTOTAL** of Receipts This Page (optional) .....

232.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE Mailing Address 5445 GOODWIN AVENUE City State Zip Code DALLAS TX 75206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4230.82			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40910 Amount of Each Receipt this Period 192.31
<b>B.</b> 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. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 537.50			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40746 Amount of Each Receipt this Period 12.50
<b>C.</b> Full Name (Last, First, Middle Initial) MS CATHERINE WASSON Mailing Address 26072 HARBOR VIEW City State Zip Code CAPISTRANO BEACH CA 92624 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP NATL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40582 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

254.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City State Zip Code  
SOMERSET NJ 08873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40787

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MS DONNA WEATHERS

Mailing Address 1043 BELL STREET

City State Zip Code  
EDMONDS WA 98020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40723

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code  
MONTVALE NJ 07645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CORP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40726

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH Mailing Address 309 WATERVIEW DR City State Zip Code FRANKLIN LAKES NJ 07417 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES, CEO ACCREDO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4230.82		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40643 Amount of Each Receipt this Period 192.31
<b>B.</b> Full Name (Last, First, Middle Initial) MR KENNETH WERMES Mailing Address 26037 N WRANGLER RD City State Zip Code SCOTTSDALE AZ 85255 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40720 Amount of Each Receipt this Period 75.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR PETER WHITE Mailing Address 2241 E. PINCHOT AVE. #17F City State Zip Code PHOENIX AZ 85016 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40571 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

292.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 268

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City	State	Zip Code
VERONA	NJ	07044

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40817

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City	State	Zip Code
TOWACO	NJ	07082

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP MEDICARE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40657

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ELISSA WOJTOWICZ, RPH

Mailing Address 325 BOUND BROOK AVE.

City	State	Zip Code
PISCATAWAY	NJ	08854

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR RRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Transaction ID: INC.A.40580

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MS ANNA WONG Mailing Address 64-20 BELL BLVD City BAYSIDE State NY Zip Code 11364 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INSURED SOLUTIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40907 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) MS JUDITH WOOD Mailing Address 76 COLONIAL ROAD City STILLWATER State NY Zip Code 12170 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40858 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY Mailing Address 793 LINCOLN AVE City POMPTON LAKES State NJ Zip Code 07442 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> INC.A.40621 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City State Zip Code  
WESTFIELD NJ 07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40709

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City State Zip Code  
SUFFERN NY 10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP E-COM DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40776

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code  
LEESBURG VA 20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CONSOLIDATION PLAN & RPRT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40831

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 7

Transaction ID: INC.A.40913

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

25.00

**TOTAL** This Period (last page this line number only) .....

43294.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 268

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City State Zip Code  
CORTE MADERA CA 94925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.80

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: INC.A.40546

Amount of Each Receipt this Period

98.74

INTEREST EARNED

**SUBTOTAL** of Receipts This Page (optional) .....

98.74

**TOTAL** This Period (last page this line number only) .....

98.74



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 257 / 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

## **A. FRIENDS OF LOIS CAPPS**

Mailing Address P.O. BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
LOIS G. CAPPS

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: EXP:B:39623

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. HOUSE CONSERVATIVES FUND**

Mailing Address P.O. BOX 2752

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
GENERAL PURPOSE COMMITTEE

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:39620

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. JOEPAC**

Mailing Address 601 S. BROAD ST.

City LITITZ State PA Zip Code 17543

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
GENERAL PURPOSE COMMITTEE

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:39619

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 258 / 268

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A. JOHN LEWIS FOR CONGRESS**

Mailing Address 2015 WALLACE RD.

City  
ATLANTA

State  
GA

Zip Code  
30331

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
JOHN LEWIS

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: EXP:B:39622

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. VERN BUCHANAN FOR CONGRESS**

Mailing Address P.O. BOX 48928

City  
SARASOTA

State  
FL

Zip Code  
34230

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
VERNON BUCHANAN

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: EXP:B:39621

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FIRST STATE PAC**

Mailing Address P.O. BOX 3006

City  
WILMINGTON

State  
DE

Zip Code  
19804

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
GENERAL PURPOSE COMMITTEE

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:40063

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 259 / 268

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JAY ROCKEFELLER**

Mailing Address P.O. BOX 1909

City  
CHARLESTON

State  
WV

Zip Code  
25327

Purpose of Disbursement

011

Category/  
Type

Candidate Name

JOHN DAVISON ROCKEFELLER IV

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: WV

District:

Transaction ID: EXP:B:40066

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. HOYER FOR CONGRESS**

Mailing Address 7905 MALCOLM RD., STE. 102

City  
CLINTON

State  
MD

Zip Code  
20735

Purpose of Disbursement

011

Category/  
Type

Candidate Name

STENY HAMILTON HOYER

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: MD

District: 5

Transaction ID: EXP:B:40065

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. PORTER FOR CONGRESS**

Mailing Address 7840 RED LEAF DR.

City  
LAS VEGAS

State  
NV

Zip Code  
89131

Purpose of Disbursement

011

Category/  
Type

Candidate Name

JON C. PORTER

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: NV

District: 3

Transaction ID: EXP:B:40064

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 260 / 268

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A. CANTOR FOR CONGRESS**

Mailing Address P. O. BOX 17813

City  
RICHMOND

State  
VA

Zip Code  
23226

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
ERIC CANTOR

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: EXP:B:40071

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR ARLEN SPECTER**

Mailing Address 4255 SOUTH 17TH ST.

City  
PHILADELPHIA

State  
PA

Zip Code  
19103

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
ARLEN SPECTER

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District:

Transaction ID: EXP:B:40077

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT VITO FOSSELLA**

Mailing Address P.O. BOX 120197

City  
STATEN ISLAND

State  
NY

Zip Code  
10312

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
VITO J FOSSELLA, JR.

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: EXP:B:40076

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 261 / 268

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JAY ROCKEFELLER**

Mailing Address P.O. BOX 1909

City  
CHARLESTON

State  
WV

Zip Code  
25327

Purpose of Disbursement

011

Category/  
Type

Candidate Name

JOHN DAVISON ROCKEFELLER IV

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: WV

District:

Transaction ID: EXP:B:40074

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. JOHN D DINGELL FOR CONGRESS COMMITTEE**

Mailing Address 607 14TH ST. NW, STE. 800

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

JOHN D. DINGELL

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: MI

District: 15

Transaction ID: EXP:B:40078

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. JOHN KERRY FOR SENATE**

Mailing Address 10 G ST. NE, STE. 710

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

JOHN FORBES KERRY

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: MA

District:

Transaction ID: EXP:B:40079

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 262 / 268

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

## **A. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 SOUTH 5TH AVE., STE. 428

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
RON KIND

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 3

Transaction ID: EXP:B:40073

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. MCCRERY FOR CONGRESS**

Mailing Address 333 TEXAS ST., STE. 1900

City SHREVEPORT State LA Zip Code 71135

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
JIM MCCRERY

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: EXP:B:40070

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. PEOPLE FOR ENGLISH**

Mailing Address POST OFFICE BOX 1940

City ERIE State PA Zip Code 16507

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
PHILIP S ENGLISH

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: EXP:B:40072

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 263 / 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A.** TIBERI FOR CONGRESS

Mailing Address 2021 E. DUBLIN GRANVILLE RD., STE.

City COLUMBUS State OH Zip Code 43229

Purpose of Disbursement

Candidate Name  
PATRICK JOSEPH TIBERI

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 12

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: EXP:B:40075

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

32500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 264 / 268

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

## **A. BRIAN QUIRK FOR STATE REPRESENTATIVE**

Mailing Address 1011 SUNSET STREET

City  
NEW HAMPTON

State  
IA

Zip Code  
50659

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Transaction ID: EXP.B.40060

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. DORIS KELLEY FOR IOWA HOUSE**

Mailing Address 1922 MAYFAIR STREET

City  
WATERLOO

State  
IA

Zip Code  
50701

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Transaction ID: EXP.B.40058

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. FRIENDS OF SENATOR MARK NORRIS**

Mailing Address 853 SOUTH COLLIERVILLE-ARLINGTON R

City  
COLLIERVILLE

State  
TN

Zip Code  
38017

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

Transaction ID: EXP.B.40062

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 265 / 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

## **A. HOUSE DEMOCRATIC COMMITTEE**

Mailing Address 220 HILLSBOROUGH ST.

City RALEIGH State NC Zip Code 27603

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.40061

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. HUSER FOR STATE REPRESENTATIVE**

Mailing Address 213 7TH STREET NW

City ALTOONA State IA Zip Code 50009

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Transaction ID: EXP.B.40057

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. MERTZ FOR REPRESENTATIVE**

Mailing Address 607 110TH STREET

City OTTOSEN State IA Zip Code 50570

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Transaction ID: EXP.B.40059

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 266 / 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

**A. SWATI DANDEKAR CAMPAIGN COMMITTEE**

Mailing Address 2731 28TH AVENUE

City  
MARION

State  
IA

Zip Code  
52302

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

State: IA

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: EXP.B.40056

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

3250.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 267 / 268

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP

 Nature of Debt (Purpose):  
 LEGAL SERVICES

Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000

City	State	ZIP Code
MILL VALLEY	CA	94941

Outstanding Balance Beginning This Period

0.00

Transaction ID: PAY:D:42033

Amount Incurred This Period

2026.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

2026.50

1) **SUBTOTALS** This Period This Page (optional)..... ▶

2026.50

2) **TOTALS** This Period (last page this line number only)..... ▶

2026.50

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

Form/Schedule:**F3XA**      To add debt accrued during period not initially reported due to clerical error  
Transaction ID: