

**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)

2350 KERNER BLVD., SUITE 250

☐Check if different  
than previously  
reported. (ACC)

SAN RAFAEL

CA

94901

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS  
REPORT☒NEW  
(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

06

01

2009

through

06

30

2009

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

07

17

2009

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. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 317

Write or Type Committee Name

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

Report Covering the Period: From: M M  
0 6 D D  
0 1 Y Y Y Y  
2 0 0 9 To: M M  
0 6 D D  
3 0 Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</span>		445690.14
(b) Cash on Hand at Beginning of Reporting Period .....	478323.54	
(c) Total Receipts (from Line 19) .....	52940.26	307044.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	531263.80	752734.56
7. Total Disbursements (from Line 31) .....	13875.41	235346.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	517388.39	517388.39
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) .....	0.00	

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

### For further information contact:

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

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

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 317

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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		
(i) Itemized (use Schedule A) .....	51822.96	235850.44
(ii) Unitemized .....	1096.64	70090.57
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	52919.60	305941.01
(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) .....	52919.60	305941.01
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	20.66	103.41
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)) .....	52940.26	307044.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	52940.26	307044.42

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1375.41	3596.17	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1375.41	3596.17	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	163000.00	
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.....	2000.00	68750.00	
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))..	13875.41	235346.17	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13875.41	235346.17	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	52919.60	305941.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52919.60	305941.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1375.41	3596.17
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1375.41	3596.17

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

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

FOR LINE NUMBER: PAGE 6 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR THOMAS ABSON

Mailing Address 57 SYCAMORE DRIVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FORMULARY &amp; COVERAGE MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64420

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City

WYCKOFF

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64414

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City

BRIDGEWATER

State

NJ

Zip Code

08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT &amp; CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64333

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DIANE ADAMS

Mailing Address 34 THOMAS ST.

City

CALDWELL

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64731

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City

WARWICK

State

NY

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64413

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL POLICY-GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64412

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City

DOYLESTOWN

State

PA

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64727

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64475

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64694

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City

HEWITT

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64552

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City

MORRISTOWN

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64498

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DENNIS AUCH

Mailing Address 1981 E. COVEY VIEW COURT

City

SALT LAKE CITY

State

UT

Zip Code

84106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64796

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City

CLEVELAND HEIGHTS

State

OH

Zip Code

44118

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64773

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64730

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

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64629

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS BARATTA

Mailing Address 69 SKYLINE DR

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64562

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

JANE BARLOW

Mailing Address 3 AVALON COURT

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICAL POLICIES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64758

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL BARONE

Mailing Address 452 MEDWAY ROAD

City

HIGHLAND HEIGHTS

State

OH

Zip Code

44143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2507.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64774

Amount of Each Receipt this Period

192.31

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

292.31

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

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

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

FOR LINE NUMBER: PAGE 12 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN BARROW

Mailing Address 7 SOUTHVIEW ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64630

Amount of Each Receipt this Period

25.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64682

Amount of Each Receipt this Period

58.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City

VIENNA

State

VA

Zip Code

22182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64530

Amount of Each Receipt this Period

100.00

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

183.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64697

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS FRANCINE BELLOFATTO

Mailing Address 4603 TUDOR DR

City

POMPTON PLAINS

State

NJ

Zip Code

07444

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64439

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JEAN BERGWALL

Mailing Address 2546 HOLLYHOCK COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64814

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS STACEY BERNSTEIN

Mailing Address 166 BERKELEY PLACE

City

GLEN ROCK

State

NJ

Zip Code

07452

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64741

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID BERRY

Mailing Address 11 COBBLESTONE LANE

City

RAMSEY

State

NJ

Zip Code

07446

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64560

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City

TOWACO

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64556

Amount of Each Receipt this Period

25.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code  
BUFORD GA 30518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64572

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
CALVIN BINGHAM

Mailing Address 13702 W. 48TH ST.

City State Zip Code  
SHAWNEE KS 66216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR CLINICAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64797

Amount of Each Receipt this Period

25.00

**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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64739

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City

DEEPHAVEN

State

MN

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64681

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK BLAKE

Mailing Address 129 NORWOOD AVENUE

City

MONTCLAIR

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64742

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

ALLYSON BLANDFORD

Mailing Address 1808 N. QUINN STREET  
APT. 322

City

ARLINGTON

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MGR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64764

Amount of Each Receipt this Period

20.00

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

120.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64521

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

KEN BODMER

Mailing Address P.O. BOX 381947

City

GERMANTOWN

State

TN

Zip Code

38183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

SVP FINANCE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64599

Amount of Each Receipt this Period

192.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City

LEVITTOWN

State

NY

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64684

Amount of Each Receipt this Period

25.00

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

267.00

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

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

FOR LINE NUMBER: PAGE 18 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS HEATHER BONOME

Mailing Address 203 12TH STREET NE

City

WASHINGTON

State

DC

Zip Code

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	9	

Transaction ID: INC.A.64477

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City

BRYN MAWR

State

PA

Zip Code

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	9	

Transaction ID: INC.A.64383

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAU

Mailing Address 6527 SHORBURGH DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278

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 ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	9	

Transaction ID: INC.A.64310

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

RUSS BOURNE

Mailing Address 242 N HIGHLAND

City

MEMPHIS

State

TN

Zip Code

38111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUPOccupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	9

Transaction ID: INC.A.64812

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City

RICHMOND

State

VA

Zip Code

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 ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	9

Transaction ID: INC.A.64636

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

KAREN BOWE

Mailing Address 1413 LIMERICK COURT

City

HUMMELSTOWN

State

PA

Zip Code

17036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUPOccupation  
AVP COMMUNITY AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	9

Transaction ID: INC.A.64780

Amount of Each Receipt this Period

25.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR STRAT PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64678

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR KEITH BRADBURY

Mailing Address 122 DERFUSS LN

City

BLAUVELT

State

NY

Zip Code

10913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR DRUG INFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64357

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City

COLUMBUS

State

OH

Zip Code

43202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64405

Amount of Each Receipt this Period

12.50

**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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City

COATESVILLE

State

PA

Zip Code

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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64623

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN BRENNAN

Mailing Address 2 CARMEN LANE

City

FLEMINGTON

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64720

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS LINDA BRIDGE

Mailing Address 136 BEECH ST

City

BELLEVILLE

State

NJ

Zip Code

07109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT/MEMBER COMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64456

Amount of Each Receipt this Period

25.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City

PELHAM MANOR

State

NY

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64448

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD BROOKLER

Mailing Address 9 ROMARY COURT

City

GLEN ROCK

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64350

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64379

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

STEVEN BROWN

Mailing Address 140 S GROVE PARK

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64799

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS VIVIAN BULGER

Mailing Address 120 EAST MAIN ST

City

WASHINGTONVILLE

State

NY

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64598

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

AMANDA BUNDY

Mailing Address 5812 SEVEN POINTS TRACE

City

HERMITAGE

State

TN

Zip Code

37076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64791

Amount of Each Receipt this Period

50.00

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

95.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 24 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

BRIAN BURFORD

Mailing Address 603 CHARLESWOOD DR

City

MARION

State

AR

Zip Code

72364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR TRC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64790

Amount of Each Receipt this Period

25.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64502

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS NANCY BUTLER

Mailing Address 21 WINDSOR PL

City

CRANFORD

State

NJ

Zip Code

07016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64584

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City

MAYWOOD

State

NJ

Zip Code

07607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64307

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City

CHATHAM

State

NJ

Zip Code

07928

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64581

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GROUP VP MARKET STRATEGY & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64594

Amount of Each Receipt this Period

52.50

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

284.81

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

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

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH CASACCIA JR

Mailing Address 9788 LIPSEY CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64559

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARY CASALE

Mailing Address 822 CEDAR AVE

City

HADDENFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64508

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

WEST COLUMBIA

State

SC

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64338

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR BARRY CESANEK

Mailing Address 5 LEXINGTON CT

City

SHAMONG

State

NJ

Zip Code

08088

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64513

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

HWEI-CHUNG CHOU

Mailing Address 36 TANGLEWOOD HOLLOW

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64765

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64488

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS SUSAN COLUCCI

Mailing Address 703 SUCCASUNNA RD.

City

LANDING

State

NJ

Zip Code

07850

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64736

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City

NEW YORK

State

NY

Zip Code

10023

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64709

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City

RAMSEY

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64367

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY COOLE

Mailing Address 155 ASTON HALL DRIVE

City

EADS

State

TN

Zip Code

38028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP TAX AND REGULATORY REPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64789

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

ANTONIO CORREIA

Mailing Address 19 WILLIAMS LANE

City

CHAPPAQUA

State

NY

Zip Code

10514

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64748

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64476

Amount of Each Receipt this Period

192.31

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

292.31

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

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

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR HART COVEN

Mailing Address 28 OAK LANE

City State Zip Code  
MORRISTOWN NJ 07960

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64570

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64461

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)  
MR PETER CSUTOROS

Mailing Address 16 PLEASANT AVENUE

City State Zip Code  
LINCOLN PARK NJ 07035

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64701

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City

STATEN ISLAND

State

NY

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64516

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

JANET DAGLEY

Mailing Address 721 BROWNLEE DRIVE

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64813

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN DALY

Mailing Address 46 BLUEBELL CT

City

PARAMUS

State

NJ

Zip Code

07652

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64609

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64577

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 4156 DUNMORE DRIVE

City

LAKE WALES

State

FL

Zip Code

33859

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64554

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP PRES RETIREE SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64445

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City

EDINA

State

MN

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64458

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR BARRY DAVIS

Mailing Address 11 WEISS DR

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64632

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

WARREN DAVIS

Mailing Address 3131 SADDLEGAIT COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR BUS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64811

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**

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR DANIEL DAVISON

Mailing Address 908 STERLING DRIVE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64595

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS KATHLEEN DEFABIIS

Mailing Address 104 HUDSON AVE

City

WALDWICK

State

NJ

Zip Code

07463

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64664

Amount of Each Receipt this Period

25.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64531

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**

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64500

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City

WEST MILFORD

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64719

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS ANN-MARGARET DEMARCO

Mailing Address 1 RUGBY ROAD

City

CEDAR GROVE

State

NJ

Zip Code

07009

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64368

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City

DENVILLE

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64733

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES DENBY

Mailing Address 78 SHERWOOD ST

City

CLIFTON

State

NJ

Zip Code

07013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64459

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City

HARRINGTON PARK

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64689

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS LAURA DEVEAU

Mailing Address 2289 BEDFORD ST APT D2

City

STAMFORD

State

CT

Zip Code

06905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64522

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS KAREN DEZEARN

Mailing Address 3625 PATTERNSTONE DR

City

ALPHARETTA

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64340

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANDREW DOEDYNS

Mailing Address 117 CREST DRIVE

City

BEAVER

State

PA

Zip Code

15009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR REGIONAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64778

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City

WEST CALDWELL

State

NJ

Zip Code

07006

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64578

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS JUDITH DONNELLY

Mailing Address 3 IRONWORKS ROAD

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64661

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MERIDITH DORNER

Mailing Address 8010 ORCHARD VIEW LANE

City

FOGELSVILLE

State

PA

Zip Code

18051

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64358

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHEL DUFRESNE

Mailing Address 58 INDEPENDENCE WAY

City

MORRIS TWP

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64700

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MR DANA DUNCAN

Mailing Address 125 COMSTOCK TRAIL

City

EAST HAMPTON

State

CT

Zip Code

06424

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64515

Amount of Each Receipt this Period

25.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64387

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City

OVERLAND PARK

State

KS

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64417

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK DUNN

Mailing Address 2 OLD MILL ROAD

City

SANDY HOOK

State

CT

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64391

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER DURAN

Mailing Address 875 HARRISTOWN RD

City

GLEN ROCK

State

NJ

Zip Code

07452

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64372

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
DR SUMIT DUTTA

Mailing Address 534 HUDSON STREET  
#3C

City State Zip Code  
NEW YORK NY 10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64511

Amount of Each Receipt this Period

77.00

**B.**

Full Name (Last, First, Middle Initial)  
REBECCA DYER

Mailing Address 1400 POPLAR ESTATES PKY

City State Zip Code  
GERMANTOWN TN 38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR RN PERF MGMT & IMPROVEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64798

Amount of Each Receipt this Period

25.00

**C.**

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

Mailing Address 109 KAREN PLACE

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64378

Amount of Each Receipt this Period

50.00

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

152.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DR EDWARD EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City

UPPER MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64722

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City

SADDLE BROOK

State

NJ

Zip Code

07663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64567

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City

BRIARCLIFF MANOR

State

NY

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64724

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City

UPPER GRANDVIEW

State

NY

Zip Code

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64299

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MR SCOTT ERHARDT

Mailing Address 11540 39TH AVE N

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64464

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR YAKOV ESTERLIS

Mailing Address 100 WINSTON DRIVE  
17 C NORTH

City

CLIFFSIDE PARK

State

NJ

Zip Code

07010

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64666

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN FANDETTI

Mailing Address 15804 SORAWATER DR.

City

LITHIA

State

FL

Zip Code

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 ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	9	

Transaction ID: INC.A.64399

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	9	

Transaction ID: INC.A.64809

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

SUSAN FAUST

Mailing Address 6614 HERONSWOOD COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP CLIENT SLS AND MGD CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	9	

Transaction ID: INC.A.64785

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 32 EILEEN DR

City 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64449

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 ▼

2498.99

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64503

Amount of Each Receipt this Period

192.23

**C.**

Full Name (Last, First, Middle Initial)  
MR STUART FELDMAN

Mailing Address 109 MEADOWBROOK ROAD

City State Zip Code  
RANDOLPH NJ 07869

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64296

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City

EMERSON

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64637

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS FERRAZZANO

Mailing Address 464 SPRING AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64596

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

RONALD FIELMANN

Mailing Address 2061 ARLEEN CT

City

SCHAUMBURG

State

IL

Zip Code

60194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64786

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR DON FISCHER

Mailing Address 10 TRACY CIRCLE

City

CAMPBELL HALL

State

NY

Zip Code

10916

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64388

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL PROD INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64440

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MEGHAN FITZGERALD

Mailing Address 6 MORGAN AVE

City

NORWALK

State

CT

Zip Code

06851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64762

Amount of Each Receipt this Period

192.31

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

267.31

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

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

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

FOR LINE NUMBER: PAGE 48 / 317

(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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64544

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
CHAD FOREMAN

Mailing Address 9544 DOGWOOD ESTATES

City State Zip Code  
GERMANTOWN TN 38139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR FINANCE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64815

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
HOLLEY FORTH

Mailing Address 115 BAYSIDE COURT

City State Zip Code  
RICHMOND CA 94804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64807

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR  
#222

City State Zip Code  
MEMPHIS TN 38103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64610

Amount of Each Receipt this Period

50.00

**B.**

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 NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64558

Amount of Each Receipt this Period

50.00

**C.**

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  
DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64411

Amount of Each Receipt this Period

30.00

**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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

FELIX FRUEH

Mailing Address 14401 FALLING LEAF DRIVE

City

DARNESTOWN

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP RESEARCH & DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64763

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT FURTH

Mailing Address 1450 PORTLAND AVENUE

City

ST PAUL

State

MN

Zip Code

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64795

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City

NEW PROVIDENCE

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64295

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 720 N. LARRABEE  
APT 1701

City State Zip Code  
CHICAGO IL 60654

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64677

Amount of Each Receipt this Period

192.31

**B.**

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64638

Amount of Each Receipt this Period

25.00

**C.**

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64538

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)  
for each category of the  
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FOR LINE NUMBER: PAGE 52 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City

HOPEWELL JUNCTION

State

NY

Zip Code

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64705

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

MORRIS PLAINS

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64712

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER GAYLORD

Mailing Address 1201 BRIDGE STREET

City

ASBURY PARK

State

NJ

Zip Code

07712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP TREASURY & FINANCIAL EVALS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64294

Amount of Each Receipt this Period

60.00

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

277.31

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City

ROBBINSVILLE

State

NJ

Zip Code

08691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64419

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.  
SUITE 246

City

CHICAGO

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64755

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64355

Amount of Each Receipt this Period

12.50

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

137.50

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City State Zip Code  
SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64670

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)  
MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City State Zip Code  
MEDINA MN 55340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
PRES UHG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64300

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)  
MR JONAH GITLITZ

Mailing Address 43 OVERLOOK 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64365

Amount of Each Receipt this Period

50.00

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

434.61

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City

CANTON

State

CT

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64370

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City

BUFFALO GROVE

State

IL

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64432

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

LAURIE GREENBERG

Mailing Address 27760 WOODLAND GREEN

City

BOERNE

State

TX

Zip Code

78015

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64760

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City

PEARL RIVER

State

NY

Zip Code

10965

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64452

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

CONVENT STATION

State

NJ

Zip Code

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64495

Amount of Each Receipt this Period

40.00

**C.**

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64360

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS CAROLYN GUGLIELMO

Mailing Address 42 VETERANS PARKWAY

City

PEARL RIVER

State

NY

Zip Code

10965

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64612

Amount of Each Receipt this Period

25.00

**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  
GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64317

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

MS KAVITHA GULLAPALLI

Mailing Address 67 ATHERTON CT

City

WAYNE

State

NJ

Zip Code

07470

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64431

Amount of Each Receipt this Period

25.00

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS VALERIE HAERTEL

Mailing Address 7 PARSLOE COURT

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INVESTOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64745

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64568

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64676

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 317

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City

POMPTON PLAINS

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64349

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

SHARON HARRIS

Mailing Address 186 N. WHITE STATION RD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64787

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK HARTMANN

Mailing Address 8980 KNOBLE COURT

City

EDEN PRAIRIE

State

MN

Zip Code

55347

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64466

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City

COLORADO SPRINGS

State

CO

Zip Code

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64297

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

DAN HAYES

Mailing Address 4679 AYRON TERRACE

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64781

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM HEAD

Mailing Address 501 SLATERS LANE  
#816

City

ALEXANDRIA

State

VA

Zip Code

22314

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64735

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City

PHOENIX

State

AZ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64384

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS HEKKER

Mailing Address 28 WEST THRID STREET #1332

City

SOUTH ORANGE

State

NJ

Zip Code

07079

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64710

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City

SUCCASUNNA

State

NJ

Zip Code

07876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLIENT SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64361

Amount of Each Receipt this Period

75.00

**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)  
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FOR LINE NUMBER: PAGE 62 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR GLENN HERDLING

Mailing Address 646 JAMES LN

City State Zip Code  
RIVER VALE NJ 07675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CREATIVE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64480

Amount of Each Receipt this Period

25.00

**B.**

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

Mailing Address 10 CARLTON RD

City State Zip Code  
FLANDERS NJ 07836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64443

Amount of Each Receipt this Period

50.00

**C.**

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 SOLUTIONS

Occupation  
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64462

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR DANIEL HLUDZINSKI

Mailing Address 385 WASHINGTON ST

City

TAPPAN

State

NY

Zip Code

10983

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64659

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

SHERLYN HOBGOOD

Mailing Address 6635 LAMBERT DR

City

MASON

State

TN

Zip Code

38049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP NURSING SPEC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64793

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN HOBSON

Mailing Address 16 LUTH TERRACE

City

WEST ORANGE

State

NJ

Zip Code

07052

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64542

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City

RIDGEWOOD

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64613

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City

CORNWALL ON HUDSON

State

NY

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64457

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64534

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT HOLLIS

Mailing Address 88 MILLS STREET

City

MORRISTOWN

State

NJ

Zip Code

07960

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64447

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH HOLLOWAY

Mailing Address 9222 RANDLE VALLEY DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64805

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR MATTHEW HOLMES

Mailing Address 21979 SHADYBROOK DR

City

NOVI

State

MI

Zip Code

48375

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64509

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)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64565

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

RITA HOLT

Mailing Address 1558 N PISGAH ROAD

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64788

Amount of Each Receipt this Period

50.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CUST SVC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64776

Amount of Each Receipt this Period

50.00

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

180.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN HOROWITZ

Mailing Address 4 MELISSA COURT

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64740

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

LYNN HOSTMYER

Mailing Address 6708 N.W. 112TH

City

OKLAHOMA CITY

State

OK

Zip Code

73162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64794

Amount of Each Receipt this Period

25.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64547

Amount of Each Receipt this Period

32.00

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

107.00

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

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

FOR LINE NUMBER: PAGE 68 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS KIMBERLY HUMPHRIES

Mailing Address 3726 ST PHILIP

City

BARTLETT

State

TN

Zip Code

38133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64806

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64302

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64313

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MARIANNE JACKS

Mailing Address 329 MORRIS AVENUE

City

MOUNTAIN LAKES

State

NJ

Zip Code

07046

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64342

Amount of Each Receipt this Period

50.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64648

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS MICHELLE JAEGER

Mailing Address 302 HERMAN TERRACE

City

HOPKINS

State

MN

Zip Code

55343

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64714

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JASON JAMES

Mailing Address RR 2 BOX 2036

City

CANADENSIS

State

PA

Zip Code

18325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHYSICIAN ENGAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64306

Amount of Each Receipt this Period

35.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64662

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT JINKS

Mailing Address 22 PAGE AVE

City

LYNDHURST

State

NJ

Zip Code

07071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64351

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM JOEL

Mailing Address 32 VENTOSA DR

City

MORRISTOWN

State

NJ

Zip Code

07960

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64496

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS REGINA JONES

Mailing Address POST OFFICE BOX 752345

City

LAS VEGAS

State

NV

Zip Code

89136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64442

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City

CARMEL

State

IN

Zip Code

46032

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64615

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City

PRIOR LAKE

State

MN

Zip Code

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 ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64489

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEVEN KARATY

Mailing Address 19 PARK AVE

City

POMPTON PLAINS

State

NJ

Zip Code

07444

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64322

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City

MENOMONEE FALLS

State

WI

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64473

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64683

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS DEEPTI KEHOE

Mailing Address 995 PINES TERR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64395

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64539

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City State Zip Code  
HACKENSACK NJ 07601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64341

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR PETER KENNY

Mailing Address 6040 BOULEVARD E APT 28G

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 ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64639

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS LISA KETNER

Mailing Address 7 POINT VIEW

City State Zip Code  
OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64527

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 317

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City

EDISON

State

NJ

Zip Code

08820

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64707

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS DONNA KLEIN

Mailing Address 1080 FOREST CLIFF DRIVE

City

LAKEWOOD

State

OH

Zip Code

44107

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64775

Amount of Each Receipt this Period

25.00

**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

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64650

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 317

(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

FRANKLIN LAKES

State

NJ

Zip Code

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 ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64692

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP MANAGED CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64800

Amount of Each Receipt this Period

25.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64642

Amount of Each Receipt this Period

25.00

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

242.30

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City

BOWLING GREEN

State

OH

Zip Code

43402

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64366

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City

MAHWAH

State

NJ

Zip Code

07430

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64403

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64324

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64574

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City

COLUMBUS

State

OH

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64626

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR DEEPAK KUMAR

Mailing Address 50 MANCHESTER CT

City

KINNELON

State

NJ

Zip Code

07405

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64523

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW KUPFERBERG

Mailing Address 3235 CAMBRIDGE AVENUE, APT. #2J

City

BRONX

State

NY

Zip Code

10463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64751

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK LANDY

Mailing Address 18 LADIK PL

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SVC DELIVERY SYSTEM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64571

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES LANGLEY

Mailing Address 10921 MAIN RANGE TRAIL

City

LITTLETON

State

CO

Zip Code

80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64801

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD LAPUSHCHIK

Mailing Address 2 OLD LANE

City

MONTVILLE

State

NJ

Zip Code

07045

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64703

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA LAUBACHER

Mailing Address 1100 KIMBERLY COURT

City

ROSEVILLE

State

CA

Zip Code

95661

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 ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64529

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH LENZ

Mailing Address 74 IRON CREEK COURT SOUTH  
APT 101

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PERFORMANCE STRATEGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64725

Amount of Each Receipt this Period

50.00

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

225.00

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



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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA LETCHWORTH

Mailing Address 3133 HEATHSTONE COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64802

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

EMMA LEVIN

Mailing Address 18 SALEM RD

City

EAST BRUNSWICK

State

NJ

Zip Code

08816

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64744

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City

RAMSEY

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64519

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City

COLUMBUS

State

OH

Zip Code

43221

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64493

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64416

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MS SHARON MACCOY

Mailing Address 9248 TALWAY CIR

City

BOYNTON BEACH

State

FL

Zip Code

33437

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 ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64520

Amount of Each Receipt this Period

19.24

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

61.74

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS 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  
SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64663

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64444

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City State Zip Code  
GILLETTE NJ 07933

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64315

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

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

A.

Full Name (Last, First, Middle Initial)

MRS COLLEEN MANLEY

Mailing Address 70 RIDGE ROAD

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GENERIC STRAT &amp; CUST DV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64693

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City

WOODCLIFF LAKE DR

State

NJ

Zip Code

07675

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64583

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City

OLD GREENWICH

State

CT

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64400

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**

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64754

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City

MENOMONEE FALLS

State

WI

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64469

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH MARSIGLIANO

Mailing Address 11 ECHO HILL ROAD

City

MONTVALE

State

NJ

Zip Code

07645

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64756

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**

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SHELLY MARTIN

Mailing Address 9536 DOE MEADOW DR

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64808

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS MARTIN

Mailing Address 1882 E LAUREL HOLLOW

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

PRESIDENT - CCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64803

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64426

Amount of Each Receipt this Period

192.30

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

342.30

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

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

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD MARTINEZ

Mailing Address 35 SALTER PLACE

City

MAPLEWOOD

State

NJ

Zip Code

07040

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64711

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City

SUSSEX

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64381

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City

HILLSDALE

State

NJ

Zip Code

07642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64617

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP SALES AND MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64450

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS MCCANN

Mailing Address 9600 DOVE SPRING CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64810

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

FAIR LAWN

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64566

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS ANNE MCGURRIN

Mailing Address 28 ROSEMILT PLACE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR MARKET SEGMENT SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64757

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64528

Amount of Each Receipt this Period

192.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM MCLAUGHLIN

Mailing Address 8 BATES CIRCLE

City

FLORIDA

State

NY

Zip Code

10921

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64674

Amount of Each Receipt this Period

20.00

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

237.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64657

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MS LAURA MENVILLE

Mailing Address 23 UNION HILL RD

City

MORRIS PLAINS

State

NJ

Zip Code

07950

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64685

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City

ORADELL

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64359

Amount of Each Receipt this Period

25.00

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

242.31

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City

DERRY

State

PA

Zip Code

15627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
AVP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64779

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID MILLER

Mailing Address 7 CLOVER LANE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64321

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64314

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)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

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 TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64672

Amount of Each Receipt this Period

25.00

**B.**

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64329

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS JULIANA MOLEK

Mailing Address 8620 LAKE RILEY DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64433

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ROBERT MOLONEY

Mailing Address 24 ABBINGTON TERRACE

City

GLEN ROCK

State

NJ

Zip Code

07452

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64734

Amount of Each Receipt this Period

25.00

**B.**

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 TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64441

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENL C-SEC-SVP PHARM STRAT SOL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64303

Amount of Each Receipt this Period

192.00

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

242.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City

MONTVALE

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64618

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City

SPARTA

State

NJ

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64651

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT MULLER

Mailing Address 69 FERN PLACE

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP HLTH BUS CLIENT ENROLLMNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64628

Amount of Each Receipt this Period

50.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City

HASBROUCK HEIGHTS

State

NJ

Zip Code

07604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64364

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANDREW NANICK

Mailing Address 220 LAUREL BAY DRIVE

City

MURRELLS INLET

State

SC

Zip Code

29576

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64369

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JANARDHAN NARAYANAN

Mailing Address 32 BLACKSTONE DRIVE

City

PRINCETON

State

NJ

Zip Code

08540

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64761

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA NEAVERTH

Mailing Address PO BOX 523

City

SUGAR LOAF

State

NY

Zip Code

10981

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64346

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL NICODEMO

Mailing Address 407 MEER AVE

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 ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64656

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS ARLENE NOLAN

Mailing Address 319 BOGERT AVENUE

City

RIDGEWOOD

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64401

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**

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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR HAIK NOVSHADIAN

Mailing Address 45 DAVIS ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64472

Amount of Each Receipt this Period

38.00

**B.**

Full Name (Last, First, Middle Initial)

MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City

OAKLAND

State

NJ

Zip Code

07436

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64518

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City

TAMPA

State

FL

Zip Code

33635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR SECURITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64397

Amount of Each Receipt this Period

25.00

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

88.00

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

SUSAN O'CONNOR

Mailing Address 5 HICKORY DRIVE

City

NANUET

State

NY

Zip Code

10954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICAL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64766

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64640

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

ROCKAWAY TOWNSHIP

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64331

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)  
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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City

RIDGEWOOD

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64590

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SUE OLIVER

Mailing Address 11 LEE DRIVE

City

NORTH HALEDON

State

NJ

Zip Code

07508

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64600

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64634

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**

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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64728

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64499

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City

RINGWOOD

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64580

Amount of Each Receipt this Period

50.00

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

100.00

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64579

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City

PARK RIDGE

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64575

Amount of Each Receipt this Period

25.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP RETIREE SOLUTIONS MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64491

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**

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Detailed Summary Page

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

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

**A.**

Full Name (Last, First, Middle Initial)

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64688

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City

MONMOUTH JUNCTION

State

NJ

Zip Code

08852

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64485

Amount of Each Receipt this Period

25.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64718

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)  
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FOR LINE NUMBER: PAGE 103 / 317

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

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

**A.**

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64541

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City

COLUMBUS

State

OH

Zip Code

43220

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64375

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64453

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MERRI PENDERGRASS, MD

Mailing Address 3201 QUEENSBURY WAY WEST

City State Zip Code  
COLLEYVILLE TX 76034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64769

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
JIMMY PERREN

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code  
COLLIERVILLE TN 38017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64783

Amount of Each Receipt this Period

75.00

**C.**

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 SOLUTIONS

Occupation  
DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64561

Amount of Each Receipt this Period

25.00

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

150.00

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



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

FOR LINE NUMBER: PAGE 105 / 317

(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 1520 PEMBROKE PASS

City

CHANHASSEN

State

MN

Zip Code

55317

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64465

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

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64421

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MARTINE PFLIEGER

Mailing Address 44 HENRY TERRACE

City

LINCOLN PARK

State

NJ

Zip Code

07035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64749

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR LOUIS PICONE

Mailing Address 37 TAMARACK DRIVE

City

SUCCASUNNA

State

NJ

Zip Code

07876

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	9	

Transaction ID: INC.A.64686

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS PIERCE

Mailing Address 10297 E. LAKE DR.

City

ENGLEWOOD

State

CO

Zip Code

80111

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 ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	9	

Transaction ID: INC.A.64743

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR PAGE PIGG

Mailing Address 9297 ANGLER TRL

City

MECHANICSVILLE

State

VA

Zip Code

23116

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	9	

Transaction ID: INC.A.64463

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64316

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City

MONSEY

State

NY

Zip Code

10952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64424

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

DUNNELLON

State

FL

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64641

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR NEIL PREZIOSO

Mailing Address 10258 WINDSOR WAY

City

POWELL

State

OH

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64548

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64510

Amount of Each Receipt this Period

192.30

**C.**

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 SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64606

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City

SPARTA

State

NJ

Zip Code

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64679

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

WEST NEW YORK

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64671

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64699

Amount of Each Receipt this Period

25.00

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

242.31

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

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

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

FOR LINE NUMBER: PAGE 110 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64343

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DOLORES RAPUANO

Mailing Address 57660 BEAVER VALLEY RD

City

QUAKER CITY

State

OH

Zip Code

43773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ELIGIBILITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64646

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROF PRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64505

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR THOMAS REINCKENS

Mailing Address 43 HAROLD ST.  
UNIT B

City State Zip Code  
COS COB CT 06807

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64438

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64643

Amount of Each Receipt this Period

50.00

**C.**

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

Mailing Address 412 RIVER MEWS LANE

City State Zip Code  
EDGEWATER NJ 07020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64696

Amount of Each Receipt this Period

70.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
SUZANNE RICHARDS

Mailing Address 21357 W 115TH TER

City State Zip Code  
OLATHE KS 66061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
NATL ACCT MGR PHARM MANUFACT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64784

Amount of Each Receipt this Period

25.00

**B.**

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

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code  
MINNEAPOLIS MN 55446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64380

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS TRACEY RODGERS-LENGE

Mailing Address 19 FARMINGTON COURT

City State Zip Code  
RAMSEY NJ 07446

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64323

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City

ANDOVER

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64695

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City

MAHWAH

State

NJ

Zip Code

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 ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64436

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

DAVID ROOT

Mailing Address 212 SPRING BRANCH ROAD

City

WAVERLY

State

VA

Zip Code

23890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64753

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City

KINNELON

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64607

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DR CHRISTINE ROTTAS

Mailing Address 7227 RAMOTH DRIVE

City

JACKSONVILLE

State

FL

Zip Code

32226

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64406

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD RUBINO

Mailing Address 3 APACHE DRIVE

City

OAKLAND

State

NJ

Zip Code

07436

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 ▼

2509.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64604

Amount of Each Receipt this Period

193.00

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

293.00

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

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

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

FOR LINE NUMBER: PAGE 115 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP CLINICAL MGMT & SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64455

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS KATHERYN RUSSI

Mailing Address 5965 VILLAGE CIRCLE

City

JOHNSTON

State

IA

Zip Code

50131

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64353

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City

RINGWOOD

State

NJ

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64555

Amount of Each Receipt this Period

20.00

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

120.00

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

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

FOR LINE NUMBER: PAGE 116 / 317

(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 JESSE RUZICKA

Mailing Address 334 MORRIS AVE

City

BOONTON

State

NJ

Zip Code

07005

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 ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64716

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1018.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64597

Amount of Each Receipt this Period

78.34

**C.**

Full Name (Last, First, Middle Initial)

MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City

ALLISON PARK

State

PA

Zip Code

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64627

Amount of Each Receipt this Period

25.00

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

133.34

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

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

FOR LINE NUMBER: PAGE 117 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR RYAN SADLER

Mailing Address 85 VANCE ST. #201

City

MEMPHIS

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	9	

Transaction ID: INC.A.64759

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ENTERPRISE BUS INTELLIG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	9	

Transaction ID: INC.A.64486

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City

RIDGEWOOD

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	9	

Transaction ID: INC.A.64385

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS BETH SAVARE

Mailing Address 27 JONES LN

City

BLAIRSTOWN

State

NJ

Zip Code

07825

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64601

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64603

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALLEN SCHWARTZ

Mailing Address 9111 N KARLOV

City

SKOKIE

State

IL

Zip Code

60076

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64376

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

BRUCE SCOTT

Mailing Address 18650 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64768

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA SCOTT

Mailing Address 18650 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55437

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64319

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

MAPLE GROVE

State

MN

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64645

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City

SALT LAKE CITY

State

UT

Zip Code

84109

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64311

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City

WAYNE

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64345

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City

WESTWOOD

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64668

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS PATRICIA SGARELLA

Mailing Address 275 MAIN STREET

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRICING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64675

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

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 ▼

1560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64526

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT SHANNON

Mailing Address 59 DANNER AVE

City

HARRISON

State

NY

Zip Code

10528

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64608

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64328

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64394

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER SHERMAN

Mailing Address 139 GATES AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64304

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City

NORTH ARLINGTON

State

NJ

Zip Code

07031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PRICING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64479

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

LONG BEACH

State

CA

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64409

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City

PORT ORANGE

State

FL

Zip Code

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64501

Amount of Each Receipt this Period

192.31

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

242.31

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

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

FOR LINE NUMBER: PAGE 124 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City

NORTHBROOK

State

IL

Zip Code

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 ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	9	

Transaction ID: INC.A.64652

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	9	

Transaction ID: INC.A.64535

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City

RIVER VALE

State

NJ

Zip Code

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 ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	9	

Transaction ID: INC.A.64344

Amount of Each Receipt this Period

30.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN SISTO

Mailing Address 24 MAYBERRY LANE

City

MECHANICSBURG

State

PA

Zip Code

17050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64589

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID SITVER

Mailing Address 24 YORKSHIRE AVE

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64478

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64484

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 40 JOSHUA DR T

City State Zip Code  
RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64625

Amount of Each Receipt this Period

50.00

**B.**

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

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code  
DARIEN CT 06820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64687

Amount of Each Receipt this Period

192.31

**C.**

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

Mailing Address 30 MICHELLE WAY

City State Zip Code  
PINE BROOK NJ 07058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64717

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

BARRY SOUTHERN

Mailing Address 3705 MIDDLEBURY WAY

City

GREENSBORO

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

MGR PHARMACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64782

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City

COLLEYVILLE

State

TX

Zip Code

76034

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64550

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

BRENDA STAFFORD

Mailing Address 647 BERKELEY AVENUE

City

ORANGE

State

NJ

Zip Code

07050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64770

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR RALPH STAIANO

Mailing Address 1 LAMBROS DRIVE

City

MONROE

State

NY

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64320

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

PETER STARK

Mailing Address 4840 COLE ROAD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GROUP VP MANUF SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64804

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City

WEST HARRISON

State

NY

Zip Code

10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64605

Amount of Each Receipt this Period

192.31

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

267.31

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 129 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CHANNING STAVE

Mailing Address 77 HIGHVIEW AVE

City

TUCKAHOE

State

NY

Zip Code

10707

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64752

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City

AUSTIN

State

TX

Zip Code

78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64655

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64427

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City

ELM GROVE

State

WI

Zip Code

53122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64470

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

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP/GM ADVANCED CLINICAL SLTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64673

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

OAKLAND

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64428

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS JANNA STOUL

Mailing Address 4 APACHE WAY

City

MONTVILLE

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64335

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City

ORANGE

State

CT

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64723

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS SUZANNE STREDNAK

Mailing Address 157 WATCHUNG DR

City

HAWTHORNE

State

NJ

Zip Code

07506

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64382

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)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City

MARYSVILLE

State

OH

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64371

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MILAYNA SUBAR, MD

Mailing Address 11 RIVERSIDE DRIVE  
#8CE

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64767

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City

MONTVILLE

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64653

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City

MIDLOTHIAN

State

VA

Zip Code

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64325

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR FREDERICK SUMNER

Mailing Address 808 HOLLYWOOD AVENUE

City

HO-HO-KUS

State

NJ

Zip Code

07423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PROJECT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64390

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL  
APT 209

City

WEST NEW YORK

State

NJ

Zip Code

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64398

Amount of Each Receipt this Period

40.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City	State	Zip Code
TAMPA	FL	33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64435

Amount of Each Receipt this Period

50.00

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

Mailing Address 4241 CHADBOURNE DRIVE

City	State	Zip Code
UPPER ARLINGTON	OH	43220

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64680

Amount of Each Receipt this Period

25.00

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

Mailing Address 13 BIRCH TERRACE

City	State	Zip Code
MT ARLINGTON	NJ	07856

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64704

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City

WAYNE

State

NJ

Zip Code

07470

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64408

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS MELISSA THOMET

Mailing Address 721 HINMAN AVE  
#1E

City

EVANSTON

State

IL

Zip Code

60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64332

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City

LIVONIA

State

MI

Zip Code

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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64451

Amount of Each Receipt this Period

75.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 136 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DREW THRAEN

Mailing Address 63 STILES AVE

City

MORRIS PLAINS

State

NJ

Zip Code

07950

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64746

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64336

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID TRICE

Mailing Address 150 BRADFORD DR.

City

SCHWENKSVILLE

State

PA

Zip Code

19473

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64298

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City

AMHERST

State

VA

Zip Code

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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64532

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64660

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY TYLER

Mailing Address 37 KNOLL TERRACE

City

HAZLET

State

NJ

Zip Code

07730

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 ▼

400.01

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64497

Amount of Each Receipt this Period

30.77

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

135.77

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

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

FOR LINE NUMBER: PAGE 138 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR KEITH URICH

Mailing Address 12495 SOUTH 1745 EAST

City

DRAPER

State

UT

Zip Code

84020

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64474

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City

KINNELON

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64446

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City

WAUKESHA

State

WI

Zip Code

53189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP &amp; GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64777

Amount of Each Receipt this Period

100.00

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

175.00

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

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

FOR LINE NUMBER: PAGE 139 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City

MIDLAND PARK

State

NJ

Zip Code

07432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCIAL APPLICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64352

Amount of Each Receipt this Period

25.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64524

Amount of Each Receipt this Period

50.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	9

Transaction ID: INC.A.64396

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE  
UNIT #17

City State Zip Code  
BLOOMFIELD NJ 07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64392

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 07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64301

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 07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64706

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 317

(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 STEVEN VREELAND

Mailing Address 19 ANNA STREET

City

DENVER

State

NJ

Zip Code

07834

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	9

Transaction ID: INC.A.64732

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ANNETTE WAGNER

Mailing Address 8 INDIAN RUN 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

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	9

Transaction ID: INC.A.64573

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP REGULATORY &amp; MC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	9

Transaction ID: INC.A.64582

Amount of Each Receipt this Period

192.31

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

242.31

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

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

FOR LINE NUMBER: PAGE 142 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS THERESE WALKER

Mailing Address 363 MULBERRY CT

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 PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	9

Transaction ID: INC.A.64318

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	9

Transaction ID: INC.A.64708

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

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	9

Transaction ID: INC.A.64537

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS CATHERINE WASSON

Mailing Address 3912 CALLE ANDALUCIA

City

SAN CLEMENTE

State

CA

Zip Code

92673

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64339

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City

SOMERSET

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64576

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

STACY WATSON

Mailing Address 10180 HERONS NEST COVE WEST

City

LAKE LAND

State

TN

Zip Code

38002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64816

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CORP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64517

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
AVP QA AND PRODUCT INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64483

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

LOWELL WEINER

Mailing Address 1 BURGESS COURT

City

WESTFIELD

State

NJ

Zip Code

07090

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64750

Amount of Each Receipt this Period

50.00

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

175.00

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



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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP PRES EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64418

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64507

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.  
#17F

City

PHOENIX

State

AZ

Zip Code

85016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64326

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS TAMARA WHITLEY

Mailing Address 5847 CLENDENIN AVE

City

DALLAS

State

TX

Zip Code

75228

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64312

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER WILSON

Mailing Address 2 TIFFANY ROAD

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64481

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS COLETTE WILSON

Mailing Address 16608 56TH PL W

City

LYNNWOOD

State

WA

Zip Code

98037

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64423

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 17 LYNWOOD RD

City State Zip Code  
VERONA NJ 07044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64602

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR MICHAEL WISNIEWSKI

Mailing Address 23 DRUID HILL DR

City State Zip Code  
PARSIPPANY NJ 07054

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64654

Amount of Each Receipt this Period

25.00

**C.**

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 SOLUTIONS

Occupation  
SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64430

Amount of Each Receipt this Period

50.00

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

100.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City

PISCATAWAY

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR RRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64337

Amount of Each Receipt this Period

30.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INSURED SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64702

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City

STILLWATER

State

NY

Zip Code

12170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64647

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)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

BRENDA WRIGHT

Mailing Address 1834 HUNTERS CREEK DRIVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP QUALITY INTEGRITY HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64792

Amount of Each Receipt this Period

50.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64389

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64494

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**

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City

SUFFERN

State

NY

Zip Code

10901

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64564

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONSOLIDATION PLAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64620

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANATOLY ZHELEZNYAK

Mailing Address 5 DENISE COURT

City

MANALAPAN

State

NJ

Zip Code

07726

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64690

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ANDREA ZICCARELLI

Mailing Address 6550 HERONWOOD DR

City

MEMPHIS

State

TN

Zip Code

38119

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64407

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64468

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City

FRANKLIN LAKES

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 9

Transaction ID: INC.A.64713

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)  
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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65277

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 6527 SHORBURGH DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.64849

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City

COLUMBUS

State

OH

Zip Code

43202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.64944

Amount of Each Receipt this Period

12.50

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

52.50

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



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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR BARRY CESANEK

Mailing Address 5 LEXINGTON CT

City

SHAMONG

State

NJ

Zip Code

08088

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65051

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65027

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 4156 DUNMORE DRIVE

City

LAKE WALES

State

FL

Zip Code

33859

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65092

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65096

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.64894

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City

CARMEL

State

IN

Zip Code

46032

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65153

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)  
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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City

COLUMBUS

State

OH

Zip Code

43221

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65032

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.64955

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65079

Amount of Each Receipt this Period

25.00

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

67.50

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

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

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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City

COLUMBUS

State

OH

Zip Code

43220

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.64914

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65237

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

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 ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65064

Amount of Each Receipt this Period

60.00

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

110.00

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City

COLLEYVILLE

State

TX

Zip Code

76034

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65088

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.64974

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 9

Transaction ID: INC.A.65075

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 317

(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 ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

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 ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	9	

Transaction ID: INC.A.65007

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS ABSON

Mailing Address 57 SYCAMORE DRIVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	9	

Transaction ID: INC.A.64960

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City

WYCKOFF

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	9	

Transaction ID: INC.A.64954

Amount of Each Receipt this Period

50.00

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

100.00

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City

BRIDGEWATER

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64873

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DIANE ADAMS

Mailing Address 34 THOMAS ST.

City

CALDWELL

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65270

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

WARWICK

State

NY

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64953

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL POLICY-GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64952

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City

DOYLESTOWN

State

PA

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65266

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65015

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City

CHAPPAQUA

State

NY

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65233

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City

HEWITT

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65091

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City

MORRISTOWN

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65038

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DENNIS AUCH

Mailing Address 1981 E. COVEY VIEW COURT

City State Zip Code  
 SALT LAKE CITY UT 84106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65334

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City State Zip Code  
 CLEVELAND HEIGHTS OH 44118

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65312

Amount of Each Receipt this Period

25.00

**C.**

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  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65269

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 80 N. WOODLAND STREET

City 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65168

Amount of Each Receipt this Period

50.00

**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.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65101

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
JANE BARLOW

Mailing Address 3 AVALON COURT

City State Zip Code  
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEDICAL POLICIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65297

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR MICHAEL BARONE

Mailing Address 452 MEDWAY ROAD

City

HIGHLAND HEIGHTS

State

OH

Zip Code

44143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2507.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65313

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN BARROW

Mailing Address 7 SOUTHVIEW ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65169

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65221

Amount of Each Receipt this Period

58.00

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

275.31

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City

VIENNA

State

VA

Zip Code

22182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65069

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65236

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS FRANCINE BELLOFATTO

Mailing Address 4603 TUDOR DR

City

POMPTON PLAINS

State

NJ

Zip Code

07444

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64979

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JEAN BERGWALL

Mailing Address 2546 HOLLYHOCK COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65352

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS STACEY BERNSTEIN

Mailing Address 166 BERKELEY PLACE

City

GLEN ROCK

State

NJ

Zip Code

07452

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65280

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID BERRY

Mailing Address 11 COBBLESTONE LANE

City

RAMSEY

State

NJ

Zip Code

07446

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65099

Amount of Each Receipt this Period

25.00

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

70.00

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City

TOWACO

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65095

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City

BUFORD

State

GA

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65111

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

CALVIN BINGHAM

Mailing Address 13702 W. 48TH ST.

City

SHAWNEE

State

KS

Zip Code

66216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR CLINICAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65335

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MS 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65278

Amount of Each Receipt this Period

15.00

**B.**

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

Mailing Address 4520 LINWOOD LANE

City State Zip Code  
DEEPHAVEN 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65220

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65281

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ALLYSON BLANDFORD

Mailing Address 1808 N. QUINN STREET  
APT. 322

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MGR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65303

Amount of Each Receipt this Period

20.00

**B.**

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65060

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

KEN BODMER

Mailing Address P.O. BOX 381947

City State Zip Code  
GERMANTOWN TN 38183

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
SVP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65138

Amount of Each Receipt this Period

192.00

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

262.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR 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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65223

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS HEATHER BONOME

Mailing Address 203 12TH 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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65017

Amount of Each Receipt this Period

25.00

**C.**

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

Mailing Address 109 ARBOR PL

City State Zip Code  
BRYN MAWR PA 19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64923

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)  
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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 6527 SHORBURGH DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64850

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

RUSS BOURNE

Mailing Address 242 N HIGHLAND

City

MEMPHIS

State

TN

Zip Code

38111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65350

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City

RICHMOND

State

VA

Zip Code

23231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65175

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KAREN BOWE

Mailing Address 1413 LIMERICK COURT

City

HUMMELSTOWN

State

PA

Zip Code

17036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP COMMUNITY AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65319

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR STRAT PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65217

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR KEITH BRADBURY

Mailing Address 122 DERFUSS LN

City

BLAUVELT

State

NY

Zip Code

10913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR DRUG INFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64897

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City

COLUMBUS

State

OH

Zip Code

43202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64945

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City

COATESVILLE

State

PA

Zip Code

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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65162

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN BRENNAN

Mailing Address 2 CARMEN LANE

City

FLEMINGTON

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65259

Amount of Each Receipt this Period

50.00

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

137.50

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

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

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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS LINDA BRIDGE

Mailing Address 136 BEECH ST

City

BELLEVILLE

State

NJ

Zip Code

07109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT/MEMBER COMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64996

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City

PELHAM MANOR

State

NY

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64988

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD BROOKLER

Mailing Address 9 ROMARY COURT

City

GLEN ROCK

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64890

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**

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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64919

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN BROWN

Mailing Address 140 S GROVE PARK

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65337

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS VIVIAN BULGER

Mailing Address 120 EAST MAIN ST

City

WASHINGTONVILLE

State

NY

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65137

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**

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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

AMANDA BUNDY

Mailing Address 5812 SEVEN POINTS TRACE

City

HERMITAGE

State

TN

Zip Code

37076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65330

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

BRIAN BURFORD

Mailing Address 603 CHARLESWOOD DR

City

MARION

State

AR

Zip Code

72364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR TRC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65329

Amount of Each Receipt this Period

25.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65042

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)  
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FOR LINE NUMBER: PAGE 177 / 317

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS NANCY BUTLER

Mailing Address 21 WINDSOR PL

City

CRANFORD

State

NJ

Zip Code

07016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65123

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City

MAYWOOD

State

NJ

Zip Code

07607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64847

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City

CHATHAM

State

NJ

Zip Code

07928

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65120

Amount of Each Receipt this Period

192.31

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

257.31

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GROUP VP MARKET STRATEGY & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65133

Amount of Each Receipt this Period

52.50

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH CASACCIA JR

Mailing Address 9788 LIPSEY CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65098

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARY CASALE

Mailing Address 822 CEDAR AVE

City

HADDENFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65047

Amount of Each Receipt this Period

25.00

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

102.50

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City

WEST COLUMBIA

State

SC

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64878

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR BARRY CESANEK

Mailing Address 5 LEXINGTON CT

City

SHAMONG

State

NJ

Zip Code

08088

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65052

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

HWEI-CHUNG CHOU

Mailing Address 36 TANGLEWOOD HOLLOW

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65304

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65028

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS SUSAN COLUCCI

Mailing Address 703 SUCCASUNNA RD.

City

LANDING

State

NJ

Zip Code

07850

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65275

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City

NEW YORK

State

NY

Zip Code

10023

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65248

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City

RAMSEY

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64907

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY COOLE

Mailing Address 155 ASTON HALL DRIVE

City

EADS

State

TN

Zip Code

38028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP TAX AND REGULATORY REPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65328

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

ANTONIO CORREIA

Mailing Address 19 WILLIAMS LANE

City

CHAPPAQUA

State

NY

Zip Code

10514

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65287

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65016

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MR HART COVEN

Mailing Address 28 OAK LANE

City

MORRISTOWN

State

NJ

Zip Code

07960

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65109

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City

SCOTTSDALE

State

AZ

Zip Code

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65001

Amount of Each Receipt this Period

60.00

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

302.31

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PETER CSUTOROS

Mailing Address 16 PLEASANT AVENUE

City

LINCOLN PARK

State

NJ

Zip Code

07035

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65240

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City

STATEN ISLAND

State

NY

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65055

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JANET DAGLEY

Mailing Address 721 BROWNLEE DRIVE

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65351

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN DALY

Mailing Address 46 BLUEBELL CT

City

PARAMUS

State

NJ

Zip Code

07652

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65148

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65116

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 4156 DUNMORE DRIVE

City

LAKE WALES

State

FL

Zip Code

33859

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65093

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP PRES RETIREE SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64985

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City

EDINA

State

MN

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64998

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR BARRY DAVIS

Mailing Address 11 WEISS DR

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65171

Amount of Each Receipt this Period

50.00

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

292.30

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

WARREN DAVIS

Mailing Address 3131 SADDLEGAIT COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR BUS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65349

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DANIEL DAVISON

Mailing Address 908 STERLING DRIVE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65134

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS KATHLEEN DEFABIS

Mailing Address 104 HUDSON AVE

City

WALDWICK

State

NJ

Zip Code

07463

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65203

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City

CEDARBURG

State

WI

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65070

Amount of Each Receipt this Period

25.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65040

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City

WEST MILFORD

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65258

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**

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS ANN-MARGARET DEMARCO

Mailing Address 1 RUGBY ROAD

City

CEDAR GROVE

State

NJ

Zip Code

07009

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64908

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City

DENVILLE

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65272

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES DENBY

Mailing Address 78 SHERWOOD ST

City

CLIFTON

State

NJ

Zip Code

07013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64999

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City

HARRINGTON PARK

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65228

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS LAURA DEVEAU

Mailing Address 2289 BEDFORD ST APT D2

City

STAMFORD

State

CT

Zip Code

06905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65061

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS KAREN DEZEARN

Mailing Address 3625 PATTERNSTONE DR

City

ALPHARETTA

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64880

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)  
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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

ANDREW DOEDYNS

Mailing Address 117 CREST DRIVE

City

BEAVER

State

PA

Zip Code

15009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR REGIONAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65317

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City

WEST CALDWELL

State

NJ

Zip Code

07006

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65117

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS JUDITH DONNELLY

Mailing Address 3 IRONWORKS ROAD

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65200

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS MERIDITH DORNER

Mailing Address 8010 ORCHARD VIEW LANE

City State Zip Code  
FOGELSVILLE PA 18051

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64898

Amount of Each Receipt this Period

25.00

**B.**

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

Mailing Address 58 INDEPENDENCE WAY

City State Zip Code  
MORRIS TWP NJ 07960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65239

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)  
MR DANA DUNCAN

Mailing Address 125 COMSTOCK TRAIL

City State Zip Code  
EAST HAMPTON CT 06424

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65054

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

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 FINANCE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64927

Amount of Each Receipt this Period

25.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64957

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

SANDY HOOK

State

CT

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64931

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PETER DURAN

Mailing Address 875 HARRISTOWN RD

City

GLEN ROCK

State

NJ

Zip Code

07452

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64912

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DR SUMIT DUTTA

Mailing Address 534 HUDSON STREET  
#3C

City

NEW YORK

State

NY

Zip Code

10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65050

Amount of Each Receipt this Period

77.00

**C.**

Full Name (Last, First, Middle Initial)

REBECCA DYER

Mailing Address 1400 POPLAR ESTATES PKY

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR RN PERF MGMT & IMPROVEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65336

Amount of Each Receipt this Period

25.00

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

127.00

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64918

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
DR EDWARD EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City State Zip Code  
UPPER MONTCLAIR NJ 07043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65261

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65106

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City

BRIARCLIFF MANOR

State

NY

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65263

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City

UPPER GRANDVIEW

State

NY

Zip Code

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64839

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR SCOTT ERHARDT

Mailing Address 11540 39TH AVE N

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65004

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**

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

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

**A.**

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

Mailing Address 100 WINSTON DRIVE  
17 C NORTH

City State Zip Code  
CLIFFSIDE PARK NJ 07010

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 9

Transaction ID: INC.A.65205

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 ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 9

Transaction ID: INC.A.64939

Amount of Each Receipt this Period

35.00

**C.**

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

Occupation  
VP HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 9

Transaction ID: INC.A.65347

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SUSAN FAUST

Mailing Address 6614 HERONSWOOD COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP CLIENT SLS AND MGD CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65324

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64989

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS FEITEL

Mailing Address 58 APPLE HILL DR

City

GILLETTE

State

NJ

Zip Code

07933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP CORP MKTG & E-COMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2498.99

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65043

Amount of Each Receipt this Period

192.23

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

292.23

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

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

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STUART FELDMAN

Mailing Address 109 MEADOWBROOK ROAD

City State Zip Code  
 RANDOLPH NJ 07869

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64836

Amount of Each Receipt this Period

25.00

**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.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65176

Amount of Each Receipt this Period

25.00

**C.**

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 TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65135

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

RONALD FIELMANN

Mailing Address 2061 ARLEEN CT

City

SCHAUMBURG

State

IL

Zip Code

60194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
AVP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65325

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DON FISCHER

Mailing Address 10 TRACY CIRCLE

City

CAMPBELL HALL

State

NY

Zip Code

10916

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64928

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

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLINICAL PROD INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64980

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MEGHAN FITZGERALD

Mailing Address 6 MORGAN AVE

City

NORWALK

State

CT

Zip Code

06851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65301

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE  
AGOSTA ROAD

City

NEW BLOOMINGTON

State

OH

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65083

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

CHAD FOREMAN

Mailing Address 9544 DOGWOOD ESTATES

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR FINANCE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65353

Amount of Each Receipt this Period

25.00

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

242.31

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



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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

HOLLEY FORTH

Mailing Address 115 BAYSIDE COURT

City

RICHMOND

State

CA

Zip Code

94804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65345

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR  
#222

City

MEMPHIS

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65149

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65097

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**

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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR ANDREW FRIEDEL

Mailing Address 1434 NARRAGANSETT BLVD

City

CRANSTON

State

RI

Zip Code

02905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64951

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

FELIX FRUEH

Mailing Address 14401 FALLING LEAF DRIVE

City

DARNESTOWN

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP RESEARCH & DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65302

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT FURTH

Mailing Address 1450 PORTLAND AVENUE

City

ST PAUL

State

MN

Zip Code

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65333

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City

NEW PROVIDENCE

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64835

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

CHICAGO

State

IL

Zip Code

60654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65216

Amount of Each Receipt this Period

192.31

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65177

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City

OLD TAPPAN

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65077

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City

HOPEWELL JUNCTION

State

NY

Zip Code

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65244

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR OMHARAISRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City

MORRIS PLAINS

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65251

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 317

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64834

Amount of Each Receipt this Period

60.00

**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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64959

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.  
SUITE 246

City State Zip Code  
CHICAGO IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65294

Amount of Each Receipt this Period

75.00

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

185.00

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64895

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City

SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65209

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRES UHG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64840

Amount of Each Receipt this Period

192.30

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

397.11

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

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

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

FOR LINE NUMBER: PAGE 207 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JONAH GITLITZ

Mailing Address 43 OVERLOOK RIDGE

City

OAKLAND

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64905

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City

CANTON

State

CT

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64910

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

BUFFALO GROVE

State

IL

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64972

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LAURIE GREENBERG

Mailing Address 27760 WOODLAND GREEN

City

BOERNE

State

TX

Zip Code

78015

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	9	

Transaction ID: INC.A.65299

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City

PEARL RIVER

State

NY

Zip Code

10965

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	9	

Transaction ID: INC.A.64992

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City

CONVENT STATION

State

NJ

Zip Code

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 ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	9	

Transaction ID: INC.A.65035

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)  
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FOR LINE NUMBER: PAGE 209 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64900

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS CAROLYN GUGLIELMO

Mailing Address 42 VETERANS PARKWAY

City

PEARL RIVER

State

NY

Zip Code

10965

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65151

Amount of Each Receipt this Period

25.00

**C.**

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

GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64857

Amount of Each Receipt this Period

90.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS KAVITHA GULLAPALLI

Mailing Address 67 ATHERTON CT

City

WAYNE

State

NJ

Zip Code

07470

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64971

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS VALERIE HAERTEL

Mailing Address 7 PARSLOE COURT

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INVESTOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65284

Amount of Each Receipt this Period

50.00

**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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65107

Amount of Each Receipt this Period

192.31

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

267.31

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

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

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

FOR LINE NUMBER: PAGE 211 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65215

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City

POMPTON PLAINS

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64889

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

SHARON HARRIS

Mailing Address 186 N. WHITE STATION RD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65326

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 317

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR MARK HARTMANN

Mailing Address 8980 KNOBLE COURT

City

EDEN PRAIRIE

State

MN

Zip Code

55347

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65006

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City

COLORADO SPRINGS

State

CO

Zip Code

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64837

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

DAN HAYES

Mailing Address 4679 AYRON TERRACE

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP OPS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65320

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM 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  
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65274

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64924

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS HEKKER

Mailing Address 28 WEST THRID STREET #1332

City State Zip Code  
SOUTH ORANGE NJ 07079

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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65249

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR SCOTT 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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64901

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
MR GLENN HERDLING

Mailing Address 646 JAMES LN

City State Zip Code  
RIVER VALE NJ 07675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CREATIVE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65020

Amount of Each Receipt this Period

25.00

**C.**

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

Mailing Address 10 CARLTON RD

City State Zip Code  
FLANDERS NJ 07836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64983

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)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City

BUTLER

State

NJ

Zip Code

07405

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65002

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DANIEL HLUDZINSKI

Mailing Address 385 WASHINGTON ST

City

TAPPAN

State

NY

Zip Code

10983

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65198

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN HOBSON

Mailing Address 16 LUTH TERRACE

City

WEST ORANGE

State

NJ

Zip Code

07052

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65081

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)  
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FOR LINE NUMBER: PAGE 216 / 317

(check only one)

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City

RIDGEWOOD

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65152

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City

CORNWALL ON HUDSON

State

NY

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64997

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65073

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT HOLLIS

Mailing Address 88 MILLS STREET

City

MORRISTOWN

State

NJ

Zip Code

07960

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64987

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH HOLLOWAY

Mailing Address 9222 RANDLE VALLEY DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65343

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR MATTHEW HOLMES

Mailing Address 21979 SHADYBROOK DR

City

NOVI

State

MI

Zip Code

48375

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65048

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65104

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

RITA HOLT

Mailing Address 1558 N PISGAH ROAD

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65327

Amount of Each Receipt this Period

50.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65315

Amount of Each Receipt this Period

50.00

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

180.00

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN HOROWITZ

Mailing Address 4 MELISSA COURT

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65279

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

LYNN HOSTMYER

Mailing Address 6708 N.W. 112TH

City

OKLAHOMA CITY

State

OK

Zip Code

73162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65332

Amount of Each Receipt this Period

25.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65086

Amount of Each Receipt this Period

32.00

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

107.00

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MRS KIMBERLY HUMPHRIES

Mailing Address 3726 ST PHILIP

City

BARTLETT

State

TN

Zip Code

38133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65344

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64842

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64853

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MARIANNE JACKS

Mailing Address 329 MORRIS AVENUE

City

MOUNTAIN LAKES

State

NJ

Zip Code

07046

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64882

Amount of Each Receipt this Period

50.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65187

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS MICHELLE JAEGER

Mailing Address 302 HERMAN TERRACE

City

HOPKINS

State

MN

Zip Code

55343

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65253

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JASON JAMES

Mailing Address RR 2 BOX 2036

City

CANADENSIS

State

PA

Zip Code

18325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHYSICIAN ENGAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64846

Amount of Each Receipt this Period

35.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65201

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT JINKS

Mailing Address 22 PAGE AVE

City

LYNDHURST

State

NJ

Zip Code

07071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64891

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM JOEL

Mailing Address 32 VENTOSA DR

City

MORRISTOWN

State

NJ

Zip Code

07960

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65036

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS REGINA JONES

Mailing Address POST OFFICE BOX 752345

City

LAS VEGAS

State

NV

Zip Code

89136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64982

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City

CARMEL

State

IN

Zip Code

46032

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65154

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)  
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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT &amp; MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65029

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEVEN KARATY

Mailing Address 19 PARK AVE

City

POMPTON PLAINS

State

NJ

Zip Code

07444

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64862

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City

MENOMONEE FALLS

State

WI

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65013

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65222

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS DEEPTI KEHOE

Mailing Address 995 PINES TERR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64935

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65078

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)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City State Zip Code  
HACKENSACK NJ 07601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64881

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR PETER KENNY

Mailing Address 6040 BOULEVARD E APT 28G

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 ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65178

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS LISA KETNER

Mailing Address 7 POINT VIEW

City State Zip Code  
OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65066

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City

EDISON

State

NJ

Zip Code

08820

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65246

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS DONNA KLEIN

Mailing Address 1080 FOREST CLIFF DRIVE

City

LAKEWOOD

State

OH

Zip Code

44107

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65314

Amount of Each Receipt this Period

25.00

**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

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65189

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRES &amp; CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	9

Transaction ID: INC.A.65231

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP MANAGED CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	9

Transaction ID: INC.A.65338

Amount of Each Receipt this Period

25.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	9

Transaction ID: INC.A.65181

Amount of Each Receipt this Period

25.00

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

242.30

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City

BOWLING GREEN

State

OH

Zip Code

43402

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64906

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City

MAHWAH

State

NJ

Zip Code

07430

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64943

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64864

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65113

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City

COLUMBUS

State

OH

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65165

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR DEEPAK KUMAR

Mailing Address 50 MANCHESTER CT

City

KINNELON

State

NJ

Zip Code

07405

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65062

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW KUPFERBERG

Mailing Address 3235 CAMBRIDGE AVENUE, APT. #2J

City

BRONX

State

NY

Zip Code

10463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65290

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK LANDY

Mailing Address 18 LADIK PL

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SVC DELIVERY SYSTEM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65110

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES LANGLEY

Mailing Address 10921 MAIN RANGE TRAIL

City

LITTLETON

State

CO

Zip Code

80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65339

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR EDWARD LAPUSHCHIK

Mailing Address 2 OLD LANE

City State Zip Code  
MONTVILLE NJ 07045

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65242

Amount of Each Receipt this Period

25.00

**B.**

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

Mailing Address 1100 KIMBERLY COURT

City State Zip Code  
ROSEVILLE CA 95661

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 ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65068

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)  
JOSEPH LENZ

Mailing Address 74 IRON CREEK COURT SOUTH  
APT 101

City State Zip Code  
COLLIERVILLE TN 38017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PERFORMANCE STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65264

Amount of Each Receipt this Period

50.00

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

225.00

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



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

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

FOR LINE NUMBER: PAGE 233 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA LETCHWORTH

Mailing Address 3133 HEATHSTONE COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65340

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

EMMA LEVIN

Mailing Address 18 SALEM RD

City

EAST BRUNSWICK

State

NJ

Zip Code

08816

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65283

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City

RAMSEY

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65058

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City

COLUMBUS

State

OH

Zip Code

43221

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65033

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64956

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MS SHARON MACCOY

Mailing Address 9248 TALWAY CIR

City

BOYNTON BEACH

State

FL

Zip Code

33437

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 ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65059

Amount of Each Receipt this Period

19.24

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

61.74

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS 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  
SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65202

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64984

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City State Zip Code  
GILLETTE NJ 07933

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64855

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**

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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MRS COLLEEN MANLEY

Mailing Address 70 RIDGE ROAD

City

GLEN ROCK

State

NJ

Zip Code

07452

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65232

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City

WOODCLIFF LAKE DR

State

NJ

Zip Code

07675

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65122

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City

OLD GREENWICH

State

CT

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64940

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65293

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City

MENOMONEE FALLS

State

WI

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65009

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH MARSIGLIANO

Mailing Address 11 ECHO HILL ROAD

City

MONTVALE

State

NJ

Zip Code

07645

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65295

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

SHELLY MARTIN

Mailing Address 9536 DOE MEADOW DR

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65346

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS MARTIN

Mailing Address 1882 E LAUREL HOLLOW

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
PRESIDENT - CCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65341

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64966

Amount of Each Receipt this Period

192.30

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

342.30

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD MARTINEZ

Mailing Address 35 SALTER PLACE

City

MAPLEWOOD

State

NJ

Zip Code

07040

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65250

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City

SUSSEX

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64921

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City

HILLSDALE

State

NJ

Zip Code

07642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65156

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP SALES AND MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64990

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS MCCANN

Mailing Address 9600 DOVE SPRING CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65348

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

FAIR LAWN

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65105

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS ANNE MCGURRIN

Mailing Address 28 ROSEMILT PLACE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR MARKET SEGMENT SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65296

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65067

Amount of Each Receipt this Period

192.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM MCLAUGHLIN

Mailing Address 8 BATES CIRCLE

City

FLORIDA

State

NY

Zip Code

10921

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65213

Amount of Each Receipt this Period

20.00

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

237.00

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65196

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MS LAURA MENVILLE

Mailing Address 23 UNION HILL RD

City

MORRIS PLAINS

State

NJ

Zip Code

07950

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65224

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City

ORADELL

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64899

Amount of Each Receipt this Period

25.00

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

242.31

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City

DERRY

State

PA

Zip Code

15627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
AVP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65318

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID MILLER

Mailing Address 7 CLOVER LANE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64861

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64854

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

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 TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65211

Amount of Each Receipt this Period

25.00

**B.**

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64869

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS JULIANA MOLEK

Mailing Address 8620 LAKE RILEY DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64973

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)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 24 ABBINGTON TERRACE

City	State	Zip Code
GLEN ROCK	NJ	07452

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	9

Transaction ID: INC.A.65273

Amount of Each Receipt this Period

25.00

**B.**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 SOLUTIONSOccupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	9

Transaction ID: INC.A.64981

Amount of Each Receipt this Period

25.00

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

Mailing Address 86 WELLINGTON AVENUE

City	State	Zip Code
SHORT HILLS	NJ	07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GENL C-SEC-SVP PHARM STRAT SOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	9

Transaction ID: INC.A.64843

Amount of Each Receipt this Period

192.00

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

242.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City

MONTVALE

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65157

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City

SPARTA

State

NJ

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65190

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT MULLER

Mailing Address 69 FERN PLACE

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP HLTH BUS CLIENT ENROLLMNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65167

Amount of Each Receipt this Period

50.00

**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)  
for each category of the  
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FOR LINE NUMBER: PAGE 247 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City

HASBROUCK HEIGHTS

State

NJ

Zip Code

07604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64904

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANDREW NANICK

Mailing Address 220 LAUREL BAY DRIVE

City

MURRELLS INLET

State

SC

Zip Code

29576

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64909

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JANARDHAN NARAYANAN

Mailing Address 32 BLACKSTONE DRIVE

City

PRINCETON

State

NJ

Zip Code

08540

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65300

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA NEAVERTH

Mailing Address PO BOX 523

City

SUGAR LOAF

State

NY

Zip Code

10981

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64886

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL NICODEMO

Mailing Address 407 MEER AVE

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 ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65195

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS ARLENE NOLAN

Mailing Address 319 BOGERT AVENUE

City

RIDGEWOOD

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64941

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR HAIK NOVSHADIAN

Mailing Address 45 DAVIS ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65012

Amount of Each Receipt this Period

38.00

**B.**

Full Name (Last, First, Middle Initial)

MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City

OAKLAND

State

NJ

Zip Code

07436

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65057

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City

TAMPA

State

FL

Zip Code

33635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR SECURITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64937

Amount of Each Receipt this Period

25.00

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

88.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SUSAN O'CONNOR

Mailing Address 5 HICKORY DRIVE

City

NANUET

State

NY

Zip Code

10954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65305

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65179

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

ROCKAWAY TOWNSHIP

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64871

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City

RIDGEWOOD

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65129

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SUE OLIVER

Mailing Address 11 LEE DRIVE

City

NORTH HALEDON

State

NJ

Zip Code

07508

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65139

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65173

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)  
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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65267

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65039

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City

RINGWOOD

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65119

Amount of Each Receipt this Period

50.00

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

100.00

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65118

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City

PARK RIDGE

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65114

Amount of Each Receipt this Period

25.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP RETIREE SOLUTIONS MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65031

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR 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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65227

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City

MONMOUTH JUNCTION

State

NJ

Zip Code

08852

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65025

Amount of Each Receipt this Period

25.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65257

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)  
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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65080

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City

COLUMBUS

State

OH

Zip Code

43220

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64915

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64993

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MERRI PENDERGRASS, MD

Mailing Address 3201 QUEENSBURY WAY WEST

City State Zip Code  
COLLEYVILLE TX 76034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65308

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
JIMMY PERREN

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code  
COLLIERVILLE TN 38017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65322

Amount of Each Receipt this Period

75.00

**C.**

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 SOLUTIONS

Occupation  
DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65100

Amount of Each Receipt this Period

25.00

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

150.00

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



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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR NATHAN PETERSON

Mailing Address 1520 PEMBROKE PASS

City

CHANHASSEN

State

MN

Zip Code

55317

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65005

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

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64961

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MARTINE PFLIEGER

Mailing Address 44 HENRY TERRACE

City

LINCOLN PARK

State

NJ

Zip Code

07035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65288

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**

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR LOUIS PICONE

Mailing Address 37 TAMARACK DRIVE

City

SUCCASUNNA

State

NJ

Zip Code

07876

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65225

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS PIERCE

Mailing Address 10297 E. LAKE DR.

City

ENGLEWOOD

State

CO

Zip Code

80111

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65282

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR PAGE PIGG

Mailing Address 9297 ANGLER TRL

City

MECHANICSVILLE

State

VA

Zip Code

23116

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65003

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64856

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City

MONSEY

State

NY

Zip Code

10952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64964

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

DUNNELLON

State

FL

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65180

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR NEIL PREZIOSO

Mailing Address 10258 WINDSOR WAY

City

POWELL

State

OH

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65087

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65049

Amount of Each Receipt this Period

192.30

**C.**

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 SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65145

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR 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 SOLUTIONS

Occupation

SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65218

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

WEST NEW YORK

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65210

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65238

Amount of Each Receipt this Period

25.00

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

242.31

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR REGULATORY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64883

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DOLORES RAPUANO

Mailing Address 57660 BEAVER VALLEY RD

City

QUAKER CITY

State

OH

Zip Code

43773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ELIGIBILITY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65185

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROF PRA

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65044

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**

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR THOMAS REINCKENS

Mailing Address 43 HAROLD ST.  
UNIT B

City State Zip Code  
COS COB CT 06807

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64978

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65182

Amount of Each Receipt this Period

50.00

**C.**

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

Mailing Address 412 RIVER MEWS LANE

City State Zip Code  
EDGEWATER NJ 07020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65235

Amount of Each Receipt this Period

70.00

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

170.00

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SUZANNE RICHARDS

Mailing Address 21357 W 115TH TER

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

NATL ACCT MGR PHARM MANUFACT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65323

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City

MINNEAPOLIS

State

MN

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64920

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS TRACEY RODGERS-LENGE

Mailing Address 19 FARMINGTON COURT

City

RAMSEY

State

NJ

Zip Code

07446

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64863

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City

ANDOVER

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65234

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City

MAHWAH

State

NJ

Zip Code

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 ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64976

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

DAVID ROOT

Mailing Address 212 SPRING BRANCH ROAD

City

WAVERLY

State

VA

Zip Code

23890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65292

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**

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City

KINNELON

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65146

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DR CHRISTINE ROTTAS

Mailing Address 7227 RAMOTH DRIVE

City

JACKSONVILLE

State

FL

Zip Code

32226

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64946

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD RUBINO

Mailing Address 3 APACHE DRIVE

City

OAKLAND

State

NJ

Zip Code

07436

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 ▼

2509.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65143

Amount of Each Receipt this Period

193.00

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

293.00

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP CLINICAL MGMT & SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64995

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS KATHERYN RUSSI

Mailing Address 5965 VILLAGE CIRCLE

City

JOHNSTON

State

IA

Zip Code

50131

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64893

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City

RINGWOOD

State

NJ

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65094

Amount of Each Receipt this Period

20.00

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

120.00

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR JESSE RUZICKA

Mailing Address 334 MORRIS AVE

City State Zip Code  
BOONTON NJ 07005

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65255

Amount of Each Receipt this Period

30.00

**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 ▼

1018.42

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65136

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65166

Amount of Each Receipt this Period

25.00

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

133.34

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR RYAN SADLER

Mailing Address 85 VANCE ST. #201

City

MEMPHIS

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65298

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ENTERPRISE BUS INTELLIG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65026

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City

RIDGEWOOD

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64925

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS BETH SAVARE

Mailing Address 27 JONES LN

City

BLAIRSTOWN

State

NJ

Zip Code

07825

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65140

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65142

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALLEN SCHWARTZ

Mailing Address 9111 N KARLOV

City

SKOKIE

State

IL

Zip Code

60076

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64916

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**

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

BRUCE SCOTT

Mailing Address 18650 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65307

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA SCOTT

Mailing Address 18650 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55437

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64859

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

MAPLE GROVE

State

MN

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65184

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)  
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FOR LINE NUMBER: PAGE 272 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City

SALT LAKE CITY

State

UT

Zip Code

84109

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 ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	9	

Transaction ID: INC.A.64851

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City

WAYNE

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	9	

Transaction ID: INC.A.64885

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City

WESTWOOD

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	9	

Transaction ID: INC.A.65207

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)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS PATRICIA SGARELLA

Mailing Address 275 MAIN STREET

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRICING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65214

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

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 ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65065

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT SHANNON

Mailing Address 59 DANNER AVE

City

HARRISON

State

NY

Zip Code

10528

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65147

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64868

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64934

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER SHERMAN

Mailing Address 139 GATES AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64844

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)  
for each category of the  
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FOR LINE NUMBER: PAGE 275 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City

NORTH ARLINGTON

State

NJ

Zip Code

07031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PRICING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65019

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

LONG BEACH

State

CA

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64949

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City

PORT ORANGE

State

FL

Zip Code

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 ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65041

Amount of Each Receipt this Period

192.31

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

242.31

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City

NORTHBROOK

State

IL

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65191

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65074

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City

RIVER VALE

State

NJ

Zip Code

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64884

Amount of Each Receipt this Period

30.00

**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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN SISTO

Mailing Address 24 MAYBERRY LANE

City

MECHANICSBURG

State

PA

Zip Code

17050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65128

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID SITVER

Mailing Address 24 YORKSHIRE AVE

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65018

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65024

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)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 40 JOSHUA DR T

City State Zip Code  
RAMSEY NJ 07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65164

Amount of Each Receipt this Period

50.00

**B.**

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

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code  
DARIEN CT 06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65226

Amount of Each Receipt this Period

192.31

**C.**

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

Mailing Address 30 MICHELLE WAY

City State Zip Code  
PINE BROOK NJ 07058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65256

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

BARRY SOUTHERN

Mailing Address 3705 MIDDLEBURY WAY

City

GREENSBORO

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

MGR PHARMACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65321

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City

COLLEYVILLE

State

TX

Zip Code

76034

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65089

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

BRENDA STAFFORD

Mailing Address 647 BERKELEY AVENUE

City

ORANGE

State

NJ

Zip Code

07050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65309

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)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR RALPH STAIANO

Mailing Address 1 LAMBROS DRIVE

City

MONROE

State

NY

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64860

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

PETER STARK

Mailing Address 4840 COLE ROAD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GROUP VP MANUF SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65342

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City

WEST HARRISON

State

NY

Zip Code

10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65144

Amount of Each Receipt this Period

192.31

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

267.31

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



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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CHANNING STAVE

Mailing Address 77 HIGHVIEW AVE

City

TUCKAHOE

State

NY

Zip Code

10707

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	0	/	2	0	0	9

Transaction ID: INC.A.65291

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City

AUSTIN

State

TX

Zip Code

78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	0	/	2	0	0	9

Transaction ID: INC.A.65194

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	0	/	2	0	0	9

Transaction ID: INC.A.64967

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
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 NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65010

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 ADVANCED CLINICAL SLTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65212

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64968

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS JANNA STOUL

Mailing Address 4 APACHE WAY

City

MONTVILLE

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64875

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City

ORANGE

State

CT

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65262

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS SUZANNE STREDNAK

Mailing Address 157 WATCHUNG DR

City

HAWTHORNE

State

NJ

Zip Code

07506

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64922

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)  
for each category of the  
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FOR LINE NUMBER: PAGE 284 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City

MARYSVILLE

State

OH

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64911

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MILAYNA SUBAR, MD

Mailing Address 11 RIVERSIDE DRIVE  
#8CE

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65306

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City

MONTVILLE

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65192

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 317

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CS SYSTEMS PLAN &amp; IMPLEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	0	/	2	0	0	9

Transaction ID: INC.A.64865

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR FREDERICK SUMNER

Mailing Address 808 HOLLYWOOD AVENUE

City

HO-HO-KUS

State

NJ

Zip Code

07423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PROJECT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	0	/	2	0	0	9

Transaction ID: INC.A.64930

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL  
APT 209

City

WEST NEW YORK

State

NJ

Zip Code

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 ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	0	/	2	0	0	9

Transaction ID: INC.A.64938

Amount of Each Receipt this Period

40.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64975

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR NICHOLAS TAYLOR

Mailing Address 4241 CHADBOURNE DRIVE

City State Zip Code  
UPPER ARLINGTON OH 43220

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65219

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MR BOOBALAN THANGAVELU

Mailing Address 13 BIRCH TERRACE

City State Zip Code  
MT ARLINGTON NJ 07856

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65243

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)  
for each category of the  
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FOR LINE NUMBER: PAGE 287 / 317

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City

WAYNE

State

NJ

Zip Code

07470

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64948

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS MELISSA THOMET

Mailing Address 721 HINMAN AVE  
#1E

City

EVANSTON

State

IL

Zip Code

60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64872

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City

LIVONIA

State

MI

Zip Code

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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64991

Amount of Each Receipt this Period

75.00

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

125.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DREW THRAEN

Mailing Address 63 STILES AVE

City

MORRIS PLAINS

State

NJ

Zip Code

07950

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65285

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64876

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID TRICE

Mailing Address 150 BRADFORD DR.

City

SCHWENKSVILLE

State

PA

Zip Code

19473

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64838

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)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City

AMHERST

State

VA

Zip Code

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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65071

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65199

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY TYLER

Mailing Address 37 KNOLL TERRACE

City

HAZLET

State

NJ

Zip Code

07730

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 ▼

400.01

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65037

Amount of Each Receipt this Period

30.77

**SUBTOTAL** of Receipts This Page (optional) .....

135.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR KEITH URICH

Mailing Address 12495 SOUTH 1745 EAST

City

DRAPER

State

UT

Zip Code

84020

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65014

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City

KINNELON

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64986

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City

WAUKESHA

State

WI

Zip Code

53189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65316

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City

MIDLAND PARK

State

NJ

Zip Code

07432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCIAL APPLICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64892

Amount of Each Receipt this Period

25.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65063

Amount of Each Receipt this Period

50.00

**C.**

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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64936

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)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE  
UNIT #17

City State Zip Code  
BLOOMFIELD NJ 07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64932

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 07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64841

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 07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65245

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)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN VREELAND

Mailing Address 19 ANNA STREET

City

DENVILLE

State

NJ

Zip Code

07834

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65271

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ANNETTE WAGNER

Mailing Address 8 INDIAN RUN 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

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65112

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65121

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS THERESE WALKER

Mailing Address 363 MULBERRY CT

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 PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64858

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65247

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

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65076

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)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS CATHERINE WASSON

Mailing Address 3912 CALLE ANDALUCIA

City

SAN CLEMENTE

State

CA

Zip Code

92673

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64879

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City

SOMERSET

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65115

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

STACY WATSON

Mailing Address 10180 HERONS NEST COVE WEST

City

LAKELAND

State

TN

Zip Code

38002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65354

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**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CORP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65056

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
AVP QA AND PRODUCT INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65023

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

LOWELL WEINER

Mailing Address 1 BURGESS COURT

City

WESTFIELD

State

NJ

Zip Code

07090

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65289

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP PRES EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64958

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)  
MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City State Zip Code  
SCOTTSDALE AZ 85255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65046

Amount of Each Receipt this Period

75.00

**C.**

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.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64866

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)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS TAMARA WHITLEY

Mailing Address 5847 CLENDENIN AVE

City

DALLAS

State

TX

Zip Code

75228

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64852

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER WILSON

Mailing Address 2 TIFFANY ROAD

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65021

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS COLETTE WILSON

Mailing Address 16608 56TH PL W

City

LYNNWOOD

State

WA

Zip Code

98037

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64963

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)  
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**Full Name (Last, First, Middle Initial)  
MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City	State	Zip Code
VERONA	NJ	07044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	9

Transaction ID: INC.A.65141

Amount of Each Receipt this Period

25.00

**B.**Full Name (Last, First, Middle Initial)  
MR MICHAEL WISNIEWSKI

Mailing Address 23 DRUID HILL DR

City	State	Zip Code
PARSIPPANY	NJ	07054

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	9

Transaction ID: INC.A.65193

Amount of Each Receipt this Period

25.00

**C.**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  
SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	9

Transaction ID: INC.A.64970

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)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City

PISCATAWAY

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR RRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64877

Amount of Each Receipt this Period

30.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INSURED SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65241

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City

STILLWATER

State

NY

Zip Code

12170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65186

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)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

BRENDA WRIGHT

Mailing Address 1834 HUNTERS CREEK DRIVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP QUALITY INTEGRITY HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65331

Amount of Each Receipt this Period

50.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64929

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65034

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)  
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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City

SUFFERN

State

NY

Zip Code

10901

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65103

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONSOLIDATION PLAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65159

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANATOLY ZHELEZNYAK

Mailing Address 5 DENISE COURT

City

MANALAPAN

State

NJ

Zip Code

07726

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65229

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**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

ANDREA ZICCARELLI

Mailing Address 6550 HERONWOOD DR

City

MEMPHIS

State

TN

Zip Code

38119

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.64947

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65008

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City

FRANKLIN LAKES

State

NJ

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 9

Transaction ID: INC.A.65252

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**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS NANCY BUTLER

Mailing Address 21 WINDSOR PL

City

CRANFORD

State

NJ

Zip Code

07016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 9

Transaction ID: INC.A.64821

Amount of Each Receipt this Period

600.00

**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.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65801

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAU

Mailing Address 6527 SHORBURGH DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65374

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City

COLUMBUS

State

OH

Zip Code

43202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65468

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MR BARRY CESANEK

Mailing Address 5 LEXINGTON CT

City

SHAMONG

State

NJ

Zip Code

08088

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65575

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65551

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**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 4156 DUNMORE DRIVE

City

LAKE WALES

State

FL

Zip Code

33859

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65616

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65620

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65419

Amount of Each Receipt this Period

12.50

**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)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City

CARMEL

State

IN

Zip Code

46032

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65677

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City

COLUMBUS

State

OH

Zip Code

43221

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65556

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65479

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

67.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65603

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City

COLUMBUS

State

OH

Zip Code

43220

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65439

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65761

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65588

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City

COLLEYVILLE

State

TX

Zip Code

76034

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65612

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65498

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 / 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65599

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 9

Transaction ID: INC.A.65531

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

CHARLES M. LILIS

Mailing Address 13 CASTLE PINES DRIVE

City

Castle Rock

State

CO

Zip Code

80108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
BOARD MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: INC.A.65357

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 317

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL GOLDSTEIN

Mailing Address 3 E. 84TH STREET

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

BOARD MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: INC.A.65356

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

51822.96

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B ( Form 3X) (Revised 02/2003)



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 313 / 317

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

NIELSEN, MERKSAMER, PARRINELLO, MUELLER, &amp; NAYLOR, LLP

Mailing Address 1415 L STREET, STE. 1200

City  
SACRAMENTOState  
CAZip Code  
95814Purpose of Disbursement  
LEGAL & ACCOUNTING SERVICES

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.64830

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	9

Amount of Each Disbursement this Period

25.50

**B.**

Full Name (Last, First, Middle Initial)

NIELSEN, MERKSAMER, PARRINELLO, MUELLER, &amp; NAYLOR, LLP

Mailing Address 1415 L STREET, STE. 1200

City  
SACRAMENTOState  
CAZip Code  
95814Purpose of Disbursement  
LEGAL & ACCOUNTING SERVICES

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.64832

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	9

Amount of Each Disbursement this Period

23.00

SUBTOTAL of Disbursements This Page (optional) .....

48.50

TOTAL This Period (last page this line number only) .....

1375.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 314 / 317

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICA WORKS PAC	<b>Transaction ID:</b> EXP.B.64289 <b>Date of Disbursement</b>																				
Mailing Address 426 C STREET NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name LEADERSHIP PAC	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPAIGN	<b>Transaction ID:</b> EXP.B.64290 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 5197	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	9												
City ST. CROIX State VI Zip Code 00823	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name DONNA CHRISTENSEN	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS COMMITTEE	<b>Transaction ID:</b> EXP.B.64291 <b>Date of Disbursement</b>																				
Mailing Address 5429 MADISON AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	9												
City SACRAMENTO State CA Zip Code 95841	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name MIKE THOMPSON	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B ( Form 3X) (Revised 02/2003)

<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

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

1000.00

1000.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 317 / 317

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 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 & ACCOUNTING SERVICES

Mailing Address 1415 L STREET, STE. 1200

City	State	ZIP Code
SACRAMENTO	CA	95814

Outstanding Balance Beginning This Period

1162.00

Transaction ID: PAY:D:62171

Amount Incurred This Period

0.00

Payment This Period

1162.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP

 Nature of Debt (Purpose):  
 LEGAL & ACCOUNTING SERVICES

Mailing Address 1415 L STREET, STE. 1200

City	State	ZIP Code
SACRAMENTO	CA	95814

Outstanding Balance Beginning This Period

40.00

Transaction ID: PAY:D:64823

Amount Incurred This Period

0.00

Payment This Period

40.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP

 Nature of Debt (Purpose):  
 LEGAL & ACCOUNTING SERVICES

Mailing Address 1415 L STREET, STE. 1200

City	State	ZIP Code
SACRAMENTO	CA	95814

Outstanding Balance Beginning This Period

23.00

Transaction ID: PAY:D:64825

Amount Incurred This Period

0.00

Payment This Period

23.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

0.00